







# Safely Navigating the Industry Recovery

**Webinar Series** 







### **Welcome Remarks & Introduction**

#### **Webinar Synopsis:**

COVID-19 has impacted the ability of operational staff to return to their normal working environments. In the new normal, COVID-19 related health measures can impact staff scheduling and there are several unknowns when it comes to possible long-term impacts of COVID infection. Managing a working environment with additional complexities related to crew testing and potential future health requirements will present new challenges

### Setting the scene



Carlos Cirilo
Director, ATM
Infrastructure at IATA



Michelle Bishop

Director, Programmes at CANSO

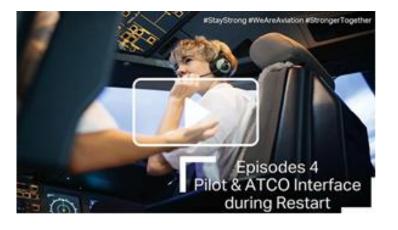
### 2020 webinar series











## One year on

- > RPK remains down 72% from 2019
- ➢ Global daily flights remain down ~40%
- Lockdowns and travel restrictions are being re-imposed. And continuously evolving testing and quarantine requirements are affecting the public's willingness to travel, even where permitted

But there is reason for optimism ... and a need to be prepared for the safe recovery of traffic.

### A Snapshot

#### **Average Global Flights**



>1 M

Fewer flights in February 2021 than in February 2020.

38% Drop

#### **Average Global Flight Hours**

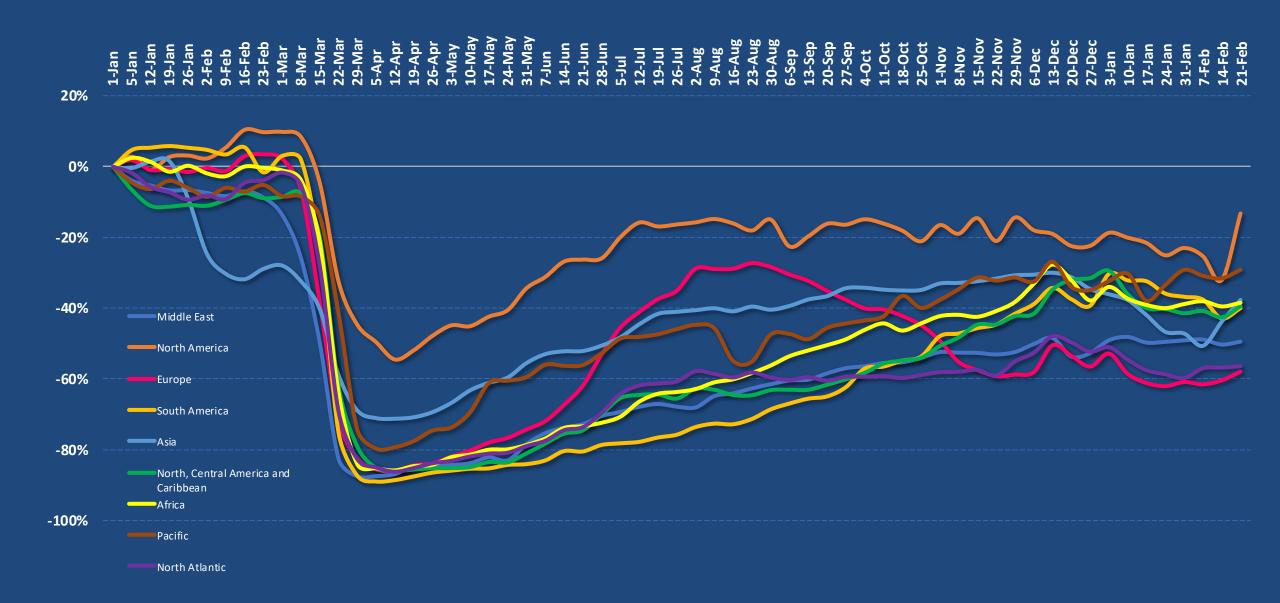


>2.2 M

Fewer flights hours in February 2021 than in February 2020.

