



# COVID-19: Guidance for FBOs and Ground Handlers

Revision Number: 2020.4 (Current)

Effective Date: April 8<sup>th</sup>, 2020

Changes: Revised section 4.5 to include Safety 1<sup>st</sup> Clean Standard

## 1. Purpose

This document was drafted by NATA's Safety Committee to provide guidance to FBOs and other business aviation ground handlers in managing through the COVID-19 pandemic health crisis. Additional information can be found using the CDC link below.

**If you are sick, DO NOT come to work. Encourage others to do the same.**

If you develop **emergency warning signs** for COVID-19, seek **medical attention immediately**. Emergency warning signs include\*:

- Difficulty breathing or shortness of breath
- Persistent pain or pressure in the chest
- New confusion or inability to arouse
- Bluish lips or face

\*This list is not all inclusive. Please consult your medical provider for any other symptoms that are severe or concerning.

<https://www.cdc.gov/coronavirus/2019-ncov/index.html>

## 2. Basic Facts

Coronavirus Infectious Disease 2019 (COVID-19) is a respiratory disease caused by the SARS-CoV-2 virus. It has spread from China to many other countries around the world, including the United States.

## 3. Operational Guidance

### 3.1 For Management

- Liaison with the airport, base tenants, and transient tenants affected by the health crisis.
- Monitor guidance and information from the WHO, CDC, and local public health authorities.
- To ensure the safety of personnel, all transport category charter and medical flight arrangements should be made in advance of arrival.
- Establish contingency plan for all critical operations, including fuel receipt, fueling, towing, counter, and accounting operations.
- Determine the "next-in-line" to perform critical tasks.
- Escalate to company leadership any request to deviate from established company procedures.
- Continually communicate with personnel any changes affecting the local operation.
- Notify customers of operational restrictions and/or assist in responding to inquiries.
- Ensure an adequate supply of Personal Protective Equipment (PPE) is available for personnel, including latex or nitrile rubber gloves, safety glasses, and face-coverings or disposable face shields.



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- Ensure personnel are trained properly in the use of PPE.

## 3.2 For Personnel

- Stay home if you do not feel well or are sick.
- If you have been in contact with someone potentially exposed, DO NOT COME TO WORK. You may be asked to self-quarantine for up to 14-days.
- If you believe you have been exposed to COVID-19, develop a fever, cough, or difficulty breathing, seek medical advice from a medical professional.
- Immediately inform your Manager or Human Resources if you feel you have been exposed.
- Comply with company policy and procedures to include control measures, personal hygiene measures, personal protective equipment use, travel restrictions, and other requirements as listed in this plan.

## 4. Action Steps

### 4.1 Personal Hygiene

Basic measures, such as the following, should be reinforced, and people should be encouraged to practice these measures to minimize potential infectious disease transmission:

- Cover nose and mouth when sneezing and coughing (preferably with a disposable single-use tissue or into bend of elbow). Immediately dispose of used tissues.
- Keep hands away from the mucous membranes of the eyes, mouth, and nose.
- Practice frequent hand washing with soap and water for at least 20 seconds each time.
- Use alcohol-based hand rubs (ABHR-of at least 60% alcohol) or antiseptic hand wash. If unavailable increase handwashing frequency.
- Hand washing should be done after coughing, sneezing, handling used tissues, or touching objects, materials, or hard surfaces that may have been contaminated by others.
- Communicate personal hygiene to all employees and visitors.
- Avoid touching potentially contaminated surfaces.

### 4.2 Social Distancing

Social distancing refers to strategies to reduce the frequency of contact between people. Generally, it refers to mass gatherings, but the same strategies can be used inside and outside of the workplace. Social distancing strategies include:

- Trying to maintain six feet (6' or 2 meters) of distance from others to minimize the transmission of infections.
- Where feasible, split teams or tasks into different work locations and minimize face-to-face interaction between divided groups.
- Avoid two occupants in a truck cab at a time, whenever possible.
- Do not enter aircraft.
- Use telephone, video conferencing, and the internet to conduct business as much as possible – even when participants are in the same building. This applies to work with customers, as well as internal business.
- If a face-to-face meeting is unavoidable, choose a large meeting room (to allow more space between participants), minimize meeting time, and avoid personal contact such as handshaking.
- All travel must be pre-approved by the Executive Team.



