

EASA Guidelines – COVID-19

Guidance for continued helicopter operations In relation to the SARS-CoV-2 pandemic

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1. Background

Since December 2019 an outbreak of a new type of coronavirus was identified in the province of Hubei, China. Since that time the evolution of the outbreak was very rapidly spreading to most of the countries worldwide.

Consequently the outbreak was declared by the World Health Organisation (WHO) as a public health emergency of international concern (PHEIC) on the 30th of January and further characterised as a pandemic on the 11th of March. Since mid-February a cluster was identified in the province of Lombardy, in the north of Italy. Afterwards a rapid development was seen which affected all the European Member States.

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

On the 13th of March, EASA in addition issued two Safety Directives (SD) one for the 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 the 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). During the consultation of the SD as well as after the publication EASA received several questions on protection of crew members and in particular quarantine management for crew members operating in high risk areas.

On the 20th of March EASA issued ‘Interim guidance on Aircraft Cleaning and Disinfection’, to provide support to its stakeholders in terms of how the cleaning and disinfections are expected to be performed in the context of the above mentioned SDs, by referring to publications of the WHO (Guide to Hygiene and Sanitation in Aviation, 2009) (Operational considerations for managing COVID-19 cases or outbreak in aviation, 2020) and ECDC (ECDC - Baka, Agoritsa; Cenciarelli, Orlando, 2020) so that proper and appropriate consideration could be given to Aircraft Cleaning and Disinfection.

Several operators (cargo and passenger transport) reported to EASA that their crew members had been placed in quarantine for 14 days after a short stopover in areas considered as high risk by the national public health authorities although they did not leave the aircraft during the respective stopover. Consequently, EASA issued additional guidance on the 26th of March to provide guidance on the preventive measures that operators should implement in order to demonstrate to the national public health authorities in their Member State or other States that action has been taken to minimize the epidemiological risks. This to avoid having their crews being quarantined by the public health authorities during stopover/layovers or on return from areas with high epidemiological risk.

In this context the European Commission also issued on 26th of March guidelines on: Facilitating Air Cargo Operations during COVID-19 outbreak (European Commission, 2020), which includes a number of operational measures for the Member States to facilitate air cargo transport.

In this guidance, EASA will provide further details regarding measures recommended for helicopter operators and competent authorities (CAs) regarding helicopter operations, and in particular those operators that operate in the frontline of managing the COVID-19 outbreak throughout the EU, and not limited to operations to airports located in affected areas with high risk of transmission of the CoViD-19 infection, as defined in the Annex to the Safety Directive as published on the EASA website.

This guide should be considered by the CAs and helicopter operators in synergy with the recommendations of WHO, ECDC and national public health authorities in regard to the management of contacts, suspected and confirmed cases.

Please note that this guide should be seen as guidance material and examples of good practices to be implemented to the extent possible, by the operators that do not have a procedure agreed with their national public health authorities and it is in no way binding to any operator or Member State.

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

2. Definitions

For ease of reading and better reference, relevant definitions from EU regulations are listed in the following paragraphs.

2.1 Basic regulation¹

‘Aerodrome’ means a defined area, on land or on water, on a fixed, fixed offshore or floating structure, including any buildings, installations and equipment thereon, intended to be used either wholly or in part for the arrival, departure and surface movement of aircraft.

Note: This implies that a separate definition of heliport is not required, and whenever the Air Operations requirement refer to the term ‘aerodromes’, the ICAO term of heliport is also implied in the EU context.

2.2 Air Operations Regulation²

‘Crew member’ means a person assigned by an operator to perform duties on board an aircraft.

‘Flight crew member’ means a licensed crew member charged with duties essential to the operation of an aircraft during a flight duty period.

‘HEMS crew member’ means a technical crew member who is assigned to a HEMS flight for the purpose of attending to any person in need of medical assistance carried in the helicopter and assisting the pilot during the mission.

‘HEMS flight’ means a flight by a helicopter operating under a HEMS approval, the purpose of which is to facilitate emergency medical assistance, where immediate and rapid transportation is essential, by carrying:

- (a) medical personnel;
- (b) medical supplies (equipment, blood, organs, drugs); or
- (c) ill or injured persons and other persons directly involved.

‘HEMS operating base’ means an aerodrome at which the HEMS crew members and the HEMS helicopter may be on stand-by for HEMS operations.

‘HEMS operating site’ means a site selected by the commander during a HEMS flight for helicopter hoist operations, landing and take-off.

¹ [REGULATION \(EU\) 2018/1139 OF THE EUROPEAN PARLIAMENT AND OF THE COUNCIL of 4 July 2018](#)

² COMMISSION REGULATION (EU) [No 965/2012](#) of 5 October 2012 (as amended)

‘Medical passenger’ means a medical person carried in a helicopter during a HEMS flight, including but not limited to doctors, nurses and paramedics.

Note: In the context of this guidance the term medical passenger is also used for non-HEMS flights.

‘Operating site’ means a site, other than an aerodrome, selected by the operator or pilot-in-command or commander for landing, take-off and/or external load operations.

