

COVID-19 Guidance for Crews

Please note: this is an update to 20SAB04, originally published 23 March 2020.

At all times, crews should follow the advice of their health authorities and operators. The following is general advice about COVID-19 as understood at the date of publication.

The flight deck itself is seen as a safe place, provided appropriate hygienic measures are taken. This is because recirculated air passes through HEPA filters, which are used, for example, in operating theatres. Any infections caught in the aircraft would not come via recirculated air, but due to direct contact, or via droplets, i.e. if an infected person sneezes or coughs. It is currently believed that the virus can survive on surfaces for up to four days.

The COVID-19 virus is approximately 0.125 µm in diameter and it falls within the particle-size range that HEPA filters capture with a high level of efficiency.¹

Crews should consider the following recommendations:

Before the Flight

- Crew planning should consider using crews as teams – this would restrict the potential infection only to the team members.
- Crews and other personnel with any symptoms of flu should not be working – this is to prevent potentially infected persons in the flight deck and thus prevent spread of the virus to surfaces of the flight deck.
- Procedures should be put in place to minimize crew exposure to ground personnel.
- All personnel should follow proper hygiene practices before entering the cockpit.
- During turn-around when pilots are in contact with ground personnel, a mask may be worn in high epidemic areas.

During the flight

- Disinfect all surfaces with alcohol wipes before starting your flight preparations.
- Use hand disinfection gel often, and always before eating anything.
- Avoid touching your face – eyes, nose, mouth.

¹ Submicron and Nanoparticulate Matter Removal by HEPA-Rated Media Filters and Packed Beds of Granular Materials, Page 7, <https://ntrs.nasa.gov/archive/nasa/casi.ntrs.nasa.gov/20170005166.pdf>

- If routine use of OXY mask is required (such as for operations above a given Flight Level), use disinfection towel before and after the use of mask.

At layovers

- Do not use public transportation.
- Stay in your hotel room to the extent possible.
- Minimize going out into the general population and use social distancing (maintain a distance of approximately 2 meters if possible), whenever out in public. Avoid crowds, stores, and situations likely to attract large numbers of people.
- Eat in your hotel room with either room service or delivery service. If in-room dining options are not available, eat at a restaurant located in the hotel. If not available at the hotel, eat at a restaurant located close to the hotel.
- Wash your hands with soap and water for at least 20 seconds or use at least a 60% alcohol-based hand sanitizer often, and always after entering the hotel room or before eating.

There is little evidence that wearing a mask is effective in preventing healthy flight crew members from getting an infection. It is not recommended to fly with a mask. In addition, gloves do not prevent you touching your face and the infection can spread in a similar way as if you are not wearing gloves.

Crews should also consider the advice of the FAA and the WHO for minimising risk of infection while operating*:

<https://www.faa.gov/news/media/attachments/CDC%20FAA%20airline%20guidance.pdf>

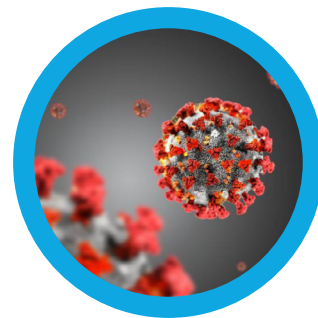
<https://apps.who.int/iris/bitstream/handle/10665/331488/WHO-2019-nCoV-Aviation-2020.1-eng.pdf>

**This guidance was accessed on 20 March 2020 and should be checked against newer versions if available.*

The need to self-isolate after flights needs to be decided by your authority. If a flight has no layover, it is not expected that there would be a need to self-isolate. For flights with a layover, the decisions will depend on the destination, risk of infection, and any exposure risks at the destination. Crews who secure private transportation, stay at the hotel, eat via room service, and maintain the social distance of 2 meters, can keep the risk of infection low.

COVID-19 Safety Aspects

Guidance for Flight Crews



Dear fellow pilot,

In the midst of the COVID-19 pandemic, many among us are still operating flights, be it as a skeleton service, rescue or cargo missions. Since so many authorities have published guidance to limit spreading of the virus – covering different areas in more detail – and some incorrect information is also out there, it may be difficult for flight crews to find relevant information for their specific task.

This leaflet is an attempt to address this issue by collecting official guidance regarding the coronavirus in a single paper. Referenced text is reproduced as-is. The hyperlinked references (e.g. [EASA]) provide easy access to check the source and check for possible updates.

