http://www.faa.gov/other_visit/aviation_industry/airline_operators/airline_safety/safo

A SAFO contains important safety information and may include recommended action. Besides the specific action recommended in a SAFO, an alternative action may be as effective in addressing the safety issue named in the SAFO. The contents of this document do not have the force and effect of law and are not meant to bind the public in any way. This document is intended only to provide clarity to the public regarding existing requirements under the law or agency policies.


Purpose: This SAFO updates SAFO 20009 and provides updated interim occupational health and safety guidance by the Centers for Disease Control and Prevention (CDC) and the Federal Aviation Administration (FAA) for air carriers and crewmembers regarding Coronavirus Disease 2019 (COVID-19). The CDC and FAA are providing this additional occupational health and safety guidance for air carriers and their crews to reduce crewmembers’ risk of exposure to COVID-19, decrease the risk of transmission of COVID-19 on board aircraft and to destination communities through air travel, and provide guidance for fully vaccinated crewmembers.

Background: SARS-CoV-2, the virus that causes COVID-19, has spread throughout the world and to all States and territories of the United States (U.S.). Air carriers and crews conducting flight operations having a nexus to the United States, including both U.S. and foreign air carriers, should follow CDC’s occupational health and safety guidance, as outlined in the Appendix below.


Because air travel remains essential, including transportation of personnel and supplies necessary to support COVID-19 response and recovery efforts, it is critical to protect the health and safety of crews

1 People are considered fully vaccinated for COVID-19 two weeks after they have received the second dose in a 2-dose series, or two weeks after they have received a single-dose vaccine. CDC’s guidance applies to COVID-19 vaccines currently authorized for emergency use by the FDA: Pfizer-BioNTech, Moderna, and Johnson and Johnson (J&J)/Janssen COVID-19 vaccines. CDC’s guidance can also be applied to COVID-19 vaccines that have been authorized for emergency use by WHO (e.g. AstraZeneca/Oxford).

2 This public health emergency has been renewed several times since January 31, 2020, most recently on April 15, 2021.
while ensuring that essential flight operations can continue. The FAA and CDC recommend that air carriers and crewmembers take precautions to avoid exposure of crewmembers to SARS-CoV-2. Crewmembers should not work while symptomatic with fever, cough, or shortness of breath, or other symptoms of COVID-19 or after having tested positive for SARS-CoV-2. They may return to work only after they are no longer considered infectious according to CDC’s criteria for Discontinuation of Isolation for Persons with COVID-19 Not in Healthcare Settings.

The CDC continues to recommend a 14-day quarantine for individuals with known exposure to COVID-19; however, shorter quarantine periods may be considered. Crewmembers with known exposure should not work on aircraft until they meet CDC’s criteria for release from quarantine. The CDC has issued guidance for exposed workers in critical infrastructure who might need to return to work before these criteria are met, available in COVID-19 Critical Infrastructure Sector Response Planning. While air travel is a vital economic activity, CDC does not recommend allowing crewmembers with known exposures to continue to work until they have met criteria for release from quarantine, even if asymptomatic, because of the inability of crewmembers to remove themselves from the workplace if they develop symptoms during a flight and the challenges involved in effectively isolating a symptomatic person on board an aircraft. Crewmembers who are fully vaccinated against COVID-19 or who recovered from COVID-19 in the past 3 months do not need to quarantine, be tested, or be excluded from work following an exposure unless they have symptoms of COVID-19. However, they should still self-monitor for symptoms of COVID-19 until 14 days after their last known exposure. Those who develop symptoms should self-isolate and be tested, regardless of vaccination status or previous recovery from COVID-19.

COVID-19 vaccines authorized for emergency use by the U.S. Food and Drug Administration (FDA) are available across the United States, and everyone 16 years of age and older is eligible to get a COVID-19 vaccination. These vaccines are effective against COVID-19, including severe disease, and a growing body of evidence suggests that fully vaccinated people are less likely to have asymptomatic infection or to transmit SARS-CoV-2 to others, although further investigation is ongoing. Wide-spread vaccination is a critical tool to help stop the pandemic, and air crewmembers are recommended to get vaccinated as soon as possible and in compliance with FAA direction on flight duties after vaccination.

