



**U.S. Department  
of Transportation  
Federal Aviation  
Administration**

# SAFO

Safety Alert for Operators

SAFO 20009  
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Flight Standards Service  
Washington, DC

[http://www.faa.gov/other\\_visit/aviation\\_industry/airline\\_operators/airline\\_safety/safo](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.*

**Subject:** COVID-19: Updated Interim Occupational Health and Safety Guidance for Air Carriers and Crews.

**Purpose:** This SAFO cancels and replaces SAFO 20003 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 and decrease the risk of transmission of COVID-19 on board aircraft and through air travel.

**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.

**Discussion:** On January 30, 2020, the World Health Organization (WHO) declared that the outbreak of COVID-19 constitutes a Public Health Emergency of International Concern (PHEIC). On January 31, 2020, the Secretary of Health and Human Services declared COVID-19 to be a public health emergency in the United States under section 319 of the Public Health Service Act. On March 11, 2020, WHO characterized the outbreak of COVID-19 as a pandemic. On March 13, 2020, the President declared a national emergency concerning the COVID-19 outbreak. Subsequently, on March 27, 2020, CDC posted a global pandemic travel health notice, advising against all nonessential international travel.

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 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 and to ensure crewmembers do not work while symptomatic with fever, cough, or shortness of breath, 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 FAA and CDC also recommend that crewmembers with known exposure to COVID-19, or persons with SARS-CoV-2, not work until 14 days after the last potential exposure. The CDC has issued guidance for exposed workers in critical infrastructure who might need to return to work before 14 days have passed: [Implementing Safety Practices for Critical Infrastructure Workers Who May Have Had Exposure to a Person with Suspected or Confirmed COVID-19](#). While air travel is a vital economic activity, CDC does not recommend allowing crewmembers with known exposures to continue to work, 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.

Further, to slow the spread of the virus, the CDC recommends the [use of cloth face coverings](#) while in public places and when social distancing is not practicable. Wearing face coverings helps people, who may have COVID-19 and not know it, avoid transmitting the virus to others. When considering this CDC guidance, 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.<sup>1</sup> Air carriers should complete a safety risk assessment and provide guidance to their crewmembers on procedures for the use of face coverings as they may affect the donning of oxygen masks.

**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, the CDC guidance, “Updated Interim Guidance for Airlines and Airline Crew: Coronavirus Disease 2019 (COVID-19)” on the CDC website at:

<https://www.cdc.gov/quarantine/air/managing-sick-travelers/ncov-airlines.html>

CDC has additionally provided fact sheets for the transportation industry, available at:

<https://www.cdc.gov/coronavirus/2019-ncov/community/organizations/businesses-employers.html>

**Contact:** Questions or comments regarding this SAFO should be directed to the Air Transportation Division, AFS-200, at 202-267-8166. Questions or comments pertaining to the Appendix below should be directed to the CDC Emergency Operations Center at 770-488-7100.

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<sup>1</sup> See e.g., 14 C.F.R. § 121.133.

## 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

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

##### 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 twice a day during duty periods, and any time they feel sick.
- Crewmembers should stay home or in their hotel room, notify their employer's occupational 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;
  - Test positive for SARS-CoV-2, even if no symptoms are present; or
  - Are exposed, as defined below, to a sick person with [symptoms of COVID-19](#), even if the person has not been tested for SARS-CoV-2.
- Exposures of concern include:
  - A sick household member or intimate partner;
  - Taking care of a sick person without using personal protective equipment (PPE); or
  - Being within 6 feet (2 meters) of a sick person (including co-workers and passengers) for a prolonged period of time (i.e., 15 minutes or longer).