We hope this paper helps to protect you, your family, friends and colleagues. Only by reducing the spreading of the virus can we “flatten the curve”, reduce the risks of working in the critical service we provide, and ensure adequate medical attention for all in need.

Take care and above all: fly safe!

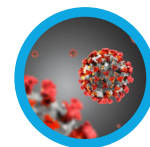
IFALPA

The global voice of professional pilots

Keywords

COVID-19
Corona
Safety
Protection
Flight crew
Containment





Use of masks



Surgical mask
(protects others)



Respirator
(protects yourself)
N95 (US) = P2 (EU) ≥94%
N99 (US) = P3 (EU) ≥99%

Will these protect me?

Medical face masks should be reserved for persons with respiratory symptoms (and who can tolerate them) to avoid contamination to others. [WHO]

There is little evidence that wearing a mask is effective in preventing healthy flight crew members from getting an infection. It is not recommended to fly with a mask. [IFALPA]

Recommended PPE for cabin crew (on board aircraft) [EU Healthy gateways]

Cabin attendants should wear surgical mask with low exposure risk and medical protective masks (or N95 masks) with higher epidemic risks [CAAC]

When ground personnel is on board crew members should take all measures to minimise direct contact including wearing PPE. [EASA]

Facemasks should be considered:

- for crew when you are helping sick travelers with respiratory symptoms such as coughing or sneezing.
- for sick travelers to help reduce the spread of respiratory germs.
- for people sitting near sick travelers (with respiratory symptoms) when the sick traveler cannot tolerate wearing a mask. [CDC]

Facemasks are NOT needed:

- for a sick traveler complaining of nausea or vomiting. This could result in choking or a blocked airway.
- for sick travelers who can't tolerate a facemask or refuse one. In this case, ask sick travelers to cover their coughs or sneezes. [CDC]

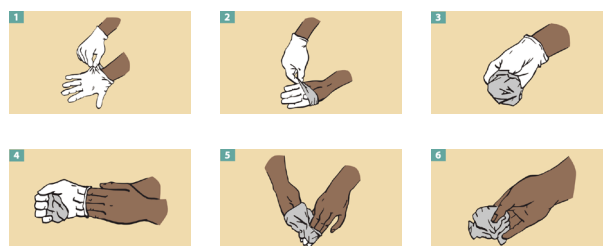
Use of gloves



Glove standards [CEN]

Gloves do not prevent you touching your face! [IFALPA]

Also refer to the use of UPK (spill kit) [IATA] when handling a (suspected) case on board (see next page).



How to Remove Gloves [CDC]
Gloves don't replace proper handwashing!

Aircraft disinfection

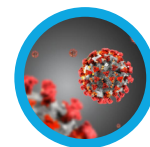
Disinfection <24h after arrival with aviation approved substances + alcohol percentage 62-71% ethanol alcohol, 0.5% hydrogen peroxide, or 0.1% sodium hypochlorite [EASA] [EU Airports list] [CAAC]

Detailed disinfection procedures [EASA cleaning]

Properly dispose contaminated items. Notify cleaning crew of areas contaminated with diarrhea, vomit, blood, or other body fluids [CDC] – refer to bloodborne pathogen standard [29 CFR 1910.1030]

Antimicrobial agent	Concentration	Coronaviruses tested
Ethanol	70%	HCoV-229E, MHV-2, MHV-N, CCoV, TGEV
Sodium hypochlorite	0.1–0.5% 0.05–0.1%	HCoV-229E SARS-CoV
Povidone-iodine	10% (1% iodine)	HCoV-229E
Glutaraldehyde	2%	HCoV-229E
Isopropanol	50%	MHV-2, MHV-N, CCoV
Benzalkonium chloride	0.05%	MHV-2, MHV-N, CCoV
Sodium chlorite	0.23%	MHV-2, MHV-N, CCoV
Formaldehyde	0.7%	MHV-2, MHV-N, CCoV

Antimicrobial agents effective against different coronaviruses [ECDC]



Crew health



Crews and other personnel with any symptoms of flu should not be working. This is to prevent potentially infected persons in the flight deck and thus prevent spread of the virus to surfaces of the flight deck. [IFALPA] [EASA]

If you are sick, do not travel via jump seat, deadheading, or as a regular passenger [FAA]

Share your travel history with health care providers [EASA]

BRIEFING TOPICS

- Remind crewmembers to immediately report a fever, cough, or any difficulty breathing. [FAA]
- Check in with crewmembers periodically to make sure they continue to self-monitor and are not symptomatic. [FAA]
- Ensure crewmembers are asymptomatic before they board a flight [FAA]
- Review procedure in case of (suspected) contamination on board.