Recent CDC Actions: In order to slow the worldwide spread of SARS-CoV-2 and its highly contagious variants, on January 12, 2021, CDC issued an Order requiring all air passengers, including those who are fully vaccinated, traveling to the United States from a foreign country to present a negative result of a SARS-CoV-2 test or documentation of recovery from COVID-19 before boarding their flight. While the Order includes a limited exemption for crewmembers under the conditions outlined in CDC’s Frequently Asked Questions, CDC and FAA recommend that air carriers consider implementing routine testing of crewmembers to minimize the likelihood of crewmembers working on aircraft while asymptptomatically or pre-symptomatically infected with SARS-CoV-2. It is also recommended that fully vaccinated people with no COVID-19-like symptoms and no known exposure should be exempt from routine screening.
testing programs, if feasible. Crewmembers who recovered from COVID-19 in the past 3 months should also be exempt.

To further slow the spread of the virus, the CDC issued an Order effective February 2, 2021, requiring the use of masks on public conveyances (including aircraft) traveling into, within, or out of the United States, and in U.S. transportation hubs including airports. Wearing masks helps people who may have COVID-19 avoid transmitting the virus to others. Masks also provide some protection to the wearer. While the wearing of masks on aircraft is required, the Order includes an exemption if wearing a mask would create a risk to workplace health, safety, or job duty as determined by the relevant workplace safety guidelines or federal regulations. See CDC’s Guidance and Frequently Asked Questions for the most up-to-date information about the mask requirement. Air carriers and crewmembers should be mindful of the regulations regarding the use of oxygen masks where the operation requires an oxygen mask to be rapidly placed on the face, properly secured, sealed, and supplying oxygen upon demand. CDC’s Order does not apply if wearing of oxygen masks is needed on an aircraft when a loss of cabin pressure or other event affecting aircraft ventilation occurs. Air carriers should complete a safety risk assessment and provide guidance to their crewmembers on procedures for the use of masks as they may affect the donning of oxygen masks or conducting other safety functions on the flight deck or in the cabin.

**Recommended Action:** The FAA and CDC recommend and expect that all U.S.-based air carriers and crewmembers, all non-U.S.-based air carriers operating flights with a U.S. nexus, and all non-U.S.-based crewmembers on flights with a U.S. nexus implement and use their company-developed COVID-19 preparedness plans and procedures in conjunction with the FAA and CDC occupational health and safety guidance in the attached appendix regarding practices for limiting the spread of COVID-19. The FAA and CDC will update or supplement this SAFO as more information becomes available. Air carriers and crewmembers should also review and incorporate into their COVID-19 preparedness plans and procedures, CDC’s Updated Interim Guidance for Airlines and Airline Crew: Coronavirus Disease 2019 (COVID-19).

CDC has additionally provided fact sheets for the transportation industry and a communications toolkit for airlines.

**Contact:** Questions or comments regarding this SAFO should be directed to the Air Transportation Division, at 202-267-8166. Urgent questions pertaining to the Appendix below should be directed to the CDC Emergency Operations Center at 770-488-7100. Non-urgent questions or comments may be directed to 800-CDC-INFO (800-232-4636).

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3 See CDC guidance for fully vaccinated people with no COVID-19-like symptoms and no known exposure to someone with suspected or confirmed COVID-19.

4 People who have recovered from COVID-19 may continue to test positive for three months or more without being contagious to others. For this reason, crewmembers who tested positive for SARS-CoV-2 in the past 3 months should be tested only if they develop new symptoms of possible COVID-19. Getting tested again should be discussed with a healthcare provider, especially if the crewmember has been in close contact with another person who has tested positive for COVID-19 in the last 14 days. The healthcare provider may work with an infectious disease expert at the local health department to determine when the crewmember can be around others.

