Movement of Passengers during COVID-19 Pandemic

Technical Note

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Acknowledgments

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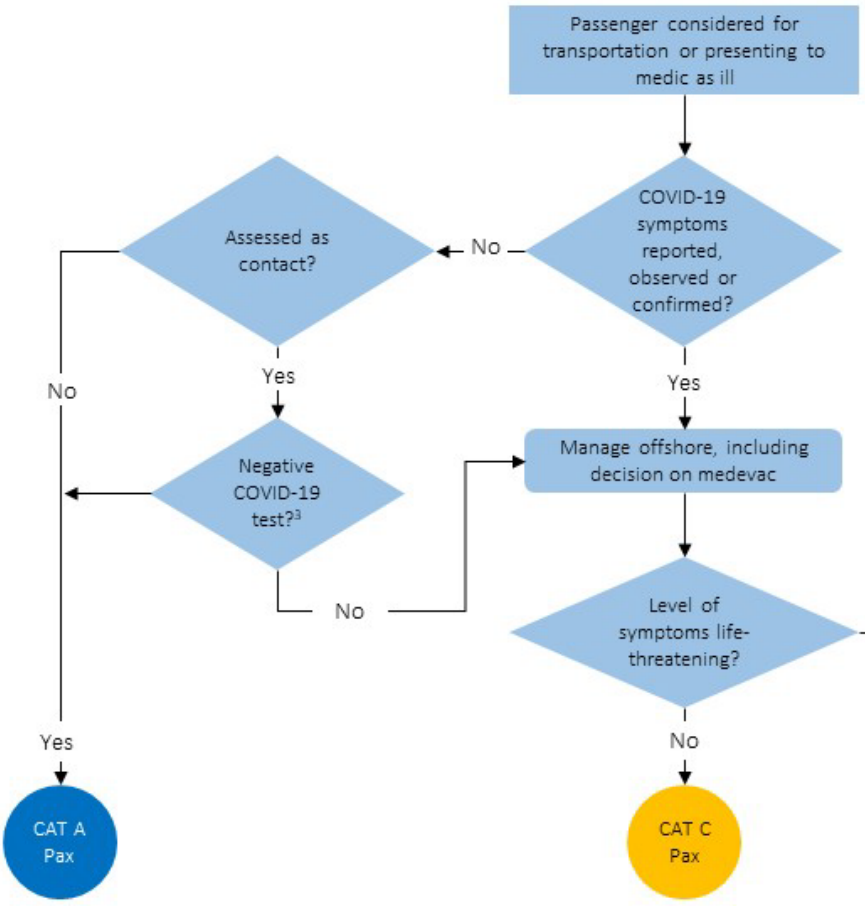
1 Passenger Flowchart



Helicopter Operator Considerations		
• Snood must be worn. • Normal O&G aircraft / crew.	• PPE required for patient and escort (patient face covering should be FRSFM). • Decontamination of aircraft and survival equipment required. • CMED/ Medevac/ crew with limited pax numbers ensuring min 1m clearance between pax and aircrew (max 6 patients + 1 escort[1]). • Completion of Heli Operator Medevac form. • Medical escort required for symptomatic passengers as agreed on a case-by-case basis between medic, topside doctor and helicopter operator[2]. • Helicopter operator accepted that non-medical escort permitted for asymptomatic CAT C cases.	• PPE required for patient and escort. • Decontamination of aircraft and survival equipment required. • SAR aircraft / crew required.
Client Considerations		
• Provision of snood. • No decontamination required. • No onward transport plan required.	• Provision of PPE for patient and any client-provided escort (face covering should be FRSFM). • Evidence of medical RA to be provided to helicopter operator. • Specific onward transport plans to be provided prior to flight.	• Provision of PPE for patient. • Evidence of medical RA to be provided to helicopter operator. • Specific onward transport plans to be provided prior to flight.

2 Flowchart notes

- Accurate categorisation of passengers will allow the helicopter operators to ensure the sustainability of helicopter operations by protecting the crews from infection, and to take the necessary precautions to ensure the safe transportation of the passengers back to shore.
- All inbound flight manifests are to be annotated and signed indicating whether or not any passenger(s) on board the aircraft are being transported for COVID-19 infection considerations, i.e. CAT C.
- Following identification of a COVID-19 case on any offshore installation, normal crew change flights can take place provided:
  - all Category C/D passengers have been appropriately classified, and
  - all passengers for inbound travel on crew change aircraft are established as 'CAT A'.
- Heli admin staff shall ensure that the aircraft manifest for inbound flights has a written note in the "additional notes" box clarifying the "worst case" category on board.
  - This applies to all flight categories A and C.
- Passengers of different categories are generally not to be mixed on any flight.
- Note 1: Maximum 6 patients plus one escort on an S92 aircraft. Refer to helicopter operator for other aircraft limits.
- Note 2: The discussion between the medic, topside doctor and helicopter operator will establish the level of medical training required by the escort and is only applicable where the duty holder is responsible for arranging the medical escort.
- Note 3: Close contact must have undergone an on-installation COVID-19 test within 12 hours of departure from the installation.

3 Understanding and implementing the flowchart

3.1 General notes

- At this stage in the pandemic the concept of 'cases' and 'contacts' should be familiar to all.
- Persons offshore becoming unwell may become 'possible' or 'probable' COVID-19 cases. Once tested via NHS/public health system (now increasingly less likely) they may become 'confirmed' cases. For the purpose of the flowchart all ('possible', 'probable' or 'confirmed') are 'cases'.
- Any COVID-19 case will be a CAT C or CAT D (depending on clinical severity) passenger until such time as they no longer require to isolate.
- Continued contact tracing via formal public health processes is now less likely and varies by UK country, and is increasingly likely to be by the installation operator itself (if a case is identified on the installation).
- The categorisation (A, C or D) of an individual is not the responsibility of the helicopter operator.