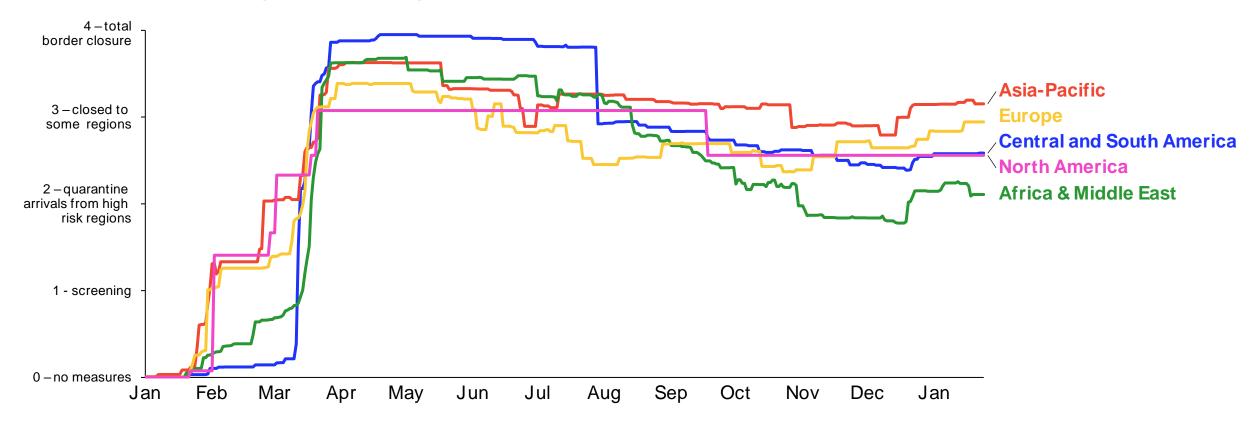


### A closer look at regional impacts



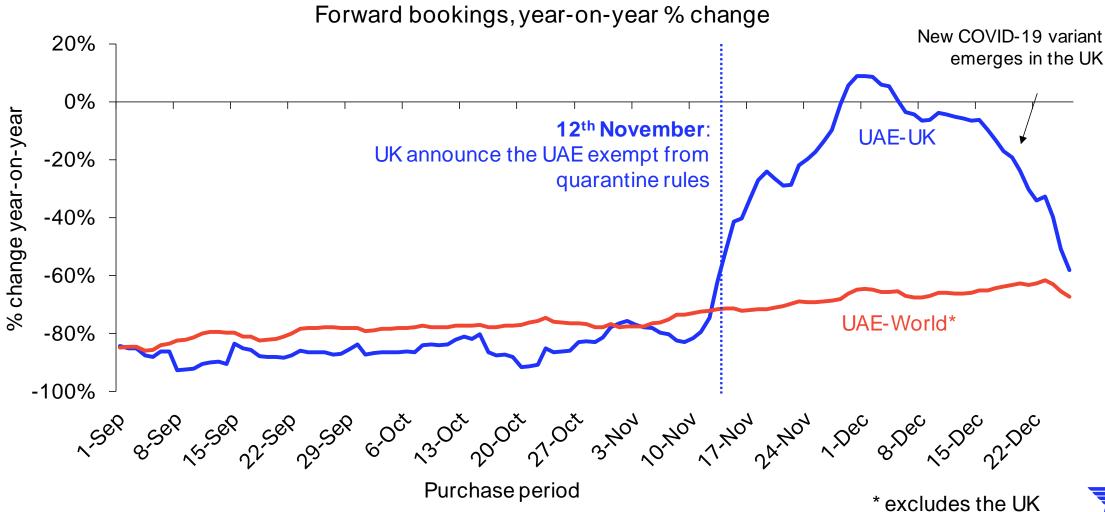
# Causing tighter travel restrictions so far in 2021 Asia remains most stringent but travel barriers rising in Europe

International travel stringency index weighted by population (Jan 2020-Jan 2021)