5 See e.g., 14 C.F.R. § 121.333.
APPENDIX

COVID-19: Updated Interim Occupational Health and Safety Guidance for Air Carriers and Crews from the Federal Aviation Administration and the Centers for Disease Control and Prevention, May 25, 2021

Guidance for U.S.-based Air Crews and Air Crews Based in Other Countries while Located in the United States

As CDC guidance is updated regularly, please access the links provided below to CDC’s website for the most up-to-date information.

COVID-19 Vaccinations

- Crewmembers are encouraged to get a COVID-19 vaccine. Those who hold an FAA-issued airman medical certificate must comply with any applicable medical requirements following vaccination.6
- Crewmembers are encouraged to share their vaccine status with their employer’s occupational health program.
- Crewmembers who are fully vaccinated:7
  - Should follow CDC guidance for fully vaccinated people.
  - Should continue to monitor themselves for symptoms of COVID-19 and self-isolate if they get sick.
  - Do not need to quarantine, be tested, or be excluded from work following an exposure unless they have symptoms of COVID-19; however, they should still self-monitor for symptoms of COVID-19 until 14 days after their last known exposure. Those who develop symptoms should self-isolate and be tested.
  - Are still required to wear a mask on aircraft and other conveyances and in U.S. transportation hubs.
  - Are still subject to CDC’s Order: Requirement for Proof of Negative COVID-19 Test Result or Recovery from COVID-19 for All Airline Passengers Arriving into the United States, if they are not eligible for the crew exemption.
  - May be excluded from their air carrier’s routine testing programs for COVID-19, if feasible.

Health Monitoring

- Crewmembers should monitor themselves for fever (feeling feverish or a measured temperature of 100.4°F [38°C] or higher), cough, or shortness of breath, or other symptoms of COVID-19.
  - Crewmembers should take their temperature any time they feel sick.
- Crewmembers should stay home or in their hotel room, notify their employer’s occupational

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6 Air crewmembers required to have an FAA Airman Medical Certificate to perform their duties may not exercise the privileges of their FAA airman certificates for a minimum of 48 hours following injection and until side effects have resolved for Pfizer-BioNTech, Moderna, and Johnson and Johnson (J&J)/Janssen COVID-19 vaccines. Waiting periods for new vaccines will be evaluated by the FAA Federal Air Surgeon as they receive FDA Emergency Use Authorization. For more information, please see https://www.faa.gov/coronavirus/guidance_resources/vaccine_faq/.

7 People are considered fully vaccinated for COVID-19 two weeks after they have received the second dose in a 2-dose series, or two weeks after they have received a single-dose vaccine. CDC’s guidance applies to COVID-19 vaccines currently authorized for emergency use by the FDA: Pfizer-BioNTech, Moderna, and Johnson and Johnson (J&J)/Janssen COVID-19 vaccines. CDC’s guidance can also be applied to COVID-19 vaccines that have been authorized for emergency use by WHO (e.g. AstraZeneca/Oxford). Note, only certain COVID-19 vaccines are cleared by the FAA for use by U.S. aircrew as described in footnote 6. Crewmembers who are partially vaccinated should continue to follow recommendations for unvaccinated people.
health program, and not report to work if they meet *any* of the following conditions:

- Develop fever, cough, shortness of breath, or other symptoms of COVID-19, even if mild. This recommendation also applies to fully vaccinated crewmembers and those who have previously recovered from COVID-19.
- Test positive for SARS-CoV-2, even if no symptoms are present or crewmember is fully vaccinated; or
- Are exposed to a person with suspected or confirmed COVID-19. Crewmembers who are fully vaccinated against COVID-19 or who recovered from COVID-19 in the past 3 months do not need to quarantine, be tested, or be excluded from work/travel after being exposed to a person with COVID-19 as long as they have no symptoms of COVID-19. However, they should notify their employer of the exposure, monitor their health until 14 days after their last known exposure and if they develop symptoms of COVID-19, self-isolate and be tested.