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- Consider cancelling or postponing meetings, gatherings, workshops, and training sessions.
- Stagger lunchtimes so the number of people in the lunchroom is reduced.
- Do not unnecessarily congregate in operational areas such as line operations rooms or break areas.
- Do not share drinking cups or utensils unless they have been thoroughly washed or sanitized.
- Limit the number of passengers in a van. Request passengers sit in the back row of the vehicle.

## 4.3 Use of Face-Coverings

The [CDC recommends](#) (and some local governments require) wearing cloth face-coverings in public settings where other social distancing measures are difficult to maintain (e.g., grocery stores and pharmacies), **especially** in areas of significant community-based transmission.

- The cloth face-coverings recommended are not surgical masks or N-95 respirators. Those are critical supplies that must continue to be reserved for healthcare workers and other medical first responders, as recommended by current CDC guidance.
- For more information on the use of cloth face-coverings to help slow the spread of COVID-19, including how to wear and make your own cloth face-covering click here: <https://www.cdc.gov/coronavirus/2019-ncov/prevent-getting-sick/diy-cloth-face-coverings.html>

## 4.4 FBO/Facility Preparation

At a minimum, each facility should put controls in place to minimize the chance infected persons could enter the site, which can include the following:

- Evaluate personnel, contract workers, and vendors for symptoms of disease prior to and during work.
- Post notices advising people what to do if they get sick at work (see link to CDC factsheets below).
- Set the expectation that, if personnel feel ill, they should not come to work. (Communicate this expectation on a regular basis to all employees.)
- Instruct personnel to contact their Manager and Human Resources Department if they feel ill, or if someone observes another person is exhibiting pandemic symptoms at work.
- Monitor the enforcement of infection control procedures.
- Ensure accurate reporting of all cases to the appropriate authorities.
- Post hand hygiene notices around the workplace, including entrances, bulletin boards, line operations rooms, and restrooms.
- Ensure adequate supplies of tissues, medical and hand hygiene products, and cleaning supplies, are available as appropriate for people at work.
- Identify a room to isolate a sick person until arrangements can be made to send him or her home, or to an appropriate offsite medical facility.
- Utilize the fact sheet found on the CDC website: <https://www.cdc.gov/coronavirus/2019-ncov/communication/factsheets.html>



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## 4.5 Cleaning and Disinfecting Facilities

- See [Safety 1st Clean- Infectious Disease Response Cleaning Standard for FBOs](#)

## 4.6 Emergency Supplies

- Facilities should maintain critical supplies like latex gloves, disinfectants, hand sanitizers, tissues, and trash bags. Provide personnel access to these items to help reduce the spread of a virus in the workplace.
- Increase normal supply amounts for critical items ordered on a regular basis, such as cleaning supplies, gloves, and paper towels.
- Order additional supplies of hand sanitizers to be strategically placed and utilized within public gathering areas throughout the facility.
- Consider ordering appropriate supplies of disposable thermometers based upon the number of employees within each location and estimated number of external visitors.

## 4.7 Refueling Equipment

- See [NATA's COVID-19-Guidance for General Aviation Fuel Providers](#) which addresses issues/concerns associated with "low use" refueling equipment amidst the current COVID-19 pandemic health crisis.

## 5. Aircraft Handling

### 5.1 Handling GA, Charter, and Medical Aircraft

- If you suspect an aircraft has a quarantined or infected occupant, follow the guidelines in section 5.2 below. All other aircraft should be handled in accordance with company policies and procedures and wear gloves while handling luggage.
- Follow local Airport Authority guidelines and company operations manuals.

