Runway to Recovery

The United States Framework for Airlines and Airports to Mitigate the Public Health Risks of Coronavirus

Guidance Jointly Issued by the U.S. Departments of Transportation, Homeland Security, and Health and Human Services

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OVERVIEW

The U.S. economy is reopening after the Coronavirus Disease 2019 (COVID-19) public health emergency (PHE) resulted in Federal, State, and local mandated closures and restrictions across many sectors in the first half of 2020. A safe, secure, efficient, and resilient air transportation system that addresses the threat of COVID-19 is critical to reducing the public health risk and supporting the United States’ critical infrastructure needs. Government, aviation, and public health leaders must work together to meaningfully reduce the public health risk and restore passenger, aviation workforce, including crew, and public confidence in air travel.

This document provides the U.S. Government’s guidance to airports and airlines for implementing measures to mitigate the public health risks associated with COVID-19, prepare for an increase in travel volume, and ensure that aviation safety and security are not compromised. It is intended to address public health concerns and support U.S. air carriers and airports as they make decisions and implement changes to reduce the spread of SARS-CoV-2, the virus that causes COVID-19. The U.S. Government views public health as a key component of a resilient aviation transportation system, much like safety and security. The aviation industry has maintained a safe and secure system, because stakeholders do not compete on safety and security; we expect the aviation industry to take the same approach to implementing guidance on public health risk mitigations.
National Strategy for Recovery of the U.S. Air Transportation System.

While it is critically important for all users of the air transportation system to be educated about mitigation measures and to take responsibility for preventing the spread of COVID-19, the U.S. Government has developed this document specifically for airports and airlines. This document identifies measures that airports and airlines should implement across all operations and all phases of travel to, from, and within the United States, along with a roadmap explaining how those measures should be adapted to the unique air travel environment.

The U.S. Government recognizes the substantial public health risk mitigation measures that many air carriers and airports have already implemented. In order to introduce more consistency throughout the Successfully implement effective public health measures in the air transportation system. Frequently communicate passenger and operator risks, responsibilities, and expectations. Gradually resume normal operations in a dynamic system in which flying is comparable in risk to other daily activities when everyone takes these precautions.
air travel system and enhance confidence, the measures outlined in this document should be implemented as soon as feasible, insomuch as such types of measures are not already in place. The U.S. Government welcomes industry innovation and feedback on best practices, flexible methods for implementation, and metrics that achieve the public health risk reduction outcomes identified in this guidance.

The U.S. Government will continue to evaluate the evolving risk and may provide additional guidance as lessons are learned and should risk conditions change. The guidance will be periodically reviewed by the U.S. Government, which invites airport, airline, and public health partners to identify opportunities for re-evaluation of measures as appropriate. Controls and risk mitigation measures employed in the air transportation system should be consistent with, and supportive of, the broader set of community public health interventions recommended by the Centers for Disease Control and Prevention (CDC)\(^1\).

**OVERVIEW**

Measures to Prevent the Spread of COVID-19 and Promote Healthy Travel

1. Educate and communicate with passengers and employees.
2. Require appropriate face coverings.
3. Promote social distancing to the extent possible.
4. Enhance cleaning and disinfection procedures.
5. Conduct health assessment for passengers and employees.
6. Collect passenger contact information for public health response purposes.
7. Protect employees and separate passengers and crew.
8. Minimize in-person interaction touch points and shared objects, documents and surfaces.
10. Enhance airport security checkpoint operations.
11. Utilize government technology programs.

* Guidance for airports and airlines

* Immediately implement across all operations and phases of travel
The U.S. Government welcomes industry innovation and feedback on best practices, flexible methods for implementation, and metrics that achieve the public health risk reduction outcomes identified in this guidance.
PRINCIPLES

The following principles provide the foundation of the U.S. framework for implementing public health measures in the aviation sector to minimize the risk of COVID-19 transmission during travel in the air transportation system.

Remain Focused on Fundamentals: Safety and Security

» While implementing new public health measures, aviation safety and security cannot be compromised.

» Aviation workers, especially airline crew, should be trained and supported to address the additional stress that they, passengers, and co-workers may be under while traveling.

Promote Public Health within the Air Transportation System

» All aviation stakeholders have a shared interest and responsibility in promoting public health for everyone in the air transportation system.