NOTE: Data are insufficient to precisely define the duration of time that constitutes a prolonged exposure. Brief interactions are less likely to result in transmission; however, it is important to consider the person's symptoms and the type of interaction (e.g., whether the sick person coughed or sneezed directly into the face of the exposed person).
- Crewmembers who are symptomatic 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 and public health officials.
- If a crewmember develops symptoms during a flight, the crewmember should stop working as soon as practicable, put on a surgical mask or a cloth face covering, 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 C.F.R. § 121.391(d)); crewmembers may wish to verify that the air carrier has sought relief.<sup>2</sup>

- During ground transport.
- While in public places.
- Stay at home or in their hotel rooms (as applicable) to the extent possible.
  - Eat in hotel room during layovers with either room service or delivery service. If in-room food delivery options are not available, get take-out from hotel restaurant or another restaurant nearby.
  - Limit activities in public to essential errands, such as getting food.
- Wash their hands frequently with soap and water, for at least 20 seconds, 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 PPE, including gloves.
- Avoid touching their eyes, nose, or mouth with unwashed hands.
- Consider wearing a cloth face covering while around other people, especially in situations where they cannot maintain the recommended physical distance from others.<sup>3</sup>
  - Cloth face coverings 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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<sup>2</sup> FAA Exemption No. 18522 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, which runs through June 30, 2020.

<sup>3</sup> Wearing face coverings helps people who may have COVID-19 and not know it from transmitting the virus to others. When considering this guidance, 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 face coverings as they may affect the donning of oxygen masks.

## Guidance for U.S. Air Carriers and Foreign Air Carriers Operating in the United States<sup>4</sup>

### 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.
- Educating crewmembers on what to do if they or their close contacts become sick with [symptoms of COVID-19](#).
- 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 crew members with known exposure to a person with COVID-19 have completed 14 days since their last exposure, before they are allowed to return to work. CDC is available for consultation upon request.<sup>5</sup>

Crewmembers should be excluded from work 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](#).
- Were exposed to a person likely to have or confirmed to have COVID-19 (see exposures of concern in Guidance for Air Crews above).
  - Exposed crewmembers should remain excluded from work until 14 days have passed after the last potential exposure.

### 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, that allows crews to maintain the recommended 6-foot (2-meter) distance from others.
- Arrange to house flight crews 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.

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<sup>4</sup> 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.

<sup>5</sup> 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.

- Provide sufficient quantities of cleaning and disinfectant products (e.g., disinfectant wipes) that are [effective against COVID-19](#), 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 per CDC’s [Interim Guidance for Airline and Aircrew](#).
- 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 crew members, 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 an ill traveler and ensure availability of face masks to place on symptomatic travelers. Before each flight, ensure the UPK(s) are 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 cloth face coverings to crewmembers for routine use when on duty if it does not interfere with required PPE or job tasks and when it is difficult to maintain a distance of at least 6 feet (2 meters) from co-workers and passengers at all times.
  - 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 face covering 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) if they are notified by a foreign health authority that a US-based crewmember tested positive for SARS-CoV-2.
- CDC if:
  - A COVID-19-positive crewmember worked on a flight to or within the United States<sup>6</sup> 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 are met; or

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<sup>6</sup> For international flights outbound from the United States, public health authorities at destination should be notified.

- 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 14 days have passed since the last potential exposure.
- Crewmembers who may have been exposed to an infected co-worker or passenger with COVID-19.
  - See [Public Health Guidance for Community-Related Exposure](#) for definitions and management of contacts of people with COVID-19.

## **Response Plans**

Air carriers should have plans for:

- Managing a crewmember who is identified as symptomatic or 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 they are discovered to be positive for SARS-CoV-2 or exposed to COVID-19 while on duty.
  - 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 crewmember is located.
  - Relocating a SARS-CoV-2-positive or exposed crewmember to or within the United States should occur by approved medical transport (if known or believed to be infected), private charter, medical transport, or private vehicle, and should be coordinated with CDC and the State and local health departments at origin (if within the United States) and destination.
  - Transporting a SARS-CoV-2-positive or exposed crewmember based in another country back to their home country should occur by approved private charter, medical transport, or private vehicle (if transport occurs via land border), and should be coordinated with CDC and relevant public health authorities at origin and destination.

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.