

Angel Flight Central COVID-19 Response Plan



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Introduction

AFC Commitment to Health and Safety

Angel Flight Central has always been committed to maintaining the highest levels of safety for its passengers and pilots. New concerns and risks are now part of our everyday life with COVID-19, but we recognize that many of our passengers have serious medical conditions where the risk of NOT getting care outweighs the risk of exposure to COVID-19 during the course of travel.

Accordingly, AFC has created the following guidelines for pilots, passengers and AFC staff in our effort to continue to provide patients and passengers with the access to health care that they need, in the safest manner and environment possible.

How COVID-19 Spreads

According to the CDC, COVID-19 is thought to spread mainly through close contact from person-to-person in respiratory droplets from someone who is infected. People who are infected often have symptoms of illness. Some people without symptoms may be able to spread virus. COVID-19 is a new disease and we are still learning about how it spreads and the severity of illness it causes.

Person-to-person spread

The virus is thought to spread mainly from person-to-person.

- Between people who are in close contact with one another (within about 6 feet).
- Through respiratory droplets produced when an infected person coughs, sneezes or talks.
- These droplets can land in the mouths or noses of people who are nearby or possibly be inhaled into the lungs.
- Some recent studies have suggested that COVID-19 may be spread by people who are not showing symptoms.

Maintaining good social distance (about 6 feet) is very important in preventing the spread of COVID-19.

Spread from contact with contaminated surfaces or objects

It may be possible that a person can get COVID-19 by touching a surface or object that has the virus on it and then touching their own mouth, nose, or possibly their eyes. This is not thought to be the main way the virus spreads, but we are still learning more about this virus.

Wash your hands often with soap and water. If soap and water are not available, use an alcohol-based hand rub. Also, routinely clean frequently touched surfaces.

How easily the virus spreads

How easily a virus spreads from person-to-person can vary. Some viruses are highly contagious, like measles, while other viruses do not spread as easily. Another factor is whether the spread is sustained, which means it goes from person-to-person without stopping.

The virus that causes COVID-19 is spreading very easily and sustainably between people. Information from the ongoing COVID-19 pandemic suggest that this virus is spreading more efficiently than influenza, but not as efficiently as measles, which is highly contagious.

Medical/Humanitarian Flights and COVID-19

The nature of AFC flights inherently requires contact between passengers and pilots and are conducted in the relatively small cabin environment inherent in most general aviation aircraft.

Since COVID-19 is transmitted from person to person through the air through breathing, coughing and talking, and by touching contaminated surfaces and then touching your face, flights must be conducted in a manner which minimizes the risk of exposure to both passengers and pilots.

We must follow appropriate guidelines before, during and after flights. As you will see, these guidelines include passenger screening procedures, preflight disinfection, social distancing as much as practical, the use of masks and gloves when in close contact with passengers, maintaining a safe cabin environment during flight, as well as post-flight disinfection.

Since the virus may also be transmitted by people without symptoms, a passenger or pilot may have the virus and not know it. While **the risk to passengers and pilots can never be completely eliminated**, following the guidelines in this plan will allow flights to be conducted in the safest manner possible.

Overview of COVID-19 Response Plan

- As the situation evolves, we will monitor and follow the recommendations of the CDC, WHO, as well as state and local health departments in the region that AFC serves. This is a rapidly evolving situation, and we will make necessary changes to our policies and protocols as necessary to maintain the safest environment for our passengers, pilots and staff at AFC.
- We are requiring that all associates of AFC maintain good hand hygiene; wash their hands and use hand sanitizer often. We encourage the wearing of masks or other face coverings, recommend adhering to social distancing guidelines and follow best practices to protect the health and well-being of themselves, their family, and our community at large.
- We are keeping all employees updated with any new recommendations for preventing the spread of COVID-19.
- We are requiring sick employees to stay home.
- All passengers, including caregivers accompanying the patient, will be given a series of screening questions by Operations before scheduling flights and again by pilots before each flight.
- Pilots will self-certify that they are healthy with no symptoms or history of exposure to COVID-19 at the time of the flight.
- We are requiring passengers who have flu-like symptoms, may have been exposed to COVID-19, or those who have recently visited high-risk countries to reschedule their flights.
- Our staff and pilots will perform proper environmental cleaning techniques.

The requirements and recommendations in this policy are effective immediately and will remain in effect until further notice. For the safety of our staff, pilots and passengers Angel Flight Central will continue to evaluate these protocols and may modify or remove these requirements and

recommendations as the situation changes and new information becomes available from such sources as the CDC and state and local authorities.