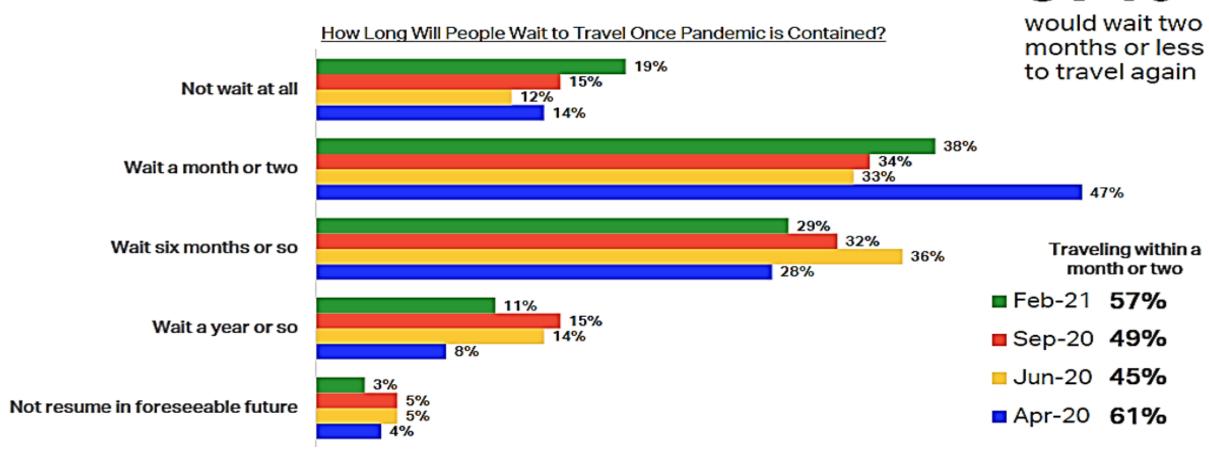


## We know that there is substantial pent-up demand Whenever travel restrictions are eased demand surges





### Improving news on a return to travel....



<sup>\*</sup>Numbers may not always add up due to rounding. Q12. Once the pandemic has been contained, how long would you wait, if at all, to return to your usual travel plans? \*Note that the wording of this question has changed slightly since it was asked in the April 2020 wave of this survey.



**57%** 









# Safely Navigating the Industry Recovery

- Safety Risk Assessment
- Webinars
- Bulletins (https://www.iata.org/en/prog rams/covid-19-resourcesguidelines/safely-restarting)



### **Moderator**



### Jean-François Lepage

Liaison Officer to the International Civil Aviation Organization (ICAO) Air Navigation Commission

**IFATCA** 

### **Speakers**



Ansa Jordaan
Chief, Aviation Medicine
Section
ICAO



Antti Tuori
A commercial airline pilot, a medical doctor and EASA aeromedical Examiner.

IFALPA



Susan Northrup
Federal Air Surgeon
FAA

### Speaker



### Ansa Jordaan

Chief, Aviation Medicine Section ICAO



Addressing long term impacts on workforce health and safe operations

Dr Ansa Jordaan Chief Aviation Medicine Section March 2021





#### Health and safety in aviation





#### **ICAO Objectives**

#### NO COUNTRY LEFT BEHIND







- 10 key principles
- 20 recommendations
- 7 Public Health
- 6 Aviation safety
- 4 Security and facilitation
- 2 Communication
- 1 Economic considerations



#### **TOGD** 3<sup>rd</sup> Edition

- General measures
- 4 modules (Airport, aircraft, crew, cargo)
- Mental health
- Disabled passengers
- Hazardous waste



#### Doc 10152 2<sup>nd</sup> Fdition

- Risk management
- **Epidemiology**
- **Testing**
- Quarantine
- Vaccination
- **Implementation**
- PHC