» Utilize evidence-based, public health measures throughout the continuum of the passenger’s journey, including before, during, and after flight, to minimize disease transmission in the air transportation system, as recommended by the CDC for reduced risk of exposure to COVID-19.

– Measures should reflect the full range of passenger needs, including requirements under the Rehabilitation Act, the Americans with Disabilities Act, and the Air Carrier Access Act. Consistent with these laws, it may be necessary for airports and airlines to modify certain measures to accommodate passengers with a disability while maintaining public health.

– Sufficient information should be provided to passengers in advance of travel regarding public health measures taken at departure, during flight, and at the destination to facilitate informed decision making on the part of a passenger as to whether and where to travel.

– Measures should respect privacy, civil rights, and civil liberties.
To the extent possible, maximize consistency of measures in the domestic and international air transport systems with recommended practices outlined in The International Civil Aviation Organization Council Aviation Recovery Taskforce (CART) “Take-off” Guidance\(^2\), which will continue to be reviewed and updated as the risk changes.

**Recognize Aviation as a Driver of Economic Recovery**

» An air transportation system that can move people and goods safely and efficiently without exacerbating public health concerns is critical to support economic recovery nationwide.

» Innovation, creativity, flexibility, and rapid technology deployment are central to responding to and recovering from the COVID-19 public health emergency, and achieving a new paradigm in air travel that is beneficial for passengers, workers, the broader aviation industry, and the U.S. economy.

» Aviation operations encompass a wide variety of business models. Where possible, consistent with CDC, state and local guidance, public health measures should be flexible to ensure that a range of airline and airport operational strategies remain viable and support economic recovery, and that the competitive structure of the industry is preserved.

» Public health measures must be consistent with obligations under international law, should not unnecessarily or unfairly restrict market access for international transportation, and should avoid extraterritorial application of U.S. practices in foreign jurisdictions.

\(^2\) [icao.int/covid/cart/Pages/CART-Take-off.aspx]
It is important to emphasize that all persons in the air transportation system, including passengers, have a responsibility to themselves and to others to make every effort to minimize the risk of virus transmission as we respond to and recover from COVID-19.

The aviation industry’s task is to implement measures that are effective in minimizing the risk of virus transmission in air travel, thus restoring confidence that the system does not threaten personal or public health – that it will maintain its historical record of aviation safety and security but also take additional measures to safeguard personal and public health. Based upon a recent survey, passengers expect to see a blend of technology, civic responsibility, and public health measures implemented3.

It is important to understand that until transmission in communities and countries is controlled or there is an effective vaccine with widespread uptake, public health risk from COVID-19 remains in the air transportation system. However, by implementing the public health recommendations in this guidance, the aviation industry can help reduce the spread of COVID-19 and provide a passenger experience that is responsive to immediate public health concerns. The aviation industry is expected to implement measures in the travel process that reduce risk of disease exposure during travel and in doing so also support measures that will help destination communities remain open and willing to allow passenger entry. An important part of a functioning air transportation system and a successful recovery includes public education and situational awareness by all levels of government and the aviation industry.

Governments and quasi-government entities, such as airport authorities, must work cooperatively to achieve the common objective of minimizing risk exposure, using consistent mitigation measures and providing consistent communications on expected behaviors.

The Communications Cycle

**BEFORE TRAVEL**
- Airlines: Provide flexible re-accommodation policies so passengers don’t feel pressure to fly if sick or uncomfortable.
- Airlines and Airports: Provide pre-arrival communications on public health practices at the airport, on the aircraft, and at destination including CDC and DoS travel guidance.

**ARRIVAL**
- Airlines: Provide passengers on round trips with communications on return trip health measures and requirements.
- Airports: Provide baggage claim and exit area signs and public announcements on local health measures.

**DEPARTURE**
- Airlines: Collect health attestations and contact information and provide reminders of distancing protocols at check-in and boarding.
- Airports: Provide signs and announcements throughout airport reminding passengers of public health measures in place.

**TRAVEL**
- Airlines: Ensure safety briefings by aircrew include public health measures and expectations on the aircraft.
- Airlines: Have aircrew remind passengers of practices as needed.
Future air passenger travel volume, especially in the domestic market, will depend on a number of factors, such as levels of community transmission across the United States, efforts to reduce public health risk related to travel, passenger, aviation workforce, and public confidence, removal of travel restrictions, local government rules and responses to public health concerns, and air carrier operational capacity.

