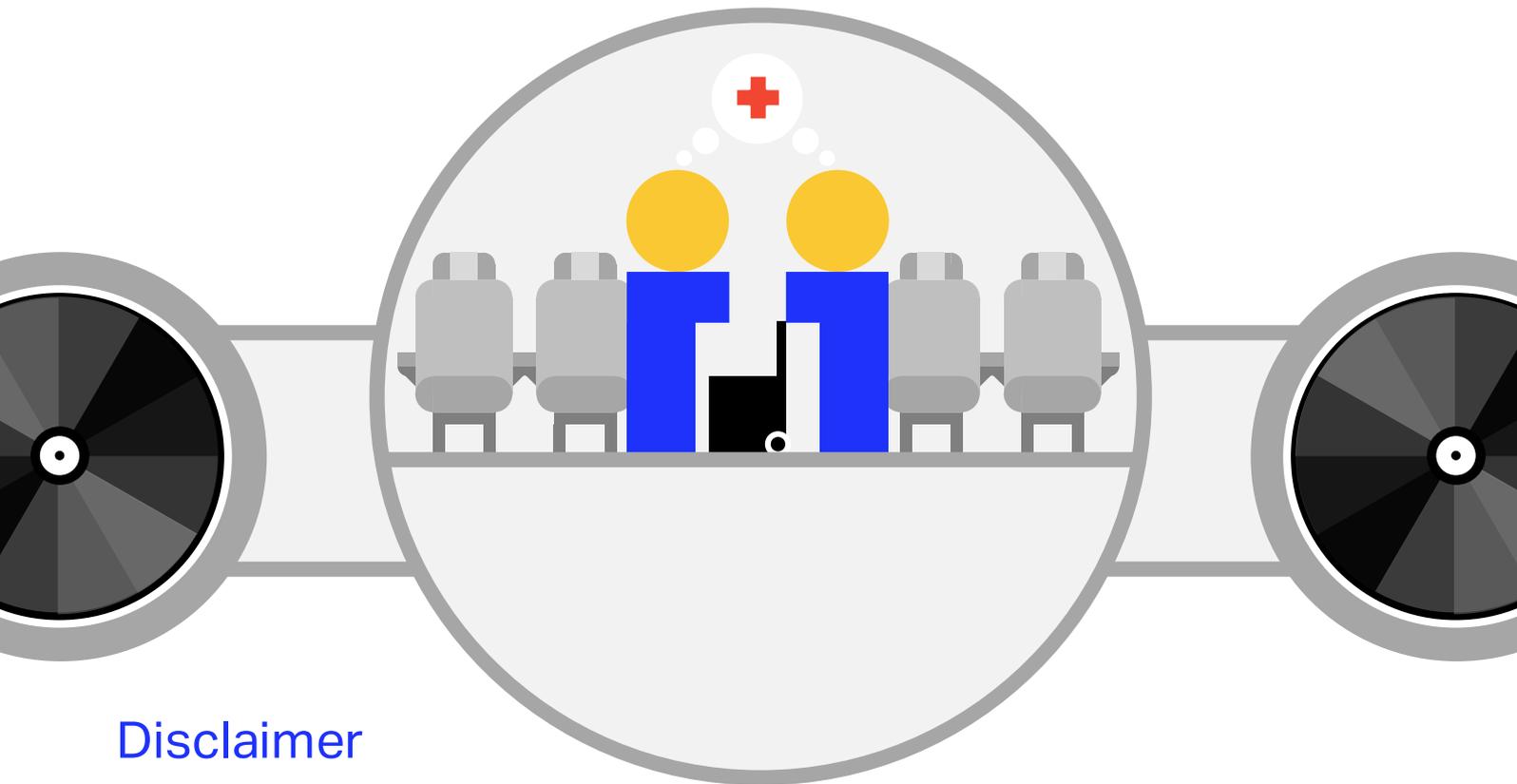




Guidance for Crew Health Precautions During Pandemic

Edition 2 – 22 Jul 2021



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Contents

Revision record	3
1. Introduction	4
2. Risk assessment of routes operated	4
3. Crew entry/quarantine restrictions	5
3.1 Crew testing.....	5
3.2 Crew vaccination.....	5
3.2.1 Is vaccination mandatory for aircrew?.....	5
3.2.2 Post vaccination.....	5
4. Crew personal health monitoring	5
4.1 Off duty.....	5
4.2 Inflight.....	6
5. Reporting fit for duty	6
5.1 Crew self certification statement.....	6
5.2 Recovered crew members.....	6
6. Limiting exposure to potential infection	6
6.1 Precautions.....	7
6.1.1 Maintaining a clean environment.....	7
6.1.2 Isolation.....	7
6.1.3 Physical distancing.....	7
6.1.4 Protective Equipment.....	8
6.1.5 Routine hand washing.....	8
6.1.6 Avoid touching face.....	8
6.2 Within training facilities.....	8
6.3 Off duty at home base and during layover.....	9
6.4 Onboard.....	9
6.4.1 Lavatories assigned for crew use.....	9
6.4.2 Limiting access to the flight deck.....	9
6.4.3 Crew rest facilities.....	9
6.5 Crew layover considerations.....	10
6.5.1 Crew transportation.....	10
6.5.2 At accommodation:.....	10
7. Actions to be taken if symptomatic	10
7.1 While off duty at base.....	10
7.2 Onboard.....	10
7.3 During layover.....	11
8. CAPSCA Crew Covid Status Card	12
9. References	13

Revision record

Symbol	Meaning
□	Insertion
△	Amendment
⊗	Deletion

Revision table

Revision	Date	Section	Significant changes
Edition 1		N/A	New issue
Edition 2	Jul 2021	3.1 & 3.2	Crew testing and crew vaccination section added
		8	CAPSCA Crew Covid status card updated to include vaccination



1. Introduction

IATA's [Guidance on Cabin Operations During and Post Pandemic](#) provides an overview of the operational and safety risks to be considered by airlines resuming service during and post pandemic.

This Guidance on Crew Health Precautions During Pandemic is aimed specifically at the risks and mitigations to prevent flight and cabin crew members from contracting a communicable disease or during a pandemic, such as Covid19, during operations and highlighting any known Health Authority precautions and regulations which need to be considered.

Health precautions outlined in this document are the joint responsibility of both the airline and the individual crew members concerned.

Sources of information used in creating this guidance include:

- [World Health Organization operational considerations for managing Covid-19 cases or outbreak in aviation](#)
- [EASA Guidance on management of crew members](#)
- [EASA/ECDC Covid19 Aviation Health Safety Protocol](#)
- [FAA SAFO 20009](#)

2. Risk assessment of routes operated