Screening and Scheduling

Screening questions will be given to passengers and pilots prior to each flight in order to significantly reduce the risk of exposure to the COVID-19 virus by identifying risk factors and symptoms of infection. When passengers are identified through the screening process to have the virus, may have been exposed to the virus or have symptoms that are consistent with having the virus, the flight will need to be rescheduled for a later date per the guidelines below.

The screening process should be performed at various intervals prior to the flight. The first screening will occur at the time of initial intake and scheduling by Operations. The pilot of the first leg (primary pilot) is encouraged to ask the screening questions again upon initial phone contact with the passenger. The primary pilot, and each connecting pilot, should also re-screen in phone calls the day or two before the flight, and especially the day of the flight, in order to identify symptoms that may have arisen between the time the flight was originally scheduled and day of the flight. Occasionally, the caregiver(s) accompanying the patient on the day of the flight may be a different caregiver than the one previously screened or may be an unplanned additional caregiver, or both. In either case, it is critical that all passengers boarding the flight be asked the screening questions and satisfy our requirements before being allowed to fly.

It is especially important that pilots flying the second leg also contact the passenger(s), as the first leg may have been handled by an angel flight region other than Angel Flight Central, or another charitable aviation organization that may not use our comprehensive screening protocols.

Pilots also have a responsibility to the passenger regarding their own risk of exposure to them. Pilots are required to self-screen, and if they themselves could answer YES to any of the screening questions, unless the applicable conditions required to schedule the flight are met, will step away and open up the leg to another pilot. Pilots will attest to not having symptoms of COVID-19 or be at risk due to potential exposure to the virus.

Screening Questions:

Following CDC guidelines for initiating and discontinuing home isolation, the following questions and protocols will be implemented into our intake and flight scheduling process:

1. Have you been diagnosed with COVID-19?
 - a. If NO, continue to Question 2.
 - b. If YES and passenger WILL BE TESTED TO DETERMINE IF STILL CONTAGIOUS, AND these 3 things have happened:
 - i. No fever (without the use of medicine that reduces fevers) AND
 - ii. Other symptoms have improved AND
 - iii. Passenger has received two negative tests in a row, 24 hours apartGO TO QUESTION 2

- c. If YES and passenger WILL NOT HAVE A TEST TO DETERMINE IF STILL CONTAGIOUS, AND these 3 things have happened:
 - i. No fever for at least 72 hours (without the use of medicine that reduces fevers) AND
 - ii. Other symptoms have improved AND
 - iii. At least 7 days have passed since symptoms first appearedGO TO QUESTION 2

2. In the last 14 days, have you had any of the following symptoms:

1. Fever
2. Cough
3. Shortness of breath or difficulty breathing
4. Chills
5. Repeated shaking with chills
6. Muscle pain
7. Headache
8. Sore throat
9. New loss of taste or smell

b. If NO, continue to Question 3.

- c. If YES and passenger WILL BE TESTED TO DETERMINE IF STILL CONTAGIOUS, AND these 3 things have happened:
 - i. No fever (without the use of medicine that reduces fevers) AND
 - ii. Other symptoms have improved AND
 - iii. Passenger has received two negative tests in a row, 24 hours apartGO TO QUESTION 3

- d. If YES and passenger WILL NOT HAVE A TEST TO DETERMINE IF STILL CONTAGIOUS, AND these 3 things have happened:
 - i. No fever for at least 72 hours (without the use of medicine that reduces fevers) AND
 - ii. Other symptoms have improved AND
 - iii. At least 7 days have passed since symptoms first appearedGO TO QUESTION 3