A risk-based approach will support adjusting the mitigation measures based on geographical differences in risk, recognizing that reverting to more stringent measures in previous stages may be necessary if the risk increases. Geographical differences in risk may occur between U.S. communities and between U.S. and international locations, resulting in different measures for U.S. domestic and international travel. However, the goal is to maximize consistency, develop general criteria, and monitor processes to help evaluate progression. At this time, it is not feasible to provide any specificity of timing or specific triggers for assessing how to scale mitigation measures to the level of community transmission, and the recommendations in this document reflect measures that should generally be in place until community transmission is minimal. Currently, the pattern of the outbreak is asymmetrical in communities across the U.S. and, therefore, states are in different phases of re-opening; overall, the U.S. is still experiencing large scale community transmission.

Some passengers may be asymptomatic, but still be able to spread or expose others to COVID-19. Similarly, some passengers may be exposed or become infectious after arrival. Previous experience suggests there is a low yield of detection for COVID-19 during entry screening of international arrivals. Port of entry health screening, if used, only represents one point in time and must be part of a broad set of measures, applied across the continuum of the passenger journey.
Resumption of higher volumes of passenger air travel will be dependent on the effectiveness of containment measures and the future availability of treatments and/or vaccinations. The U.S. Government, using a data-driven, risk assessment process, will work with industry to provide additional guidance on when it may be appropriate to adjust mitigation strategies based off of the level of community transmission in a given location.

Key Considerations for Adapting New Public Health Measures to the Aviation System

The U.S. Government has carefully analyzed a wide range of potential public health risk mitigations to identify an effective set of recommendations, including: assessment of impacts to public health, safety, security, efficiency, and viability; unintended consequences; and effectiveness in restoring public confidence. A multi-layered approach is vital to minimizing the spread of COVID-19 in the air transportation system. No single mitigation strategy alone is adequate, but together, these recommendations offer an effective risk reduction approach. As a result, the U.S. Government emphasizes the importance of airlines and airports...
implementing and enforcing the measures included in this document and expects adoption, to the extent practicable.

While this guidance seeks to provide a sufficient level of detail in these recommendations to promote consistency and achieve risk reduction, the U.S. Government realizes that airports and airlines may have innovative, creative, and practical solutions, and welcomes dialogue on those mitigations. This guidance will continue to be evaluated for necessary modifications to ensure the mitigations keep pace with the virus transmission risk. The U.S. Government will work with industry partners on those changes and invites suggestions on best practices and new ideas.
The U.S. Government expects airports and airlines to implement and/or support implementation of the measures outlined below, to the extent feasible, throughout the U.S. passenger air transportation system.

**General Risk Mitigation**

The following risk mitigation measures should be applied generally for the entire passenger journey in the air transportation system. Risk mitigation measures are based on CDC guidance to help people protect themselves as part of a multi-layered approach, including use of social distancing, wearing masks or cloth face coverings, hand washing, monitoring health, and cleaning/disinfection of surfaces.


Additional mitigations in subsequent sections may be sector-specific or based on changes in the level of community transmission and should be layered on top of these system-wide measures. Ultimately, the outcome goal is health risk mitigation. The U.S. Government recognizes that, as we all learn more about the risks associated with COVID-19 and the virus itself, innovation, technology, and other new mitigation measures may be appropriate to achieve the same outcome.

**Passenger and Aviation Worker Education**

**Recommendation:** Airlines and airports should communicate with passengers and employees prior to arrival at the airport in order to:

» Discourage symptomatic or ill passengers, crewmembers, or airport workers, as well as those with known exposure to a person diagnosed with COVID-19 in the previous 14 days, from coming to the airport.
Enhance education for passengers throughout the travel continuum on what to do and what to expect before, during, and after travel, including the additional time and responsibility they should expect to incur as part of a safe travel environment (screening, social distancing, masks, etc).

Provide passengers with as much information on local conditions, including any restrictions on travel, via as many communication channels as possible, including websites.