‘Task specialist’ means a person assigned by the operator or a third party, or acting as an undertaking, who performs tasks on the ground directly associated with a specialised task or performs specialised tasks on board or from the aircraft.

‘Technical crew member’ means a crew member in commercial air transport HEMS, HHO or NVIS operations other than a flight or cabin crew member, assigned by the operator to duties in the aircraft or on the ground for the purpose of assisting the pilot during HEMS, HHO or NVIS operations, which may require the operation of specialised on-board equipment.

3. Operational considerations

3.1 Emergency measures taken by the national governments

Operator are reminded to pay extra attention during their pre-flight planning on the impact of the emergency measures taken by the national governments on their particular operations, such as:

- availability of Air Navigation Services (i.e. Air Traffic Control / Flight Information Services, Aeronautical Information Services (incl. NOTAMs), Meteorological Services, Search and Rescue)
- revised opening hours of small airfields, which would otherwise be used as routine stops for refueling

Consideration should also be given to establish a common radio frequency between the different (state) aviation services (SAR, (para)military, police, HEMS, offshore, etc.) involved in disaster relief to avoid the saturation of the same sites, and reduce the risk of mid-air collision in uncontrolled airspace.

3.1 Nature of the flight³

In regulatory terms, air ambulance is considered to be a normal transport task where the risk is no higher than for operations to the full EU OPS Part-CAT and Part-ORO compliance. This is not intended to contradict/complement medical terminology but is simply a statement of policy; none of the risk elements of HEMS should be extant and therefore none of the additional requirements of HEMS need be applied.

Once the decision between HEMS or air ambulance has been taken by the medical professional, the pilot-in-command/commander makes an operational judgment over the conduct of the flight.

Air ambulance operations could be conducted by any operator holding an Air Operator Certificate, a HEMS approval is not required for all those cases. Especially, in those operations that involve inter-hospital transportation, careful consideration should be given by the medical professional, since several of those flights can be considered ‘normal’ air transport flights, as immediate urgency due to a life threatening situation is not the case.

³ See also GM1 SPA.HEMS.100(a)

In those cases the alleviations and exceptional operational conditions, mitigated under the HEMS approval by applying the provisions of Part SPA.HEMS are not necessarily required to be used for those air ambulance flights, hence they can be conducted under the normal CAT provisions. In these situations, the requirements of CAT.POL.H should remain applicable throughout, including the necessity for a Public Interest Site approval⁴, where applicable.

When use needs to be made, due to the medical emergency of the alleviations and exceptional operational conditions of Part SPA.HEMS, a HEMS approval is required.

Any equipment to be fitted on the helicopter should normally be certified in accordance with the applicable airworthiness requirements. In the current situation, EASA made provisions for CAs to exempting from these equipment requirements in certain cases. Operator should contact their CAs for further details.

3.2 Hospital site information

Due to the exceptional circumstances related to the outbreak of the novel coronavirus, there may be an extra demand on inter-hospital transportation due to the saturation of the intensive care units of hospitals. In those cases, helicopter operators that have the means available (including approved equipment) to conduct those transports, could relieve the HEMS operators, such that HEMS services remain available for those urgencies for which HEMS services are on stand-by.

In case the hospital site is located in a congested hostile area, it shall be pre-surveyed by a competent person⁵. Particular attention shall be paid to:

- All relevant data required to assess compliance with performance class 1 requirements or public interest site requirements, as applicable

- A procedure for activating the site with land owner or controlling authority

The relevant information⁶ should be made available to the pilot for use during both flight preparation and in-flight. Such information shall also be included in the Operations Manual⁷.

In case the hospital site or operating site is not located in a congested hostile area, the relevant information available to the pilot should be as comprehensive as possible and may require additional inflight reconnaissance in accordance with the operator's procedures⁸.

Flying to an unsurveyed site at night is restricted to operators holding a HEMS approval. The use of a night vision imaging system (NVIS) is recommended.

3.3 Passenger transport related issues

3.3.1 Passenger transport and transportation of task specialists

Operators should take into consideration the specific need for the flight, and only flights (e.g. offshore operations, sea-pilot transfer, windfarm operations and specialised operations, such as control flights of pipelines and high

⁴ See CAT.POL.H.225

⁵ See AMC1 CAT.OP.MPA.105 subparagraph (b). The competent person need not be on site and may collect all the relevant data by using the AIP, equivalent publications, or with the help of a person located on site. The pre-survey can be sub-contracted to an organisation such as another operator, in which case the same criteria apply.

⁶ See AMC1 CAT.OP.MPA.105 subparagraph (c)

⁷ See AMC1 CAT.OP.MPA.105 subparagraph (c), AMC1 ORO.MLR.100(h) and ORO.GEN.130(c). Approved processes for the management of change are not impacted by this guidance.

⁸ See AMC1 CAT.OP.MPA.105 subparagraph (d)

tension electricity lines) in relation to essential activities⁹ declared by the national or local authorities. In those cases only the minimum number of essential person required to perform the activity should be transported.