3.2 Responsibilities and obligations

- When onshore, all persons are obliged to follow national law and have a responsibility to follow public health advice on isolation and testing.
- On offshore installations, operators have the responsibility to follow the principles of public health advice; and are subject to enforcement action by the HSE (which in turn takes into consideration advice from HPS/PHE).
- During aviation transport of workers, the helicopter carrier is subject to aviation law and will apply its own operating procedures, including those relating to infectious disease.

3.3 Carriage of cases

- Determination of category status will be made by installation medic, topside doctor and installation operator company medical advisor.
- Timing and urgency of medevac of a case will be dependent on the clinical potential for deterioration to CAT D status – preference for such cases is at the stage of CAT C passenger, before deterioration to CAT D.
- CAT C passengers returning ashore will do so on a medevac flight with infection control measures and an escort (the escort is required by helicopter carrier operations manuals).
- The most likely destination for CAT C passengers on arrival ashore will be home, for self-care and isolation there.
- Operators should ensure an appropriate onwards travel plan is in place for CAT C passengers prior to arrival onshore.

4 Contacts

4.1 Definition of a 'contact'

- Having, in the past 10 days, provided direct care for patient(s) with COVID-19 disease without using proper personal protective equipment, i.e. an unprotected medic. *(N.B. A protected medic is NOT a contact.)*
- Having travelled in a small vehicle (e.g. car or van) with…
- Having travelled in a large vehicle near (i.e. having less than 1m separation from) *(N.B. further away than 1m is NOT contact)* …
- Having, on a flight, been seated within two seats in every direction (i.e. the 2 seats either side, and the 2 rows in front and behind these seats) of…
- Having shared a cabin with…
- Having had unprotected physical (skin to skin) contact with…
- Having been in proximity (with face-to-face contact, includes being coughed on, or face-to-face conversation) within 1m for any length of time, of…
- Having been in proximity (without face-to-face contact) within 1m for 1 minute or longer, of…
- Been in proximity between 1m and 2m for more than 15 minutes (the duration of contact should be considered cumulatively), of…

…a case from 48 hours prior to symptom onset in the case, to 10 days from the date of symptom onset in the case (if the case has been symptomatic);

or, if the case is an asymptomatic positive PCR test, from 48 hours before the positive PCR test to 10 days from the date of positive PCR test.

- Continued contact tracing via formal public health processes is now less likely and varies by UK country, and is increasingly likely to be by the installation operator itself (if a case is identified on the installation).

4.2 Management of passengers

- CAT A passengers will return ashore with no specific measures needed.
- It will be good practice for companies to take steps to ensure that passenger seat location can be identified at a later date if necessary.
- 'Snoods' remain obligatory for CAT A passengers; CAT C and CAT D passengers should follow clinical guidelines for PPE.

5 Outbound transportation

Where national rules continue to refer to contacts, fully vaccinated contacts may now be exempt from isolation (if they take daily lateral flow tests with negative results) and can travel, subject to following the local criteria, to their embarkation point. Contacts considering themselves exempt should seek advice from their employer prior to mobilisation. Operators/employers may wish to apply additional requirements (for example in relation to prior testing) of their own. Once satisfied that a contact meets national and employer requirements for exemption, they will be transported offshore as a CAT A passenger.

Appendices

A Revision Tracker

Issue	Previous issue	Change
Issue 2 30.03.20	Requirement for medevac form in heli-operator's considerations for CAT B flights	Removed
	-	Notes added to Movement of Passengers Flowchart box on Page 1
	-	Clarification notes A & B added to Page 3
Issue 3 31.03.20	-	Document title changed to be consistent with content "Movement of Passengers Flowchart"
	-	Revision tracker page added
	Movement of Passengers Flowchart text box missing a line	Movement of Passengers Flowchart box on Page 2 extended so all text can be read
	Page 3 Note A - typo	Page 4 Note A reworded
Issue 4 27.04.20	-	Addition of snood comments in CAT A & CAT B in Helicopter and Client Considerations
	-	Clarification on acceptability of FRSM as PPE in place of FPP2/3 or equivalent in CAT B & CAT C helicopter and client considerations
Issue 5 01.05.20	Typo corrections and minor formatting amendments	Format and content of notes box and CAT A pax considerations boxes
Issue 6 06.07.20	-	Additional information due contact tracing guidance for classification of CAT B pax commencing P3
Issue 7 14.09.20	-	Text change to "Information Box" on P4 to "Symptoms" and "Travel Risk"
	Requirement for escort on CAT B flights	Deleted
	Requirement for C-Med aircraft for CAT B passengers	Removed.
	CAT C Heli Operators Considerations	Cat C pax limit changed from 1-3 to 1-4 depending on a/c size.
	-	P6: change from 7 days to 10 days
	P7 Para 4: reference to CAT B passengers may require an escort	Deleted
	-	P5: Reword of "Situation 2" paragraph
Issue 8 07.09.21	-	Substantial rewrite of text and flowchart
Issue 9 08.09.21	Flowchart	Amendment of CAT C 2m distancing between aircrew and pax to 1m
	Section 4.2	Removal of last bullet point – duplication of "contact" definition
Issue 10 11.01.22	-	General updates to reflect increase in allowed pax numbers and new isolation requirements.

Issue	Previous issue	Change
Issue 11 03.03.22	-	Remove reference to CAT B passengers. No longer required. Change to medical / escort requirements. Update to remove out-of-date Government guidance.

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