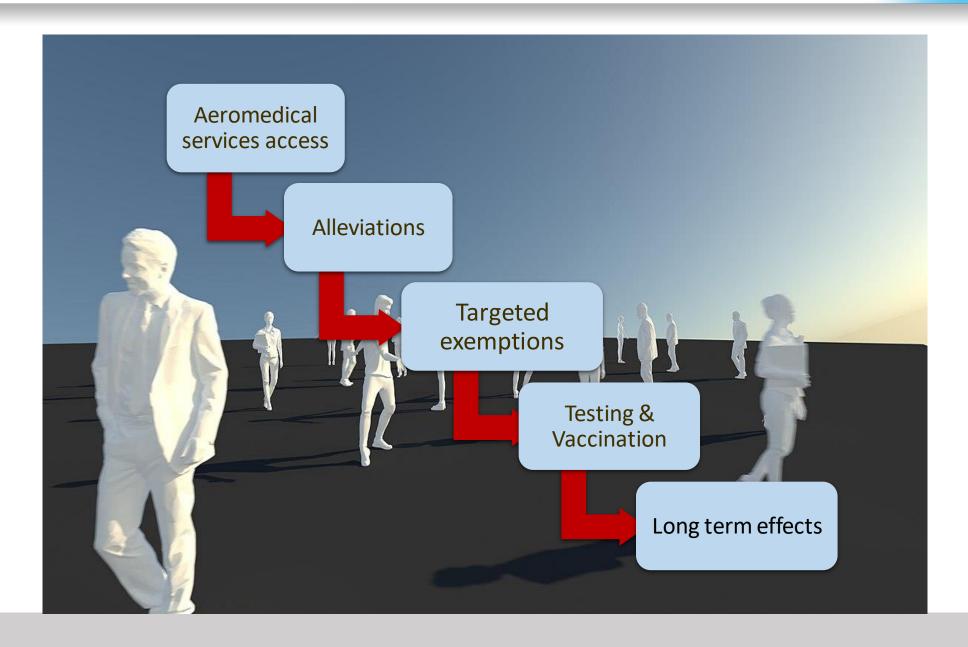


#### PHC

- Continued flight operations
- Mitigate the spread of COVID-19 through air travel
- Protect the health and safety of crew and passengers



#### **Medical certification**





#### **Alleviations & Targeted exemptions**



- Alleviations = exemptions in place for the validity of medical certificates (risk based approach)
- CCRD (COVID-19 Contingency Related Differences) publication for recognition
- CCRD to be replaced by Targeted Exemptions System from 1 April
- Difference is that it will be limited in scope and time
- States encouraged to return to normal operations
- TE system available for at least one year

#### **Recommendation 12 (Revised)**

Member States should plan to put in place the necessary measures to mitigate risks associated with prolonged regulatory alleviations, and to avoid extending alleviations (both core and extended COVID-19 Contingency Related Differences (CCRDs)) beyond 31 March 2021. States that are in need of alternative actions to enable service providers and personnel to maintain the validity of their certificates, licenses, and other approvals during the COVID-19 pandemic should use the Targeted Exemptions (TE) system from 1 April 2021.

#### **Alternatives**

Limited/ partial physical examinations
Tele-medicine
Health declarations



#### **COVID-19 Testing**

- Testing protocols in the Manual (Doc 10152) has been updated in view of available scientific knowledge
- Differentiation between aviation crew and passengers
- ICAO has established a minimum dataset for testing certificates to facilitate States' recognition and harmonization of their use for air travel
- Verification of certificates should be secure, trustworthy verifiable, convenient to use, compliant with data protection legislation and internationally/globally interoperable.

#### **Recommendation 13:**

While testing is not universally recommended by public health authorities as a routine health screening method, States contemplating testing in their COVID-19 risk management strategy should apply the approach outlined in the ICAO *Testing and Cross-Border Risk Management Measures Manual*.

#### **Recommendation 17:**

Member States should implement testing certificates based on the protocol, minimum dataset and implementation approaches outlined in the *Manual on Testing and Cross-Border Risk Management Measures* (Doc 10152) to facilitate air travel.