Handling a (suspected) case on board

- Designate one crew member to serve the ill person, preferably a crew member trained in infection prevention and control measures and not necessarily the crew member that has already been attending to this traveler. Designate one toilet for use only by the ill person. [WHO]
- Make use of protective equipment (single use gloves and mask) from one or more Universal Precaution Kits (UPK) [EASA] [IATA] [CAAC] [WHO]
- Keep interactions with sick travelers as brief as possible. [CDC]
- Provide a medical facemask for the symptomatic passenger in order to reduce the risk of spreading the potential SARS-CoV-2

infection and try to minimize the contact between the suspected passenger and cabin crew members and the other passengers. [EASA] [WHO]

- Use last 3 rows & individual (right) rear lavatory [CAAC]
- Provide a plastic bag for disposal of used tissues, air sickness bag(s), or other contaminated items [CDC]
- Turn off air flow from ventilation system above the sick passenger on board a plane so as to reduce the risk of spreading virus/droplets from sick passengers? [EU Healthy gateways]
- Recommend to passengers to self-report if feeling ill as described above; [EASA]

- Provision for non-contact infrared thermometer [CAAC]

After landing:

- Comply with local regulations [EASA] [WHO] [ACI]
- The crew member designated to look after the ill passenger with exposure event, should minimize close contact with other crewmembers, and be arranged in private transport and quarantined with those assigned in the same zone after the flight segment. [CAAC]
- After the flight, you could choose to consult with your private healthcare provider if you develop symptoms [CDC]

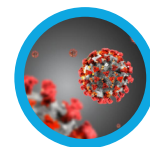
Administrative requirements

GENERAL DECLARATION

Use the health part of the aircraft general declaration to register the health information on-board and submit it to the Point of Entry health authorities when required by a State's representative; [EASA]

PAX LOCATOR CARD FORM

Ask passengers to complete passenger locator card forms to identify where in the aircraft the passenger is seated along with information regarding their immediate travel plans and contact details. [EASA] [WHO]



Layover considerations



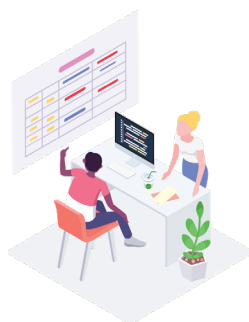
Stay in hotel room, use social distancing, eat-in using room service or delivery service or in hotel. Avoid using public transport. [\[IFALPA\]](#) [\[FAA\]](#)

Develop a plan in the event a crewmember becomes symptomatic during an overnight layover [\[FAA\]](#)

ARRIVING AT THE HOTEL

- Consider exchanging contact information (phone or room number). [\[ECA\]](#)
- Ensure crewmembers know how to contact their state or local health department. [\[FAA\]](#)
- Advise crewmembers to notify their state or local health department if they become symptomatic, in addition to reporting to the employer's occupational health program. [\[FAA\]](#)

Dispatch considerations



Crew planning should consider using crews as teams to prevent potentially infected persons in the flight deck and thus prevent spread of the virus to surfaces of the flight deck. [\[IFALPA\]](#)

Crews and dispatch should consider Availability of suitable alternate airports (e.g. fuel policy, flight planning) Area control centers or airspace might be closed in case of COVID-19 contamination. [\[ECA\]](#)

BREAKING | 12,876 views | Mar 21, 2020, 02:53pm EDT

All New York–Area Flights Briefly Halted After Coronavirus Causes ‘Staffing Issues’

[Forbes Magazine]

Hygiene measures on the flight deck



Check disinfection, headset policy, personal protective equipment (PPE), alcohol gel with adequate alcohol percentage (>70%) in place or available. [\[ECA\]](#)

If routine use of OXY mask is required (such as for operations above a given Flight Level), use disinfection towel before and after the use of mask. [\[IFALPA\]](#)



Self-isolation after a flight

is to be decided by your authority. If a flight has no layover, it is not expected that there would be a need to self-isolate. For flights with a layover, the decisions will depend on the destination, risk of infection, and any exposure risks at the destination. [\[IFALPA\]](#)

Read the ATSB Guidance on self-isolation

Psychological state

Pilots that aren't willing to fly should not be forced to. Mental capacity should be available for operational decision making, not for worrying about COVID-19. [\[ECA\]](#)

Social distancing

Keep crew hand-overs short and respect a distance of at least 1,5m. Try not congregate whilst on duty and for meal times. [\[ECA\]](#)