**Rationale:** It is imperative that passengers and employees understand their responsibilities in mitigating virus transmission while using or working in the air transportation system. Emails, text messages, signage, and other communications that help them understand the risk they may pose to others if traveling while infected, have accurate information regarding the risk of virus transmission at their destination, and know the various public health risk measures and mitigations implemented for passengers, crewmembers, and airport workers. This will ensure they are informed for travel decision making and adequately prepared to experience and/or comply with health protocols. For passengers, this information should be readily available on airport and airline websites as well as directly provided to passengers when booking tickets. Information should be accessible in multiple formats and languages and adhere to the Americans with Disabilities Act.

**Resources:** CDC developed an air travel communications toolkit for our airline partners to help them reach their passengers and employees with COVID-19 prevention messaging:

**Collecting Information for Contact Tracing**

Airlines should collect complete and current passenger and crew contact information prior to international flight departures and provide the information in an electronic format to the U.S. Government for further dissemination to destination U.S. health authorities before departure in order to support public health mitigation measures.

**Requirement:** On February 6, 2020, the Secretary of Health and Human Services published an interim final rule requiring any airline with a flight arriving into the United States to provide contact information for each passenger and crew member.

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4 The International Air Transport Association (IATA) also publishes an interactive Coronavirus Travel Regulations Map. ([iatatravelcentre.com/international-travel-document-news/1580260297.html](https://www.iatatravelcentre.com/international-travel-document-news/1580260297.html))
U.S. to collect passenger and crew contact information and provide it to the U.S. Government within 24 hours of an order by the CDC Director. On February 18, 2020, CDC issued an order under the interim final rule with respect to all flights carrying any passenger who has departed from, or was otherwise present within, the People’s Republic of China (excluding the special administrative regions of Hong Kong and Macau) within 14 days of the date of the passenger’s entry or attempted entry into the United States.

When ordered, contact information must be submitted to CDC within 24 hours of the order in an electronic format using existing data-sharing channels. This information will then be disseminated to appropriate U.S. health authorities before passenger arrival in order to support rapid contact tracing, health messaging, and other community mitigation measures. CDC continues to work with industry and Federal partners to ensure that this process is streamlined and efficient. The current order requires the following passenger information to the extent such information exists for such passengers:

» Name
» Address while in the U.S.
» Email address
» Primary and secondary telephone numbers

CDC may issue additional orders under this authority, 42 CFR § 71.41(d), or its pre-existing passenger manifest authority, 42 CFR §71.4(a), among others.

The U.S. Government is currently working with airlines to identify appropriate options for meeting this requirement on both an interim and long-term basis.

Rationale: Early case finding and rapid isolation; contact tracing (both retrospective and prospective); and quarantine of exposed contacts/isolation of infected persons are critical components of aggressive containment of the virus. As air travel increases, this capability is essential to the health of airline crew, passengers, and communities in reducing the global spread of COVID-19 and maintaining the confidence of passengers, the aviation workforce, and their destination and home communities. A credible contact tracing capability is critical to enabling adjustments in travel restrictions, such as passenger or flight funneling and entry screening.
Availability of reliable contact information for international passengers is critical as contact tracing timelines can be further challenged by international notification delays. This information should be routinely collected/updated close to the time of departure or as part of the international flight check-in process. Having updated passenger contact information to allow rapid contact tracing notifications is not only necessary to protect the travel journey but is essential to supporting public health with aggressive containment efforts to further reduce the risk of spread via air travel, which can seed new outbreaks and further accelerate and expand the public health emergency.

If necessary, CDC will provide initial notice to State public health authorities that a confirmed case has traveled and exposed other passengers during flight. Contact investigations are generally handled directly by State or local public health authorities.

**Resources:** CDC has a number of resources on its website regarding the purpose and intent of contact tracing, including:


CDC’s interim final rule regarding the collection of passenger information and subsequent Order can be found here:

- [cdc.gov/quarantine/communicable-diseases-foreign-quarantine.html](https://cdc.gov/quarantine/communicable-diseases-foreign-quarantine.html)

**Social Distancing**

**Recommendation:** Airports should use appropriate measures in any shared spaces to assist people in staying socially distanced (e.g. floor markings, blocking terminal or gate area seating, etc.); airlines should also do so to the extent feasible, as discussed later in this document. This recommendation also applies to any third-party vendors operating at the airport, such as concessionaires or lounge providers. To the maximum extent possible, people should maintain six feet of distance from each other, unless they are a family/social unit, in which case they can congregate amongst themselves, but should maintain six feet of distance from others outside of their group. Strategies to allow for social distancing should also be employed for passenger transports.
used within the airport (e.g. trains, buses, etc.). It is imperative that airlines and airports inform passengers when it may not be possible to meet social distancing expectations and, as a result, emphasize the additional importance of observing all the other preventive measures, including strict hand hygiene, respiratory etiquette, and wearing a face mask or cloth face covering.