#### **COVID-19 Vaccination**





- Vaccination can reduce the number and severity of SARS-CoV-2 positive cases
- Besides its protective effect for individuals and its role in bringing the pandemic under control, vaccination may also play an important role in aviation recovery as the vaccinated proportion of the global population increases over time.
- Aviation workers are included in Stage III of the WHO SAGE roadmap - to be vaccinated when there is moderate vaccine availability and between 21% and 50% of the national population has been vaccinated.
- Manual includes considerations for vaccination and post vaccination protocols
- Evidence of vaccination to be provided in accordance with national guidelines

#### **Recommendation 18:**

Member States should facilitate access for air crew to vaccination as quickly as possible within the World Health Organization (WHO) Strategic Advisory Group of Experts on Immunization (SAGE) Stage III recommendations

#### **Recommendation 19:**

Vaccination should not be a prerequisite for international travel. If and at such time as evidence shows that vaccinated persons would not transmit the SARS-CoV-2 virus or would present a reduced risk of transmitting the virus, Member States could consider exempting such persons from testing and/or quarantine measures, in accordance with a State's accepted risk threshold, national framework, the COVID-19 situation and the multilayered risk mitigation framework described in the *Take-off: Guidance for Air Travel through the COVID-19 Public Health Crisis*.

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#### Long term effects & support

#### Fitness to fly protocols post COVID-19

- Neurological, Neuro-cognitive
- Psychiatric
- Respiratory/ lungs
- Cardiovascular/ heart
- Immune system, etc.

#### Impact on mental health and well-being

- Focus attention on the effects of COVID-19 on psychological well-being
- Provide support to aviation personnel involving all aviation stakeholders at various levels





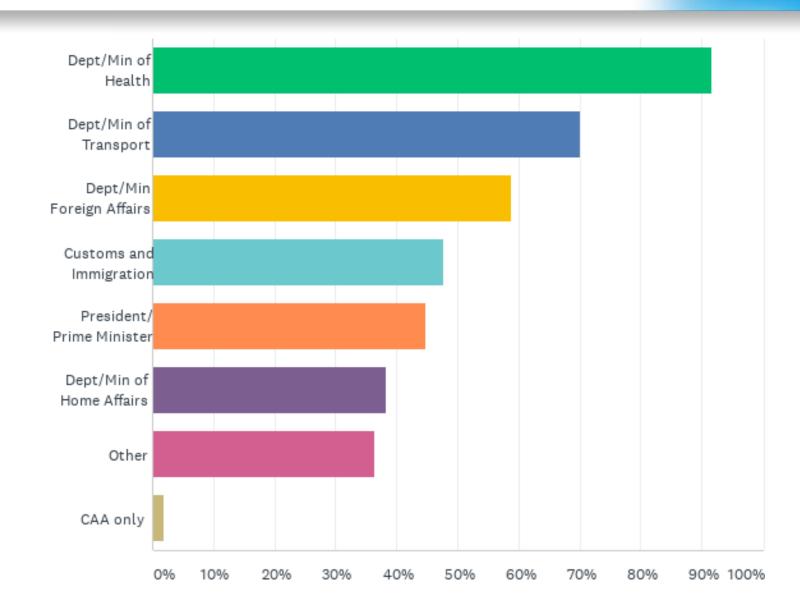
#### **Survey National Collaboration**





108 responses 106 states

Recommendation 20: Member States should ensure that ICAO's CART guidance is taken into consideration by the wider State administration in the decision-making processes on national recovery planning.

