

| RETURN TO FLIGHT AND SPECIAL OPERATOR DUTY GUIDANCE POST COVID-19 | | | |
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| CATEGORY | ATC/GB0 | FC II/III/SWA | High Performance Aircraft & Aircrew Requiring Routine Use of Aviator Mask |
| COVID Positive NOT Requiring Hospitalization | <p>Return to duty can be considered after meeting the following criteria:</p> <ul style="list-style-type: none"> - 14 Days since <u>onset</u> of symptoms OR two negative nasopharyngeal swab specimens collected ≥ 24 hours apart.^{# 1.} <p>AND ALL OF THE FOLLOWING:</p> <ul style="list-style-type: none"> - Clinical evaluation* confirming no residual respiratory limitations (e.g., shortness of breath, return to normal exercise tolerance, etc.) and resolution of all prior symptoms. ^ | <p>Return to duty can be considered after meeting the following criteria:</p> <ul style="list-style-type: none"> - 14 Days since <u>onset</u> of symptoms OR two negative nasopharyngeal swab specimens collected ≥ 24 hours apart.^{# 1.} <p>AND ALL OF THE FOLLOWING:</p> <ul style="list-style-type: none"> - In person evaluation confirming no residual respiratory limitations (e.g., shortness of breath, return to normal exercise tolerance, etc.) and resolution of all prior symptoms. ^ <p>Physical exam</p> <ul style="list-style-type: none"> - Normal Respiratory and ENT exam (including checking for valsalva and anosmia) <p>Normal vitals- BP, SpO2, HR</p> | <p>Return to duty can be considered after meeting the following criteria:</p> <ul style="list-style-type: none"> - 14 Days since <u>onset</u> of symptoms OR two negative nasopharyngeal swab specimens collected ≥ 24 hours apart.^{# 1.} <p>AND ALL OF THE FOLLOWING:</p> <ul style="list-style-type: none"> - In person evaluation no residual respiratory limitations (e.g., shortness of breath, return to normal exercise tolerance, etc.) and resolution of all prior symptoms. ^ <p>Physical exam</p> <ul style="list-style-type: none"> - Normal Respiratory and ENT exam (including checking for valsalva and anosmia) <p>Normal vitals- BP, SpO2, HR</p> <p>PLUS</p> <ul style="list-style-type: none"> - Normal spirometry. ^{2.} - Normal CXR. ^{3.} |
| COVID Positive Requiring Hospitalization (Specifically hospitalization with significant disease manifestation requiring significant support, as opposed to just observation with mild O ₂ support.) | <p>Return to duty can be considered after meeting the following criteria:</p> <ul style="list-style-type: none"> - All criteria required above. <p>PLUS</p> <ul style="list-style-type: none"> - Normal CXR. ^{4.} | <p>Return to duty can be considered after meeting the following criteria:</p> <ul style="list-style-type: none"> - All criteria required above. <p>PLUS</p> <ul style="list-style-type: none"> - Normal baseline spirometry. ^{5.} - Normal CXR. ^{4.} - Normal or Normal Variant EKG. ^{6.} - Normal Labs: CBC & CMP. ^{7.} | <p>Return to duty can be considered after meeting the following criteria:</p> <ul style="list-style-type: none"> - All criteria required above. <p>PLUS</p> <ul style="list-style-type: none"> - Normal full pulmonary function testing with lung volumes and DLCO. ^{8.} - CT chest with no significant pathology. ^{9.} - Normal or Normal Variant EKG and normal TTE. ^{10.} - Normal Labs: CBC & CMP. ^{7.} - Normal 6 Minute Walk Test with pulse oximetry. ^{11.} |

*Clinical evaluation – telehealth or in person encounter as deemed appropriate

Current approved testing is naso/oropharyngeal swab RT-PCR. Future Antibody testing and serology confirmation maybe considered when an approved test is available.

^ Review of other non-respiratory COVID symptoms of aeromedical significance – including fatigue, anorexia, headaches, and anosmia

Many of the recommendations are based on outcome studies over months to years of people recovered from SARS CoV1 requiring hospitalization, and initial epidemiologic studies of SARS CoV2 (COVID-19) infections coming out of China and Italy.

1. Recommendation is a variance of CDC recommendations for return to work guidelines for health care providers (HCPs). It is more conservative than recommendations for HCPs to ensure no spread to other unit members occur.
<https://www.cdc.gov/coronavirus/2019-ncov/hcp/return-to-work.html>
2. Lung function changes (obstruction and restriction) have been noted, persisting even after symptoms resolve. Ensuring that lung function is normal prior to flight for pilots in high performance aircraft, who use supplemental oxygen, is of utmost importance.
3. Members affected by COVID-19 may have infiltrates in lungs that are reflected on CXR and are clinically relevant, affecting pulmonary function, even after symptoms resolve. A negative CXR provides additional information about the status of an aviators lungs after mild infection.
4. See number 3. Applicable for members who work in the ground environment after they have had a more serious infection and impact to their lungs.
5. Lung function changes have been noted, persisting even after symptoms resolve. Aviators, even when not from high performance aircrafts, who were hospitalized had more significant lung damage and stress. They therefore need to demonstrate proper capabilities for lung functioning prior to returning to the aviation environment.
6. EKG is required to ensure that myocarditis, which is seen in a significant number of hospitalized patients with COVID-19, is not present, or resolved.
7. Normal CBC is needed to ensure that WBC (reflection of infection), Hb/HCT (anemia secondary to infection), and platelets (thrombocytopenia or thrombocytosis secondary to infection) have normalized. A CMP will be used to look at electrolytes, liver function, and kidney function, all of which can become abnormal with hospitalizations and serious infections with profound inflammation resulting in multi-organ dysfunction.
8. Pulmonary function testing with DLCO – Diffusing Capacity of the Lungs for Carbon Monoxide - helps assess the level of severity of pulmonary dysfunction from possible fibrosis, which can be a complication of hospitalized members with COVID-19.
9. CT of chest is used to assess the level of severity of pulmonary fibrosis, which can be a complication seen in hospitalized members with COVID-19. Ground glass opacities are seen frequently in members with COVID-19 pneumonia, peaking around 10-11 days after onset of symptoms, but can still last after resolution of most symptoms. Findings on CT correlate to pulmonary function abilities.
10. Trans Thoracic Echocardiogram (TTE) is used for evaluation of degree of cardiac involvement after hospitalization with COVID-19 as there is higher prevalence of cardiovascular disease and myocardial injury from the infection. It is another level of evaluation to ensure that members who fly in a physically high stress environment are fit to fly.
11. 6 minute walk test is used to better assess exercise capacity, and provides opportunity to measure baseline and exertional pulse oximetry to assess pulmonary function and oxygenation.