### 5.2 Handling Aircraft with Known or Presumed Positive Passengers

- The aircraft operator must notify GM in advance of planned arrival.
- The operator and GM should determine if at the time of arrival, the air and/or medical crews ("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 an alcohol-based hand rub (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



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- 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.
- DO 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: <https://www.cdc.gov/coronavirus/2019-ncov/hcp/healthcare-supply-ppe.html>
- 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 aircraft is cleared by the Local Health Department.
  - Direct aircraft to park in a remote staging area. Chock the aircraft and leave the immediate area.

## 5.2.1 Lavatory Servicing

- While there is an understandable stigma to providing lavatory services to aircraft with known or presumed positive passengers, no additional precautions are required beyond the standard procedures and PPE requirements normally used in lavatory servicing:
  - *Per the CDC: Wastewater and sewage workers should use standard practices, practice basic hygiene precautions, and wear personal protective equipment (PPE) as prescribed for current work tasks.*
  - *Per OSHA: Generally, management of waste that is suspected or known to contain or be contaminated with COVID-19 does not require special precautions beyond those already used to protect workers from the hazards they encounter during their routine job tasks in solid waste and wastewater management. There is no evidence to suggest that additional, COVID-19-specific protections are needed for employees involved in wastewater management operations, including those at wastewater treatment facilities.*

## 5.3 Aircraft Cleaning

- See NATA's [COVID-19: Guidance for Aircraft Cleaning](#).

## 6. Other Plans

### 6.3 Fingerprint Based Time Clocks



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- Management should ensure disinfectant wipes are available at all timeclock/card locations and the fingerprint reader is cleaned before and after each use.

## **6.4 Catering: Ice and Coffee Service, Refreshment Center**

- The offering of communal snacks and drinks should be discouraged. If they are offered it is recommended, they be limited to pre-packaged items.
- Wear rubber gloves when:
  - Working with food items around the facility.
  - Preparing catering that requires touching utensils, food, ice, or coffee service items.
  - Placing pre-packaged snacks and drinks in lobbies and other communal areas.

## **Appendix 1:**



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## Recommendations from the CDC on disinfectant solutions

[CDC disinfection and sterilization recommendations](#)

[WHO disinfection and sterilization recommendations](#)

[CDC guidance on cleaning and disinfecting aircraft](#)

The following are examples of disinfectant solutions that are suitable for use at home and in the workplace:

DISINFECTANT	RECOMMENDED USE	PRECAUTIONS
<p><b>Sodium hypochlorite (liquid bleach):</b></p> <p>1,000 parts per million of available chlorine, usually achieved by a 1 in 5 dilution of hospital-grade bleach.</p>	<p>Disinfection of material contaminated with blood and body fluids.</p>	<p>Should be used in well-ventilated areas.</p> <p>Protective clothing required while handling and using undiluted bleach.</p> <p>Do not mix with strong acids to avoid release of chlorine gas.</p> <p>Corrosive to metals.</p>
<p><b>Granular chlorine:</b></p> <p>e.g., Det-Sol 50000 or Diversol, to be diluted per manufacturer's instructions</p>	<p>May be used in place of liquid bleach, if it is unavailable.</p>	<p>Same as above.</p>
<p><b>Alcohol:</b></p> <p>e.g., isopropyl 70%, ethyl alcohol 60%.</p>	<p>Smooth metal surfaces, tabletops and other surfaces on which bleach cannot be used.</p>	<p>Flammable and toxic. To be used in well-ventilated areas. Avoid inhalation.</p> <p>Keep away from heat sources, electrical equipment, flames and hot surfaces.</p>

## Revision History



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2020.1	March 19 <sup>th</sup> , 2020	Original
2020.2	March 26 <sup>th</sup> , 2020	Added section 5.2.2
2020.3	April 8 <sup>th</sup> , 2020	Added sections 4.3 and 4.7 Updated section 5.2
2020.4	June 11 <sup>th</sup> , 2020	Updated section 4.5