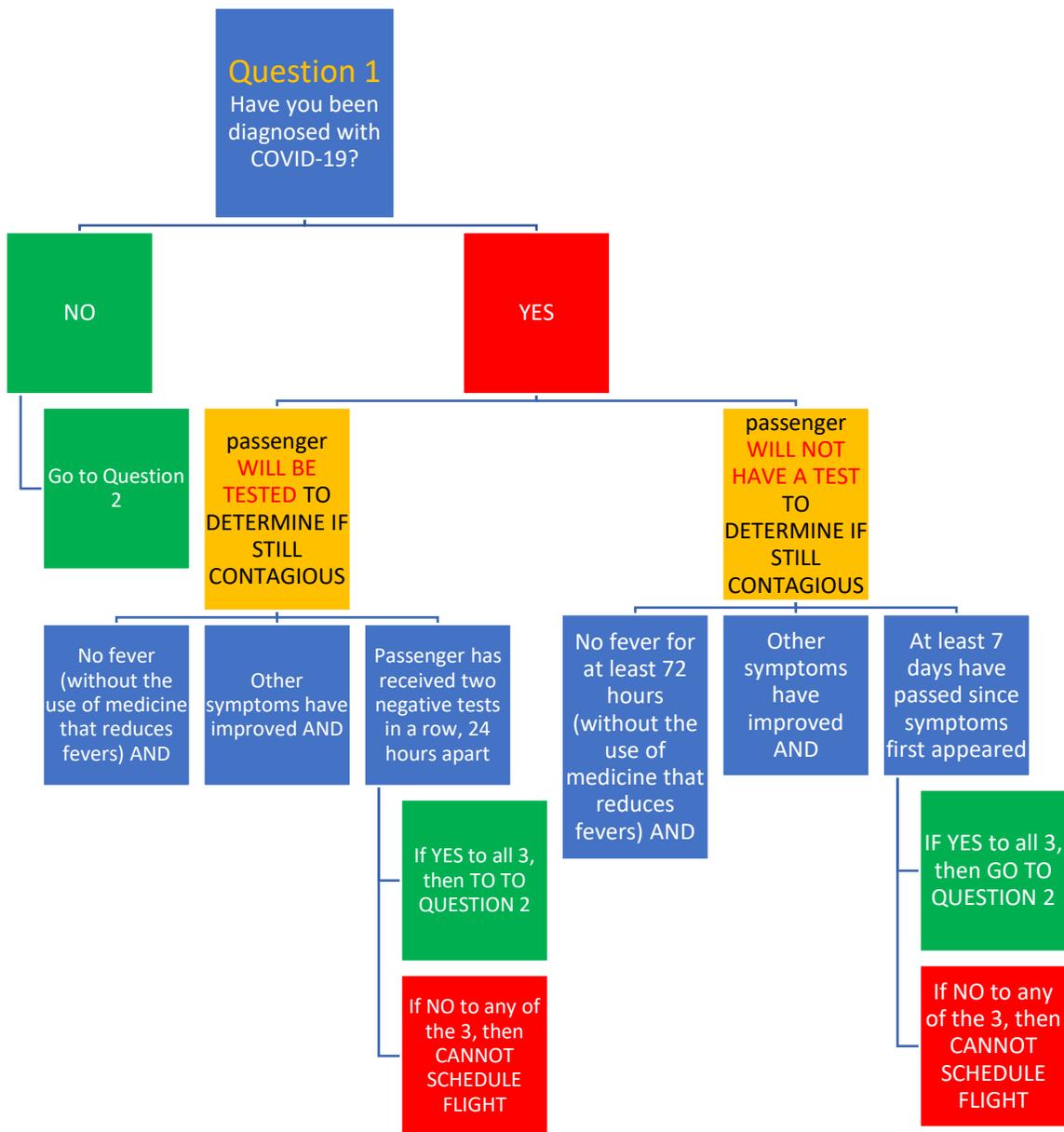
3. In the past 14 days, have you or someone in your home had close contact with a person with COVID-19, or have you traveled from somewhere outside the US, or on a cruise ship or river boat? (for current list of foreign countries of concern, visit <https://www.cdc.gov/coronavirus/2019-ncov/travelers/from-other-countries.html>)

- a. If NO, then OK to schedule flight.
- b. If YES, may schedule flight 14 days after exposure, as long as NO SYMPTOMS arise before flight.

If all answers are NO, or if any answer is YES and all applicable conditions required for scheduling the flight are met, then flight may be scheduled immediately.

*Questions should be repeated by pilot(s) the day before and day of the flight, and flight should be rescheduled if any of the above questions results in a YES answer, unless the applicable conditions required to schedule the flight are met.