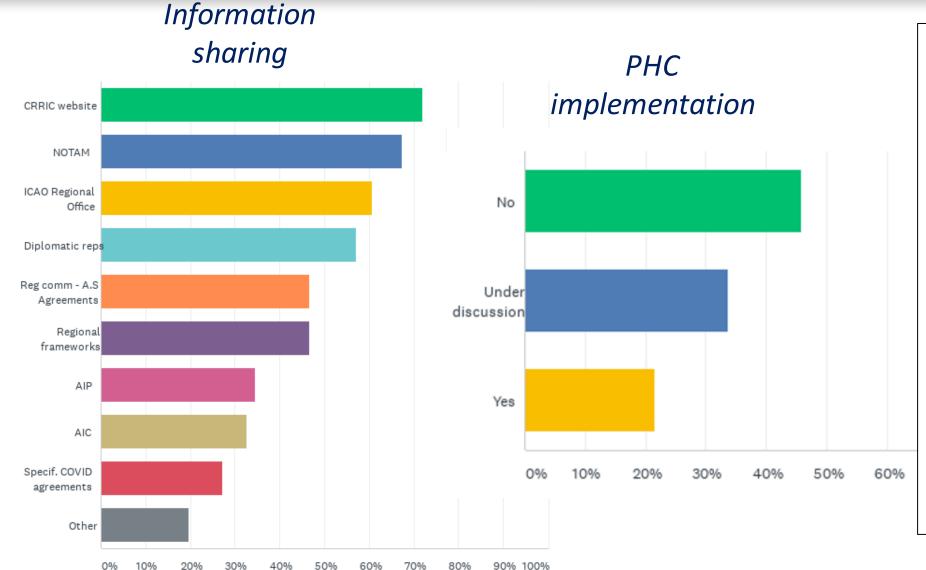




#### **Information Sharing & PHC**







### Recommendation 14 (revised)

States considering the formation of a Public Health Corridor (PHC) should actively share information with each other to implement PHCs in a harmonized manner. To facilitate the implementation, the ICAO Implementation Package (iPack) on establishing a PHC is available to States, in addition to PHC-specific tools published on the ICAO website and the App providing a template PHC arrangement between States.



#### **Key Obstacles & solutions**

Obstacle	Solutions
Communication	CART recommendation, results of the survey, feedback from States, HLCC
Differentiation between passengers and crew	Separate risk assessments - Doc 10152
Dynamic changing environment (variants, epidemiology, reporting)	Constant revision of guidance as new scientific evidence becomes available & updating – Doc 10152
Complexities relating to testing, vaccination and quarantine	Manage test protocols & results, vaccination protective effect, vaccination & virus transmission unknown, vaccination not mandatory, quarantine definition and duration
Standardization of testing and vaccination certificates	ICAO dataset for testing certificates, national protocols, IHR
Lifting of restrictions	Implementing PHC, constant revision of guidance as new scientific evidence becomes available & updating







### Speaker



### **Antti Tuori**

Commercial airline pilot, a medical doctor and EASA aeromedical Examiner.

**IFALPA** 

The Global Voice of Pilots



# Occupational Health and Safety in the Context of COVID

ROOM LOCKDOWN/QUARANTINE | TESTING | USE OF FACE MASKS | VACCINATION

#### Room lockdown/quarantine

#### SITUATION REPORT



- Crews are escorted to the room
- Leaving the room only in case medical emergency
- Food packages delivered outside of the room
  - Breakfast/lunch/dinner times fixed
  - Not much of a choice what to eat
- Effects on crew
  - Fatigue
  - Feeling of isolation
  - Anxiety before the pairing or during strict lockdown
- Some countries require additional home quarantine after return

#### Room lockdown/quarantine

#### POTENTIAL SOLUTIONS



#### **DESTINATION HOTEL/FACILITY**

- A room service or option to order food from outside
- Proper internet access
- A bigger room, especially for longer lockdowns might be beneficial for crew well-being
- Crew members should be allowed to exercise outside if it is possible to keep safe distance from others

#### **OPERATORS**

- Lockdown layover should be allocated evenly to the crew members
- Long (two days or more) layovers on a voluntary basis?
- At least the minimum days-off in a roster shall be days without any quarantine requirement

#### Room lockdown/quarantine

#### POTENTIAL SOLUTIONS

#### **CREWS**

- Connect socially with others
- Get Active
- Relaxation
- Keep learning
- Think of things that can be done in a hotel room that you have wanted to do, e.g., read a certain book, a knitting project, write a novel, etc., and think of this as an opportunity to fulfill this





SAFETY BULLETIN

20SAB11 07 December 2020

#### Room Lockdown during COVID-19 Pandemic

During layovers authorities or operators in many countries require complete room lockdown. This is also compliant with the ICAO Public Health Corridor (PHC)\* concept. The lockdown requirement is either due to the quarantine requirements of the destination country or requirement to avoid quarantine when arriving back to home base.

This complete lockdown may have detrimental effects on mental health, especially if the layover is long, and if further quarantine is required at home base regardless of isolation during layover.

It is not expected that operators or pilot associations would be able to remove these authority requirements but listed below are some mitigating measures that could be recommended. These require agreements between associations and operators, but also agreements and discussion between operators and authorities.