The SIB¹⁰ and guidance¹¹ already provided to operators on ‘Aircraft Cleaning and Disinfection’ remain applicable and should be consulted.

In giving importance to the health and protection of passengers and crew in these types of operations, helicopter operators should in addition consider:

- National public health authorities requirements
- Respect physical distancing, considering:
 - o the confined area in the helicopter; and
 - o the number and accessibility of emergency exit.
- Effects of the additional personal protective equipment (e.g. mask, goggles and gloves):
 - o when worn, on the successful operations of:
 - PCDS in case of HHO operations; and
 - the required survival equipment (e.g. life jackets, survival suits and emergency breathing systems).
 - o in relation to posing a risk as FOD, particularly when there is a need for rotors-running refueling/embarkation/disembarkation.
- Cleaning/disinfecting of survival equipment.
- Use of ventilation/air conditioning systems.
- In case of a suspected infected passenger, please refer to the guidelines already published¹², and apply the guidance as far as practicable for helicopters.
- Consider shutting down the rotors, whenever possible, to reduce the dispersal and circulation of any potential COVID 19 droplets.

3.3.2 Transport of COVID infected persons

The SIB⁶ and guidance⁷ already provided to operators on ‘Aircraft Cleaning and Disinfection’ remains applicable, and might be complemented by requirements from the local/national public health authorities.

In giving importance to the health and protection of passengers and crew, and providing the best care for the patient, for these type of operations, helicopter operators should in addition consider:

- Separation of flight crew from the medical passenger(s) and patient
- Separation of cockpit and cabin
 - o Innovative, or temporary, solutions should only be implemented under an approved design organisation (DOA) and/or in consultation with the airworthiness department of the competent authority, as consideration should be given to whether or not a modification approval¹³ is necessary.
- Use of patient isolation and transportation system

⁹ The majority of EU states have declared which activities are considered essential activities in the context of the present emergency measures taken. Operators should refer to those lists, where applicable.

¹⁰ SIB No.: 2020-02R2; Issued: 28 February 2020 (or as further amended in the future)

¹¹ Interim guidance on Aircraft Cleaning and Disinfection in relation to the SARS-CoV-2 pandemics; Issue: 01 – Date: 20/03/2020 (or as further amended in the future)

¹² EASA Guidelines – COVID-19 Guidance on Management of Crew Members in relation to the SARS-CoV-2 pandemic; Issue no: 01 Issue date: 26/03/2020 (or as further amended in the future)

¹³ Any approval required from EASA in relation to COVID-19, will be processed with high priority and free of charge for industry.

- Innovative, or temporary, solutions should only be implemented under a DOA and/or in consultation with the airworthiness department of the competent authority, as consideration should be given to whether or not a modification approval⁹ is necessary.
- Specific COVID-19 briefing before each flight, addressing:
 - Use of ventilation/air conditioning systems.
 - Procedures in the event of malfunctioning of the patient isolation and transportation system.
 - Where possible, a separate briefing with ground personnel / hospital staff prior to arrival / departure to reduce the risk of cross contamination during transfer of patients.
- For non-HEMS operators, a briefing should be provided to the medical passengers taking into consideration the elements already contained in AMC1 SPA.HEMS.135(a).

3.4 Crew considerations

Available guidance¹⁴ advises operators to, as much as possible, maintain the same crews to avoid cross contamination amongst all the staff. This may not always be possible as in many HEMS operations, the technical crew member and medical passengers are not employed by the operator, but rather by the health care provider. In those cases, the operator should address any concerns they have regarding possible increased risk of transmission of the virus with those health care providers, and in consultation take appropriate measures in line with the guidance from the national public health authorities.

Crew health and mental fitness to ensure flights can be conducted safely should be the first priority of every operator. Operators and CAs should be very reluctant to touch the FTL schemes during this emergency situation. EASA does consider that operators discussing with their CAs any exemption to the FTL schemes, is the very last resort.

4. Continuing airworthiness

Operators should engage with their maintenance organisations to ensure that appropriate measures are put in place to ensure human resources remain available to perform the necessary maintenance, taking into consideration the guidance from the national public health authorities.

5. Liaison with (military) disaster relief units / health authorities

Further consideration should be given to liaise with other national organisations involved in disaster relief, for two main reasons:

- Sharing of knowledge, experience and expertise. Military personnel may for instance have extensive knowledge on Chemical, Biological, Radiological and Nuclear (CBRN) protection procedures and equipment.
- Avoid duplication of efforts in relation to dispatch of air and or ground transport.

¹⁴ EASA Guidelines – COVID-19 Guidance on Management of Crew Members in relation to the SARS-CoV-2 pandemic; Issue no: 01 Issue date: 26/03/2020 (or as further amended in the future)

6. Useful links

All EASA published information can be found through the COVID-19 portal on the EASA website:

<https://www.easa.europa.eu/the-agency/coronavirus-covid-19>

For offshore operators, some useful information can also be found on:

<https://oilandgasuk.co.uk/covid-19/>

<https://www.nogepa.nl/nogepa-policy-corona-virus-covid-19/>