- Exposures of concern include:
  - Being within 6 feet (2 meters) for a prolonged period of time (i.e., a cumulative total of 15 minutes or longer within a 24-hour period) of a person (including co-workers and passengers) who has tested positive for SARS-CoV-2 (see CDC definition of close contact for more information);^8
  - Close contact with a sick person such as a household member unless the sick person has tested negative for SARS-CoV-2 and been determined not to have COVID-19 by a licensed medical provider or public health official; or
  - Extended face-to-face exposure^9 to a sick person with symptoms of COVID-19 on an aircraft;

- Crewmembers who are symptomatic, test positive for COVID-19, or have been exposed to a person with COVID-19 should not return to work until cleared to do so by their employer’s occupational health program, a licensed medical provider, or a public health official, following CDC’s guidance for release from isolation or quarantine.
  - Those who are symptomatic, test positive for COVID-19, or are caring for a sick person should follow public health guidance: If You Are Sick or Caring for Someone
  - Those who are exposed should quarantine unless they are fully vaccinated or have recovered from COVID-19 in the past 3 months.
- Crewmembers should notify their supervisor if they are awaiting a SARS-CoV-2 test results and inform them of the reason for taking the test (e.g., symptoms or potential exposure).
- Crewmembers should be aware of the requirement for all air passengers to show a negative SARS-CoV-2 test result or documentation of recovery from COVID-19 before boarding a flight from a foreign country to the United States. Crewmembers traveling by air to the United States for reasons other than those covered by CDC’s exemption will need to meet this requirement.
- Crewmembers (unless they are fully vaccinated and asymptomatic) should avoid working or traveling on an aircraft while a SARS-CoV-2 test result is pending.

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^8 In the context of crewmembers working on an aircraft, CDC generally interprets “within 6 feet” as a cumulative of direct face-to-face interactions, such as extended time spent with an ill passenger or other passenger requiring special attention, or being seated within 6 feet of an infected person for more than 15 minutes. CDC does not include time spent passing through aircraft aisles or other very brief periods of time within 6 feet that might add up to 15 minutes over the duration of a flight as contributing to exposure duration and classification as a close contact.

^9 In general, 15 cumulative minutes of exposure at a distance of 6 feet or less can be used as an operational definition for considering a person potentially exposed to COVID-19. However, exposures of shorter duration may be considered significant if there is likelihood of generating respiratory aerosols, for example if a sick person coughs directly in the face of the crewmember.
If a crewmember’s test comes back positive while at destination, the infected crewmember will need to self-isolate at destination and other members of the crew will need to quarantine.

The infected crewmember and, unless they are fully vaccinated or recovered from COVID-19 in the previous 3 months, exposed co-workers will not be able to return by a commercial passenger flight until they are cleared for travel by their employer’s occupational health program, a licensed medical provider, or a public health official. Employer movement of an infected or exposed crewmember must be conducted in accordance with CDC’s Interim Guidance for Transporting or Arranging Transportation by Air into, from, or within the United States of People with COVID-19 or COVID-19 Exposure.

If a crewmember develops symptoms during a flight, the crewmember should stop working as soon as practicable, don or continue wearing a surgical or cloth mask (unless crewmember is vomiting or otherwise cannot tolerate wearing a face mask), notify the Lead Flight Attendant or Purser, and maintain a distance of 6 feet (2 meters) from others to the extent possible.