#### ROSTERING

- · Lockdown layover should be allocated evenly to the crew members
- Long (two days or more) layovers should be on a voluntary basis
- At least the minimum days-off in a roster shall be days without any quarantine requirement

#### DESTINATION HOTEL

- A room service or option to order food from outside of the hotel (preferable) should be provided.
- Hotels should have proper internet access provided. This way crew members can maintain contact with their families and friends in addition to finding entertainment.
- A bigger hotel room, especially for longer lockdowns might be beneficial for crew wellbeing.
- Crew members should be allowed to exercise outside if it is possible to keep safe distance from others.
- During layovers, crew members could be allowed to live in their own crew-bubble with other members operating the flights, i.e. being able to visit each other's room or having

<sup>1</sup> https://www.icao.int/covid/cart/Pages/CART-Take-off.asp:

#### **Testing**

#### SITUATION REPORT



- Depends on destination, but also on operator
  - Test before flight
  - Test at the destination
  - Test after return to home base
- Crews may be subject to up to 6-10 tests/month
- Testing and other Covid-19 measures often cause delays after the flight before getting into hotel room

# Testing POTENTIAL SOLUTIONS

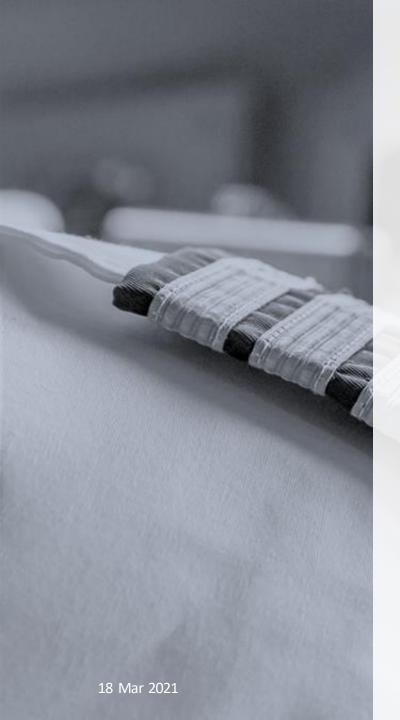


Mutual recognition of tests



Rational use of tests





## Use of face masks

Flight safety vs. occupational/health safety

Needs a proper risk assessment

Needs training

Option to remove the mask in case of flight safety issues

Use of masks in simulator



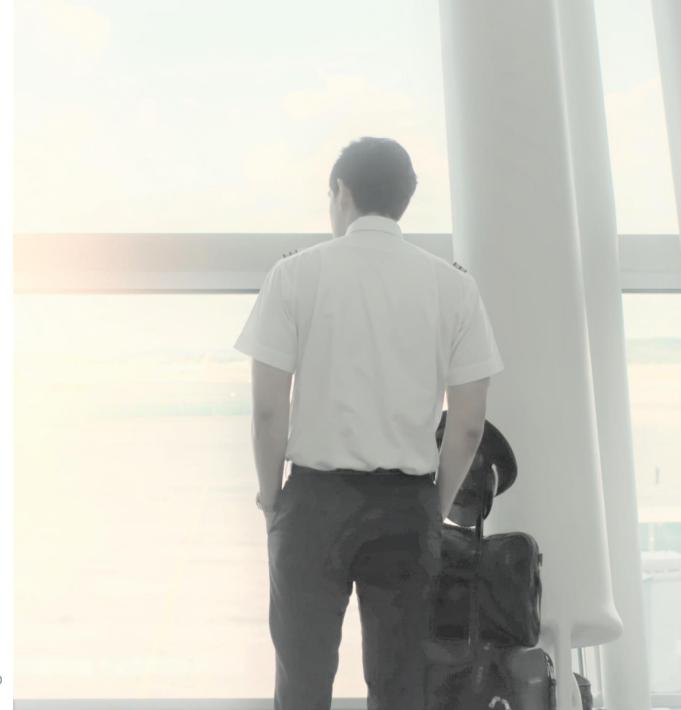


#### Vaccination

Should be voluntary, though strongly recommended

Vaccines need to be approved by the licensing authority's health authorities

Priority for vaccination of aviation workers, once health care workers and vulnerable groups have been protected