Operators should consider classifying each route for the level of risk of exposure to Covid-19 in order to determine whether additional mitigations are required in relation to services, policies or procedures.

The risk levels will change frequently according to the rate of local transmission, booked passenger load, the length of the flight/s operated and other factors.

Some health agencies publish dashboard information relating to infection rates, which assist in assessing risk:

Organization	Dashboard URL
World Health Organization	https://covid19.who.int/
European Center for Disease Prevention and Control	https://www.ecdc.europa.eu/en/geographical-distribution-2019-ncov-cases
EASA	https://www.easa.europa.eu/SD-2020-01/Airports
US Center for Disease control	https://www.cdc.gov/coronavirus/2019-ncov/cases-updates/cases-in-us.html

Further guidance on the assessment of these risks can be found in the [Guidance on Cabin Operations During and Post Pandemic](#).

3. Crew entry/quarantine restrictions

Crews are often (but not always) subject to different requirements to passengers and the information changes regularly. The status of crew (and passenger) entry and quarantine restrictions are collated and published by IATA at the following website.

<https://www.iatatravelcentre.com/international-travel-document-news/1580226297.htm>

□ 3.1 Crew testing

Due to frequency of travel, and use of existing occupational health programs, crew members with documented past cases of COVID-19, or who have antibody proven immunity (IgG) and medical clearance of clinical recovery, should be exempt from testing programs, however other mitigation strategies (wearing masks, physical distancing etc.) should remain in place as while studies are underway to determine duration of immunity and until conclusive evidence is available.

□ 3.2 Crew vaccination

3.2.1 Is vaccination mandatory for aircrew?

Satisfactory evidence of vaccination is required by some states before permitting entry to crew members and passengers. While vaccination of crew members is not mandated by airlines, it is nevertheless encouraged to support continued international operations.

Where crew members can show evidence of vaccination with vaccines approved by Health Authorities of their state, they should be exempted from further testing.

3.2.2 Post vaccination

After vaccination, crew may return to duty in accordance with national guidelines. ICAO does not mandate any required period of post vaccination removal from flying duties however operators should consider this within the requirements of their State regulations, and their own risk assessment considering:

- Vaccination side-effects profile
- Type of vaccine administered
- Individual reactions to first dose and potentially increased likelihood of similar reaction to second or further doses.