**Health Protection**

To protect their health and the health of others, including co-workers and passengers, crewmembers should:

- Maintain a distance of 6 feet (2 meters) from others to the extent possible, including:
  - While working on aircraft, e.g., while seated in jump seats during take-off or landing or working in galley areas, etc. Certain FAA regulations may be implicated in implementing this guidance (e.g., 14 CFR § 121.391(d)); crewmembers may wish to verify that the air carrier has sought relief.\(^\text{10}\)
  - During ground transport.
  - While in public places.
- Stay in their hotel rooms to the extent possible during layovers.
  - Limit activities in public to essential errands, such as getting food, and to the extent possible, eat in their hotel rooms.
  - Follow any additional recommendations or requirements of national, state, or local authorities. In the United States see: [CDC Travel Planner](https://www.cdc.gov/travel/

- Wash their hands frequently with soap and water, for at least 20 seconds and thoroughly drying hands, or use an alcohol-based hand sanitizer with at least 60% alcohol, particularly after assisting sick travelers or touching body fluids or surfaces likely to be contaminated with body fluids; after coughing, sneezing, or blowing their nose; after using the restroom; before eating; and before preparing or serving food or beverages; and after removing any personal protective equipment (PPE), including gloves.
- Avoid touching their eyes, nose, or mouth with unwashed hands, and wash hands after touching their eyes, nose, or mouth.
- **Wear a mask** while on an aircraft, in airports, on ground transportation (unless traveling only with members of their household), and in other situations around other people, especially in

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\(^{10}\) FAA Exemption No. 18522 (and subsequent extensions of that exemption) allows flight attendants to relocate from the seats they would normally occupy so they can observe social distancing. It also excuses them from having to demonstrate the use of certain emergency equipment including life preservers and oxygen masks, allowing for alternative methods to inform passengers regarding the use of such equipment. Individual carriers must submit a Letter of Intent and be granted authorization by the FAA in order to exercise the relief in the exemption until the exemption or any extensions of such exemption expires.
situations where they cannot maintain the recommended physical distance from others.¹¹ **Masks are required** on airplanes, buses, trains, and other forms of public transportation traveling into, within, or out of the United States and in U.S. transportation hubs such as airports and stations.

- Masks may be removed for brief periods of time when eating, drinking, or taking medications.
- Cloth masks should not replace the use of surgical masks or other PPE provided in the **Universal Precaution Kit (UPK)** when interacting with a sick traveler on board an aircraft.

- Avoid contact with people having cough, fever, or shortness of breath, or otherwise suspected of having COVID-19.
- Before each flight, inspect and confirm the condition and contents of the UPK(s). Follow existing air carrier policy and procedures regarding use of the PPE available in the kits if needed to provide care to a sick traveler on board.
- Follow guidance for COVID-19 precautions of the State and local health authorities in the area where they are located.

Crewmembers should be aware that their employer’s occupational health and safety program may include policy and procedures that exceed these recommendations. Air crews based in other countries should also follow guidance from the relevant foreign public health and civil aviation authorities.

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¹¹ Wearing masks helps people who may have COVID-19 from transmitting the virus to others. Masks also protect the wearer. Air carriers and crewmembers should be mindful of the regulations regarding the use of oxygen masks where the operation requires an oxygen mask to be rapidly placed on the face, properly secured, sealed, and supplying oxygen upon demand. Air carriers should complete a safety risk assessment and provide guidance to their crewmembers on procedures for the use of masks as they may affect the donning of oxygen masks.
COVID-19 Vaccinations
Air carriers should:

- Encourage crewmembers to get a COVID-19 vaccine.\textsuperscript{13}
- Facilitate crewmembers obtaining a vaccine to the extent feasible.\textsuperscript{14}
- Encourage crewmembers to notify their occupational health program of their vaccination status.
- Maintain records of crewmember’s vaccination status as appropriate.

Fully vaccinated crewmembers:\textsuperscript{15}
- Can follow CDC guidance for fully vaccinated persons.
- Do not need to quarantine or be excluded from work following an exposure unless they have symptoms of COVID-19; however, they should still self-monitor for symptoms of COVID-19 until 14 days after their last known exposure. Those who develop symptoms should self-isolate and be tested.
- Should continue to monitor their health for symptoms of COVID-19 and self-isolate if they develop symptoms.
- Are still required to wear a mask on aircraft and other conveyances and in U.S. transportation hubs.
- Are still subject to CDC’s Order: Requirement for Proof of Negative COVID-19 Test Result or Recovery from COVID-19 for All Airline Passengers Arriving into the United States, if they are not eligible for the crew exemption.
- May be excluded from participating in routine screening testing programs for SARS-CoV-2, if feasible.