We encourage health and aviation authorities to follow the ICAO/CAPSCA Recommendations



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## Speaker



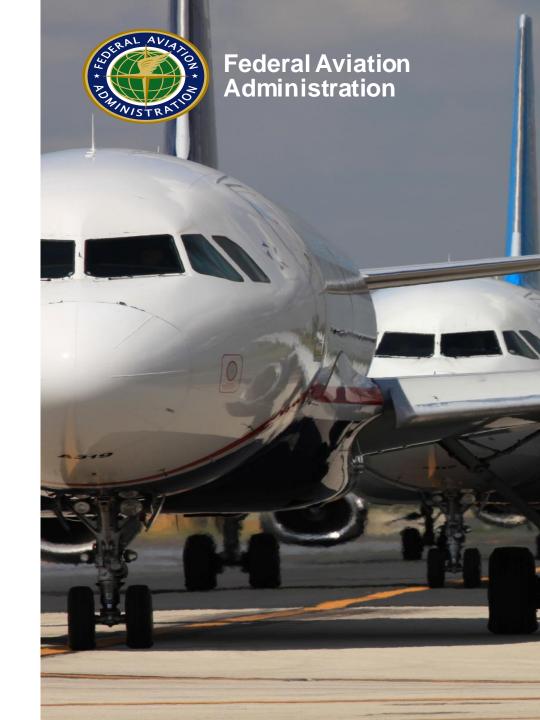
# Susan Northrup Federal Air Surgeon

FAA

## Federal Aviation Administration

# U.S. FAA COVID-19 Response For Air Traffic

Presented by
Susan E Northrup, MD, MPH
Federal Air Surgeon



#### **Overview**

- The Goal
- The beginning and the assumption of Public Health Role
- Protecting the Work Force and Operations
  - Mission Essential
  - At-risk population
  - Training
- Public Health Measures
- Testing and Vaccination
- Return to Full Capacity



#### The Goal

Protect our employees in the work site while maintaining the safety of the National Airspace to meet critical national and public health needs.

## The Beginning

- March 2020, Midway Tower and Indianapolis Center
  - Public Health System was overwhelmed
  - The Office of Aerospace Medicine assumed the Public Health role for FAA employees and facilities
  - Existing staffing model resulted in a significant number of close contacts
  - Closely coordinated with U.S. Centers for Disease Control and Prevention and other international organizations
- Drastic drop in air traffic
- Switch from passenger traffic to cargo

#### **Protecting the Work Force and Operation**

- Initially, staffing reduced to cover the level of traffic
  - Hard Crews
  - Maximum telework for support personnel
- Air Traffic Control Specialists with co-morbid conditions putting them at increased risk were given Excused Absence, traffic permitting
- Training suspended initially

#### **Public Health Measures**

#### Air Traffic Organization Employed

- Social distancing and mask use
- Workplace modifications
- Wipe in/wipe out
- Encourage people with pending tests, close contacts, and sick people to stay home

#### FAA Efforts

- Excused absences
- Contact tracing
- International and Industry outreach
- Safety Alerts for Operators, Special Federal Aviation Regulations, and Certification Extensions

## **Testing and Vaccination**

#### COVID-19 Testing

- Not being used at present for return to work site
- People with pending tests for any reason with a medical certificate or clearance restricted from facilities until results are known

#### Vaccinations with Emergency Use Authorization

- Encourage individuals to get vaccinated, cannot require it
- Grounding period following each vaccination
- Critical Infrastructure, U.S. Centers for Disease Control and Prevention Tier 1c

## Return to Full Capacity

- Return of personnel
  - Partially trained
  - Persons at increased risk for severe disease
- Resumption of Training
  - Gating criteria to protect the operation
- Improved/Continued Public Health Measures/Protection
- Special Events

## **Questions?**





## Questions

and

Answers

## Future Webinars – Save the Date

#### **Episode 2**

**Topic:** Maintaining competency & training for

ATCOs/Dispatchers

Date: Thursday 22 April 2021

**Time:** 12:30 CEST