Where vaccines are available, operators have introduced mandatory grounding periods of between 18 and 48 hours post vaccination.

4. Crew personal health monitoring

4.1 Off duty

While off duty at home, crew members should monitor themselves for fever (temperature exceeding 37.5 degrees Celsius) and other [symptoms of Covid-19](#).

Where symptoms present, refer to **7.1 While off duty at base** or **7.3 During layover** as appropriate.



4.2 Inflight

Depending on the duration of the duty, route and/or flight time, some regulators require periodical temperature checks of crew members. Airlines may need to consider the provision of additional thermometers to be made available to the crew to accomplish this efficiently.

Where symptoms present, refer to **7.2 Onboard**

5. Reporting fit for duty

Crew members **must not** report for training or flying duties if they:

- Are within a mandated period of isolation or quarantine related to previous travel and/or duty;
- Have tested positive for Covid-19 regardless of symptoms evident;
- Know that they have been exposed to a person having, or suspected of having, symptoms of Covid-19;
- Are experiencing symptoms of Covid-19.
- Have recovered from Covid-19 symptoms but have not been assessed by the local Health Authority or the airline's occupational health program.

5.1 Crew self certification statement

Some Health Authorities may require crew members to complete a self-certification statement and present it for inspection upon arrival.

[The Collaborative Arrangement for the Prevention and management of Public Health Events in Civil Aviation \(CAPSCA\)](#) has produced a [Crew Covid Status Card](#) self-declaration form which can be completed and presented for inspection upon arrival.

5.2 Recovered crew members

Crew members who have recovered from Covid-19 should not return to work until cleared with their airline occupation health program and/or policy.

Health Authorities may impose restrictions on crew who have previously experienced symptoms of Covid-19 and some countries may require a medical certificate or declaration before approving entry.

See also [3.1 Crew Testing](#)

6. Limiting exposure to potential infection

Exposures of concern (Ref FAA [SAFO 20009](#)) 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. 10 minutes or longer).

NOTE: There is insufficient evidence 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).



6.1 Precautions

Crew members should be reminded of the correct application of precautions in order to limit the potential for infection. This information is made [publicly available by health authorities](#) and airlines may need to consider including this within their crew training programs to ensure that they are universally understood and applied.

Precautions include:

- Respiratory etiquette;
- Hand washing;
- Wearing and removal of face masks, gloves and other PPE;
- Monitoring for and recognition of potential symptoms.

6.1.1 Maintaining a clean environment

Standard best practices for aircraft cleaning should always be applied. During times of pandemic, disinfectants effective against the virus should be used in accordance with aircraft manufacturers guidance.

Airlines may provide additional cleaning wipes and/or hand sanitizing gels for crew and/or passenger use onboard aircraft.

Crews should ensure that their immediate working environment is kept clean and regularly sanitized during flight, including headsets, handsets and other frequently used/touched surfaces.

Care must be taken when sanitizing switches and systems controls to avoid inadvertent activation. Food handling and hygiene guidelines are to be followed at all times.

6.1.2 Isolation

Reducing or limiting time in a closed environment which is shared with others who may potentially be infected will reduce the possibility of becoming infected.

6.1.3 Physical distancing

Within areas of sustained ongoing transmission, maintaining a physical distance of at least 1 meter (Ref [World Health Organization](#)) from others where possible can be useful to prevent inhalation of respiratory droplets.

Furthermore, where physical distancing is not possible, limiting the time spent in close proximity of a potentially infected person to less than 10 minutes may also be effective. Physical distancing is difficult to implement fully onboard aircraft however the following mitigations may also be considered when operating high risk routes:

- Wherever possible, cabin crew should remain within their assigned area of responsibility and flight crew should remain in the flight deck as much as possible;
- While eating or drinking, do not share meals, utensils or drinking containers;
- Take turns when consuming food and beverages and ensure that there is sufficient distancing where appropriate;
- Reduce non-essential contact with passengers and/or their belongings;
- Reduce physical contact between each other and with other staff or members of public.

6.1.4 Protective Equipment

Where prolonged or personal contact with a potentially infected person cannot be avoided, the use of Personal Protective Equipment appropriate to the amount of contact, is recommended.

Details of types of PPE and any associated operational risks of using them are included in the [Guidance on Cabin operations during and post pandemic](#).

6.1.5 Routine hand washing

Regular hand washing will reduce viral and bacterial contaminants from hands and minimizes the potential for spread of disease through mucous membranes such as eyes, mouth and nose.