Health Monitoring
Air carriers’ occupational health and safety programs and COVID-19 preparedness plans should include provisions for:

- How to remain in contact with all crewmembers to ensure they continue to monitor their health, avoid risk factors that could increase risks for exposures to SARS-CoV-2, and do not report to work while symptomatic. Ensure they do not report to work following an exposure, unless they are fully vaccinated or recovered from COVID-19 in the previous 3 months.
- Educating crewmembers on what to do if they or their close contacts become sick with symptoms of COVID-19 or test positive for SARS-CoV-2.

\textsuperscript{12} For foreign air carriers, recommendations apply to flights with a U.S. nexus and air crews working on flights with a U.S. nexus or on layovers in the United States.

\textsuperscript{13} Air crewmembers required to have an FAA Airman Medical Certificate to perform their duties may not exercise the privileges of their FAA airman certificates for a minimum of 48 hours following injection and until side effects have resolved for Pfizer-BioNTech, Moderna, and Johnson and Johnson (J&J)/Janssen COVID-19 vaccines. Waiting periods for new vaccines will be evaluated by the FAA Federal Air Surgeon as they receive FDA Emergency Use Authorization. For more information, please see https://www.faa.gov/coronavirus/guidance_resources/vaccine_faq/.

\textsuperscript{14} Some operators may be considering incentive programs to encourage vaccination, such as paid time-off, scheduling flexibility, etc.

\textsuperscript{15} People are considered fully vaccinated for COVID-19 two weeks after they have received the second dose in a 2-dose series, or two weeks after they have received a single-dose vaccine. CDC’s guidance applies to COVID-19 vaccines currently authorized for emergency use by the FDA: Pfizer-BioNTech, Moderna, and Johnson and Johnson (J&J)/Janssen COVID-19 vaccines. CDC’s guidance can also be applied to COVID-19 vaccines that have been authorized for emergency use by WHO (e.g. AstraZeneca/Oxford). Note, only certain COVID-19 vaccines are cleared by the FAA for use by U.S. aircrew, as described in footnote 14.
To the extent feasible, screening air crews for symptoms of COVID-19 at the start of their duty day using a combination of visual observation for signs of illness; temperature checks; and asking about fever, cough, or shortness of breath or other symptoms of COVID-19 in the previous 48 hours.

Ensuring crewmembers who are symptomatic or known to have COVID-19 have met CDC’s criteria for discontinuation of isolation, and crewmembers with known or suspected exposure to a person with COVID-19 (as defined in crewmember section above) have met criteria for release from quarantine, before they are allowed to return to work/travel. CDC is available for consultation upon request.\textsuperscript{16}

Air carriers should consider implementing a program of routine screening testing of crewmembers for SARS-CoV-2 infection using a viral test (nucleic acid amplification test [NAAT] or antigen test) authorized or approved by the U.S. FDA.

- Screening testing refers to testing of asymptomatic people with no known or suspected exposure. For more information, see Overview of testing for SARS-CoV-2 (COVID-19).
- CDC considers antigen testing acceptable for this purpose; if antigen testing is used, CDC’s Interim Guidance for Antigen Testing for SARS-CoV-2 should be followed, including for confirmatory testing when indicated.
- CDC does not recommend testing for people who recovered from COVID-19 in the past 3 months.

To the extent feasible, air carriers should consider scheduling routine testing of crewmembers for COVID-19 so that they are not scheduled to work or travel on aircraft, including repositioning, or complete any in-person training while a test result is pending.