Screening Questions Flow Chart



Question 2

In the last 14 days, have you had any of the following symptoms:

Fever, Cough, Shortness of breath or difficulty breathing, Chills, Muscle pain, Headache, Sore throat, New loss of taste or smell

NO

Go to Question 3

YES

passenger **WILL BE TESTED TO DETERMINE IF STILL CONTAGIOUS**

No fever (without the use of medicine that reduces fevers) AND

Other symptoms have improved AND

Passenger has received two negative tests in a row, 24 hours apart

If YES to all 3, then GO TO QUESTION 3

If NO to any of the 3, then CANNOT SCHEDULE FLIGHT

passenger **WILL NOT HAVE A TEST TO DETERMINE IF STILL CONTAGIOUS**

No fever for at least 72 hours (without the use of medicine that reduces fevers) AND

Other symptoms have improved AND

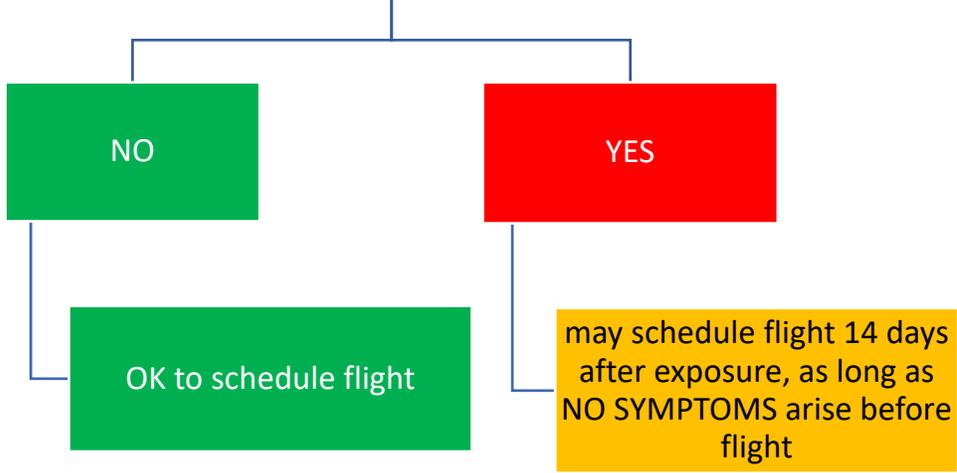
At least 7 days have passed since symptoms first appeared

IF YES to all 3, then GO TO QUESTION 3

If NO to any of the 3, then CANNOT SCHEDULE FLIGHT

Question 3

In the past 14 days, have you or someone in your home had close contact with a person with COVID-19, or have you traveled from somewhere outside the US, or on a cruise ship or river boat?



Pilot Risk Factors and Pre-existing Conditions

The CDC has identified several risk factors and pre-existing medical conditions that could contribute to serious medical complications if a COVID-19 infection were to occur. **Pilots with the following conditions should understand that they may be at a higher risk for developing serious complications if exposed to the COVID-19 virus while flying passengers.** The following risk factors should be considered before volunteering for a flight:

- 65 years of age and older
- People of all ages with the following underlying medical conditions:
 - Chronic lung disease or moderate to severe asthma
 - Serious heart conditions
 - Immunocompromised. Examples of conditions that compromise the immune system include:
 - Cancer treatment
 - Smoking
 - Bone marrow or organ transplant
 - Immune deficiencies
 - Poorly controlled HIV or AIDS
 - Prolonged use of corticosteroids and other immune weakening medications
- Severe obesity (body mass index [BMI] of 40 or higher)
- Diabetes
- Chronic kidney disease undergoing dialysis
- Liver disease

Recommendations for Flight Management

Pre-Flight Factors

Stay-at-Home Orders

Stay-at-Home orders vary by state and may change with little notice. Local municipalities may also have their own requirements regarding mitigation in light of COVID-19. Pilots are encouraged to monitor state and local ordinances for their local area of departure, as well as for the destinations at each leg of the passenger's travel. In order to adhere to state and local guidelines, a flight may need to be rerouted, taken by another pilot originating from a different area, or postponed.

FBOs

Pilots are encouraged to call ahead to the destination FBO to ensure that needed services are readily accessible.

ATC

There have been notable impacts on the National Airspace System on a daily and even hourly basis, so it is imperative that all pilots adequately preflight plan. Instances of "ATC zero" due to COVID infections within ATC facilities have occurred several times. Reviewing NOTAMs and advisories are essential. The pandemic's potential impact on air traffic services can be sudden, even occurring mid-

flight, so pilots should also increase their fuel reserves to anticipate diversions that may extend beyond the alternate airports expected for a destination.