Hand washing with water and soap remains the most effective method and this may be supplemented with the use of alcohol-based hand sanitizers when washing with soap and water is not possible.

Note: The use of gloves does not negate the need for regular hand washing as contaminants can spread in the same manner across surfaces and from gloves to face. Crew members who wear gloves as a method of limiting exposure should be mindful of the need for correct disposal of gloves and the need for immediate hand washing after removal.

https://www.who.int/qpsc/clean_hands_protection/en/

6.1.6 Avoid touching face

Bacteria and viruses can be easily transmitted from unclean hands to the face, where they can be transferred into the respiratory tract or through other mucous membranes.

Along with frequent hand washing/sanitization, crew members should be reminded of the need to avoid touching their face wherever possible, including while wearing gloves.

6.2 Within training facilities

Crew members should only report for training duties if they are considered fit for duty (**Ref: 4 Reporting fit for duty**)

In high risk areas where local transmission is ongoing, airlines should review their training operations and apply precautionary procedures and practices where possible. These may include:

- Increased cleaning programs for facilities and equipment;
- Provision of hand cleaning stations at the point of entry and exit;
- Reduction of numbers of trainees in order to support any requirement for physical distancing;
- Revision or amendment of practical training requirements

Guidance for Pilot training facilities can be found in IATA's [Guidance for managing pilot licensing during Covid19](#)

6.3 Off duty at home base and during layover

Crew members should remain alert to the risk of infection at home base and during layovers and take reasonable and appropriate precautions. These may include:

- Maintaining high level of personal hygiene and hand hygiene standards;
- Limiting time in potentially unsafe environments;
- Limiting the use of public transport facilities, especially during peak travel times;
- Maintaining physical distance from others;
- Wearing PPE in environments where physical distance and isolation are not practical.

Where a crew member knows that they have been in contact with an infected person, they should notify their airline accordingly and ensure that they do not report for any type of duty.

6.4 Onboard

Personal health precautions (**Ref 6.1 Precautions**) should be taken as appropriate to the environment, workload and risks associated to each flight or route.

6.4.1 Lavatories assigned for crew use

Where necessary and according to risk, one or more lavatories close to the flight deck, should be reserved for crew use in order to limit the potential for infection from passengers.

6.4.2 Limiting access to the flight deck

Physical access between the cabin and flight deck is already limited for security reasons, however in the context of high-risk routes, such access should be limited further both on the ground and inflight:

- Cabin crew who are consistently in close contact with passengers should reduce the number of visits to the flight deck,
- Flight crew members should only leave the flight deck for short physiological breaks,
- Ground staff should only visit the flight deck where this is necessary for the operation of the flight.

While limiting the number and frequency of physical flight crew checks, an alternative method of checking on flight crew welfare such as regular interphone calls should be established and maintained.

6.4.3 Crew rest facilities

Where passenger seats in the passenger cabin are allocated for crew rest purposes, these should be segregated and screened from passengers and accessed only by operating crew. Crew rest compartments should be restricted to the use of operating crew only.

To minimize spread of disease, where pillows, cushions, sheets, blankets or duvets are provided, these should not be used by multiple persons unless coverings are laundered or changed.

Some airlines issue each crew member with their own provisions and the cabin crew members are responsible for ensuring that they are removed and handled appropriately to reduce cross contamination after use.

Each crew member should install their own bedding items before their rest period and remove them afterwards for all applicable bulk loading beddings and linens.



6.5 Crew layover considerations

6.5.1 Crew transportation

The airline should arrange for the commute between the aircraft and the crew's individual hotel rooms ensuring hygiene measures are applied and the recommended physical distancing adopted, including appropriate seat arrangement within the vehicle, whenever possible, **as appropriate to the local situation**.

6.5.2 At accommodation:

At all times, crew must comply with local public health regulations and policies.

It is recommended that only one crew member is allocated to each room, which is sanitised prior to occupancy.

Crew, taking account of the above, and as far as practicable, should:

- Avoid contact with the public and fellow crew members, and remain in the hotel room except to seek medical attention, or for essential activities including exercise, while respecting physical distancing requirements;
- Not use the common facilities in the hotel, including the pool or gym;
- Dine in-room or seated alone in a restaurant within the hotel, only if room service is not available;
- Regularly monitor for symptoms including fever; and,
- Observe good hand hygiene, respiratory etiquette and physical distancing measures when required to leave the hotel room only for the reasons specified in (i), (iii) or emergency situations

7. Actions to be taken if symptomatic

Crew members who display any symptoms suggestive of respiratory tract infection, even if the symptoms are mild, or have a fever with a temperature exceeding 37.5 degrees Celsius, or feeling unwell in any way, must immediately be relieved from duties.