- If a crewmember’s test comes back positive while at destination, the infected crewmember will need to self-isolate at destination, and other members of the crew will need to quarantine unless they are fully vaccinated or recovered from COVID-19 in the previous 3 months.
- The infected crewmember and, unless they are fully vaccinated or recovered from COVID-19 in the previous 3 months, exposed co-workers will not be able to return by a commercial revenue flight until they meet criteria for discontinuation of isolation or quarantine, as applicable. Employer movement of an infected or exposed crewmember must be conducted in accordance with CDC’s Interim Guidance for Transporting or Arranging Transportation by Air into, from, or within the United States of People with COVID-19 or COVID-19 Exposure.

Crewmembers should be aware of the requirement for all air passengers to show a negative SARS-CoV-2 test result or documentation of recovery from COVID-19 before boarding a flight from a foreign country to the United States. Crewmembers traveling by air to the United States for reasons other than those covered by CDC’s exemption will need to meet this requirement.

Crewmembers should be excluded from work/travel on aircraft, including repositioning or completing any in-person training, if they:

- Have fever (defined as feeling feverish or a measured temperature of 100.4°F [38°C] or higher), cough, or shortness of breath, or other symptoms of COVID-19, or test positive for SARS-CoV-2 regardless of symptoms.
  - Crewmembers should remain excluded until they meet CDC’s criteria for discontinuing isolation or a healthcare provider determines the crewmember does not have COVID-19.
  - These recommendations apply regardless of crewmembers’ vaccination status or prior history of COVID-19.

\textsuperscript{16} Air carriers can contact CDC by calling the CDC quarantine station of jurisdiction or by calling the CDC Emergency Operations Center at 770-488-7100. CDC can assist in contacting state or local health departments or foreign public health authorities, if needed.
• Were exposed to a person likely to have or confirmed to have COVID-19 (see exposures of concern in Guidance for Air Crews above), unless they are fully vaccinated or recovered from COVID-19 in the past 3 months.
  o Exposed crewmembers should remain excluded from work until they have met criteria for release from quarantine.
  o Crewmembers who are fully vaccinated against COVID-19 or who recovered from COVID-19 in the past 3 months do not need to quarantine, be tested, or be excluded from work/travel following an exposure as long as they have no symptoms of COVID-19. However, they should notify their employer of the exposure and monitor their health until 14 days after their last known exposure. Those who develop symptoms should self-isolate and be tested.

Minimize Crewmember Exposures

To minimize crewmember exposures, air carriers should:
• Arrange for private ground transport to move crews to hotels, or to the parking lot at their home base, which allows crewmembers to maintain the recommended 6-foot (2-meter) distance from others.
• Arrange to house crewmembers in hotels that are in close proximity to the airport. Ensure that the hotel rooms are sanitized in advance of the crews’ arrival.
• Provide sufficient quantities of alcohol-based hand sanitizer containing at least 60% alcohol to crewmembers for their personal use.
• Provide sufficient quantities of cleaning and disinfectant products (e.g., disinfectant wipes) that are effective against COVID-19 and compatible with aircraft for crewmembers to use on surfaces they touch frequently in the galley, in the passenger cabin, and on the flight deck.
• Increase the frequency of routine cleaning of the aircraft to focus on the most frequently touched surfaces.
• After each flight, clean and disinfect surfaces in the galley, passenger cabin, and areas that are frequently touched by crewmembers, such as buttons and dials that control cabin lighting and temperature, safety demonstration equipment, phone handsets, and touchscreens. Use products that are effective against COVID-19, compatible with aircraft, and approved by the aircraft manufacturer for use on board the aircraft.
• After each cockpit crew change, clean and disinfect surfaces in the flight deck that are frequently touched and utilized by cockpit crewmembers, such as yoke, throttles, auto pilots, radios, etc. Use products that are effective against COVID-19, compatible with aircraft, and approved by the aircraft manufacturer for use on board the aircraft.
• Increase the frequency of routine cleaning of flight simulators and training devices, training aids, and other training equipment that crew are likely to use or touch during training. Use products that are effective against COVID-19, compatible with the simulator, training devices, training aids and other equipment, and approved by the appropriate manufacturer.
• Provide sufficient personal protective equipment (PPE), (e.g., gloves, face shield, surgical masks, etc.) on board aircraft for crewmember use when interacting with a sick traveler and ensure availability of masks to place on symptomatic travelers. Before each flight, ensure the UPK(s) are