Pilot-Passenger Interaction

The following guidelines should be followed before, during and after a flight, and at all times when in contact with passengers:

- Social distancing guidelines should be adhered to before and after the flight, as much as is practical, maintaining at least 6 feet between pilot and passengers. This may not be possible in all phases of interaction with the passenger, such as when helping them on and off the aircraft, helping with seatbelts and reviewing preflight safety measures, so make sure to follow other recommendations below.
- Be especially careful not to touch your face, mouth, nose or eyes after contact with the passenger, baggage or other surfaces before washing hands or using hand sanitizer.
- Pilot and passengers are required to wear masks or other face covering when in contact with each other. Passengers should wear it throughout the entire flight. As passengers/patients may be immunocompromised, pilots are encouraged to wear a mask during flight. However, wearing a mask is not required, nor advisable if the pilot believes that it would interfere with flight duties, radio communication or use of oxygen cannula.
- Pilot should wear gloves when in direct contact with the passengers or their baggage. If you choose to wear gloves, make sure that you use proper protocol for taking them off, in order to prevent cross-contamination. If you choose not to wear gloves, use hand sanitizer immediately after contact with the passenger, baggage or other surfaces.
- Pilots are encouraged to provide hand sanitizer for passengers and use it often him/herself.
- Signing the Liability Release: Although less convenient than signing and sending the release digitally, pilots are encouraged to print the Liability Release ahead of time, have the passengers and pilot sign it, and then either take a picture of the document and email it to AFC, or fax it or mail it from the FBO. This will reduce contact with common surfaces, especially one that you may use throughout the flight. If the pilot chooses to use an iPad/tablet or other digital device to capture passenger and pilot signatures on the Liability Release, make sure to have the passengers and pilot use hand sanitizer before using it, and clean it with alcohol or other approved cleaner immediately after passenger use.
- Pilot should not share blankets, pillows or offer food or beverages to passengers, but could encourage passenger to bring their own.
- Passengers should not sit up front with the pilot, but sit in the back, as far away from the pilot as possible. The copilot seat should remain empty unless a safety pilot is onboard.
- The use of constant airflow for cabin ventilation is encouraged throughout the flight.

Cargo Flights

While cargo flights do not pose the same potential risk as passenger-carrying flights, pilots still need to maintain diligence and follow best practices.

- Pilots should wear gloves when loading and handling cargo.
- Pilots should wear masks when in contact with other volunteers who may be loading or unloading the aircraft.
- Disinfect the aircraft before and after the flight.

Protocols for Disinfection of the Aircraft

According to the CDC, most common EPA-registered household disinfectants should be effective. Alcohol based cleaners with at least 70% alcohol is recommended, especially for flight instruments and flight controls.

- Aircraft, headsets, etc. are required to be disinfected before flight and again immediately after. Consider applying new headset mic muff for each new passenger.
- Pilot should wear gloves and a mask during the cleaning process.
- Focus on high-touch areas such as armrests, seatbelts, door handles, handholds, and tables.
- Use new microfiber and towel products when transitioning between sections of the aircraft. Do not transfer use from one area to another.
- Spray and wipe leather surfaces with disinfectant. Follow by cleaning with leather cleaner/conditioner.
- Upholstery and carpet should be lightly misted with disinfectant and allowed to air dry.
- Change clothes following the cleaning process and launder items worn.
- Thoroughly wash your hands.

For electronics such as cell phones, tablets, avionics, and touchscreens:

- Follow the manufacturer's instructions for all cleaning and disinfection products.
- Consider use of wipeable covers for portable electronics.
- If no manufacturer guidance is available, consider the use of alcohol-based wipes or sprays containing at least 70% alcohol to disinfect touchscreens. Dry surfaces thoroughly to avoid pooling of liquids.

Temporary Relaxation of Flight Currency, Medical and Insurance Requirements

Relaxation of AFC Currency Requirements

For a period of 90 days following the resumption of AFC passenger flights, pilots will not be required to meet the additional AFC currency requirements, but will be required to continue to meet all FAA requirements for flight currency. After 90 days, pilots will be required to meet AFC currency requirements in order to act as Pilot-in-Command of any AFC flights.

FAA Medicals

The FAA is allowing pilots to continue to fly if their airmen medical certificates expire between March 31 and June 30 to reduce the burden on the country's healthcare system during the pandemic and limit the potential spread of the virus across the pilot community. Pilots will be required to monitor changes in this policy and adhere to FAA requirements.

Insurance

Pilots will be responsible to confirm that their insurance remains intact and in force in the event that the pilot's medical has expired or lapsed within the parameters the FAA defined in its current release. Insurance and FAA requirements both require compliance.