7.1 While off duty at base

Crew members who display symptoms or who have tested positive for Covid-19 while at home base should follow the local Health Authority advice in relation to isolation and seek medical assistance where required. Crew members must not report for any duty until recovery from the virus is confirmed and after having been cleared by the airline's occupational health program.

7.2 Onboard

All practicable measures must be taken to prevent an infected crew member from operating a flight, including self-monitoring and testing where reliable facilities exist. The consequent risk of a crew member displaying symptoms while on duty is low.

Should a crew member display symptoms of Covid-19 during flight they should be relieved from duties as soon as safe to do so, fitted with a mask and isolated from others.

In the case of a flight crew member at controls displaying symptoms, the operator should consider whether removal from the flight deck is an appropriate mitigation within their risk assessment.



7.3 During layover

Crew members who display symptoms or who have tested positive for Covid-19 during layover away from base should follow the local Health Authority advice in relation to isolation and seek medical assistance where required. They must not report for duty until recovery from the virus is confirmed and after having been cleared by the airline's occupational health program, or services acting on their behalf.

Additional health restrictions may apply for repatriation of cabin crew members who become infected while on duty, including quarantine upon arrival and/or reporting infection to Health Authorities for tracing and tracking purposes.



8. CAPSCA Crew Covid Status Card

This form may be carried and presented electronically or in paper format to the health authorities where requested.

CREW COVID-19 STATUS CARD	
Purpose of this card: Information to be recorded by crew prior to departure to confirm their COVID-19 health status and to facilitate processing by State's Public Health Authorities. Notwithstanding completion of this card, a crew member might still be subjected to additional screening by Public Health Authorities as part of a multilayer prevention approach e.g. when recorded temperature is 38 C° (100.4 F°) or greater.	
1. During the past 14 days, have you had close contact (face-to-face contact within 1 metre and for more than 15 minutes or direct physical contact) with someone who was suspected of having COVID-19 or had been diagnosed with COVID-19?" Yes <input type="checkbox"/> No <input type="checkbox"/>	
2. Have you had any of the following symptoms during the past 14 days: Fever Yes <input type="checkbox"/> No <input type="checkbox"/> Coughing Yes <input type="checkbox"/> No <input type="checkbox"/> Breathing difficulties Yes <input type="checkbox"/> No <input type="checkbox"/> Sudden loss of sense of taste or smell Yes <input type="checkbox"/> No <input type="checkbox"/>	
3. Temperature at duty start: Temperature not recorded due to individual not feeling/ appearing feverish <input type="checkbox"/> Temperature in degrees C° <input type="checkbox"/> / F° <input type="checkbox"/> : _____ Date: _____ Time: _____ Recording method : Forehead <input type="checkbox"/> Ear <input type="checkbox"/> Other <input type="checkbox"/> _____	
4. Have you had a positive COVID-19 test during the past 3 days? Yes <input type="checkbox"/> No <input type="checkbox"/> Attach report if available	
5. Have you received a COVID-19 vaccine? Yes <input type="checkbox"/> No <input type="checkbox"/> Date of most recent vaccination: Have you completed the full vaccination protocol? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Crew member identification: Name: Airline/ aircraft operator: Nationality and Passport No: Signature: Date:	

△



9. References

The following list is not exhaustive and is aimed at providing airlines with a selection of information to support their risk assessments, mitigations and amended procedures.

Topic	Description
IATA Guidance material	IATA Air Transport & COVID-19 Coronavirus Guidance for Cabin operations During and post pandemic Guidance for ground handling during Covid-19
World Health Organization	World Health Organization operational considerations for managing Covid-19 cases or outbreak in aviation
Collaborative Arrangement for Prevention and Management of Public Health Events in Civil Aviation (CAPSCA)	Collaborative Arrangement for Prevention and Management of Public Health Events in Civil Aviation (CAPSCA)
Aviation Authorities	FAA SAFO 20009 : Covid-19: Updated Interim Occupational Health and Safety Guidance for Air Carriers and Crews. EASA Covid Website EASA Guidance on management of crew members EASA Covid19 Aviation health Safety Protocol CAAC preventing spread of coronavirus
Disease control resources	US Center for Disease Control European Center for Disease Control