17 Interim Public Health Recommendations for Fully Vaccinated People
18 The FAA issued Special Airworthiness Information Bulletin (SAIB) NM-20-17 on November 04, 2020, to advise aircraft owners and operators of the potential implications of disinfectants for airworthiness. The SAIB further explains that failure to follow the aircraft manufacturer’s recommended practices on the use of approved materials for disinfection can lead to airworthiness issues, and provides additional guidance and information regarding potential negative impacts that may develop from the use of disinfectants.
19 See footnote 18.
inspected for proper condition and contents, have adequate supplies, and are properly stored.

- Ensure crewmembers are trained in the correct use of PPE, including correct procedures for
donning (putting on) and doffing (taking off).
- Consider providing masks to crewmembers for routine use when on duty if wearing a mask does
not interfere with required PPE or job tasks.
- Establish procedures for managing crewmembers who develop symptoms of COVID-19 during flight.
  - Relieve crewmember from duty if it does not endanger the safe operation of the aircraft.
  - Isolate sick crewmembers from other co-workers and passengers by a distance of at least 6 feet
    (2 meters) as much as possible during flight and have the sick crewmember don a surgical mask
    or cloth mask if tolerable.
- Consistent with 14 CFR § 382.23, airlines may refuse transportation to a passenger because of a
  communicable disease if the passenger’s condition poses a direct threat to the health or safety of
  others.

**Notifications**

Air carriers should notify:

- Local health authorities (for the crewmember’s place of residence or where the crewmember is
  located, if different) if they are notified by a foreign health authority that a U.S.-based
  crewmember tested positive for SARS-CoV-2.
- CDC if:
  - A crewmember with COVID-19 worked on a flight to or within the United States\(^{20}\) while possibly
    infectious.
  - A crewmember with COVID-19 needs to be repatriated (either back to the United States or from
    the United States to another country), or relocated from one U.S. State or territory to another
    before CDC’s criteria for [discontinuing isolation](https://www.cdc.gov/coronavirus/2019-ncov/how-to-prevent-disease/travel-post-exposure.html) are met; or
  - A crewmember with known exposure to COVID-19 needs to be repatriated (either back to the
    United States or from the United States to another country), or relocated from one U.S. State or
    territory to another before they have met CDC criteria for [release from quarantine](https://www.cdc.gov/coronavirus/2019-ncov/travel-post-exposure.html).
- National health authorities about a crewmember who has symptoms of COVID-19 or tests positive
  for COVID-19 if they are in a foreign destination.
- Crewmembers who may have been exposed to an infected co-worker or passenger with COVID-19

**Response Plans**

Air carriers should have plans for:

- Managing a crewmember who is identified as symptomatic or tests positive for COVID-19
  while on duty.
  - Whenever possible, air carriers should avoid having crewmembers working on flights while
    a test for SARS-CoV-2 is pending.
- How to house crewmembers or move them safely to their residence if while on duty they are
  discovered to be positive for SARS-CoV-2 or identified as having been exposed to COVID-19.
  - Housing an infected or exposed crewmember (other than at crewmember’s residence) should
    be coordinated with the State and local health department of jurisdiction for where

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\(^{20}\) For international flights outbound from the United States, public health authorities at destination should be notified.
crewmember is located.

- Relocating a SARS-CoV-2-positive or exposed crewmember into, within, or out of the United States should be conducted in accordance with CDC’s Interim Guidance for Transporting or Arranging Transportation by Air into, from, or within the United States of People with COVID-19 or COVID-19 Exposure.

Air carrier occupational health and safety programs may choose to exceed these recommendations based on their own policies. Air carriers based in other countries should also follow guidance from the relevant foreign public health and civil aviation authorities.