**Rationale:** SARS-CoV-2, the virus that causes COVID-19, spreads mainly among people who are in close contact for greater than 15 minutes. Social distancing of at least six feet is the best way to reduce the spread of infection. However, the air transportation system presents many areas where confined physical spaces make recommended social distancing difficult or impossible to achieve at times. Where space constraints limit the practice of social distancing, such as onboard aircraft or within the Federal Inspection Station (FIS) area during peak international arrival times, it is essential that passengers, crew members, and aviation workers adhere at all times to all other preventive measures, especially hand washing, respiratory etiquette\(^5\), and wearing face masks or cloth face covering.

**Resources:** CDC developed guidance on social distancing, including for people with disabilities, on its website:


**Masks or Cloth Face Covering**

**Recommendation:** Everyone should correctly wear a mask or cloth face covering over their nose and mouth at all times in the passenger air transportation system (excluding children under age 2, or anyone who has a medical condition that causes trouble breathing, is unconscious and unable to be awakened, or otherwise unable to remove the mask without assistance). Airlines and airports are strongly encouraged to require that everyone correctly wear a mask or cloth face covering in shared spaces unless they meet the exceptions described above. Airports and airlines should have masks or cloth face coverings available for passengers and aviation workers who may arrive without one or require a replacement. Wearing a mask or cloth face covering is particularly necessary any time social distancing cannot be maintained. Reasonable accommodations

should be made for persons with disabilities or ailments who cannot wear masks or cloth face coverings.

» **Note:** Passengers and aviation workers may be asked to briefly remove their masks or cloth face coverings when interacting with government officials or systems that must verify identity, such as U.S. Customs and Border Protection (CBP) Officers, Transportation Security Administration staff, law enforcement, airline or airport staff, and biometric exit controls. Physical barriers or face shields should be used to protect employees and the public in these instances. Accommodations for persons with disabilities or ailments who cannot wear cloth face coverings should be considered on a case-by-case basis. This may include seating that allows social distancing from non-companion passengers. Brief removal of masks or cloth face coverings should be permitted for drinking or eating.

**Rationale:** The greatest risk of spreading COVID-19 is when an infected person coughs, sneezes, or talks and droplets from his or her mouth or nose are launched into the air and land in or near the mouths or noses of people nearby. Requiring all persons to wear masks or cloth face coverings prevents droplets from spreading, including from potentially asymptomatic individuals. If everyone in an environment participates in covering their mouths and noses, cloth face coverings can be effective at reducing viral spread:


**Cleaning and Disinfection**

**Recommendation:** Airlines and airports should require all areas with potential for human contact and transmission be disinfected per defined schedules as recommended by CDC and the Occupational Safety and Health Administration (OSHA). Special attention should be given to increasing the frequency of cleaning high-touch surfaces like door handles, armrests, elevator buttons, escalator/stair handrails, and kiosks. Additionally, hand sanitizer stations and disinfecting wipes should be provided at kiosks and other common areas passengers are expected to touch frequently.
Rationale: The virus that causes COVID-19 can be killed with proper cleaning and disinfection procedures.

Resources: CDC developed information about cleaning and disinfection at:

Aircraft cleaning and disinfection are included in CDC airline guidance at:
» cdc.gov/quarantine/air/managing-sick-travelers/ncov-airlines.html; OSHA guidance is available at osha.gov/SLTC/covid-19/

Guidance for airport custodial staff is available at:
» cdc.gov/coronavirus/2019-ncov/community/organizations/airport-custodial-staff.html

EPA has compiled a list of disinfectant products that can be used against COVID-19, including ready-to-use sprays, concentrates, and wipes:
» epa.gov/pesticide-registration/list-n-disinfectants-use-against-sars-cov-2-covid-19

Passenger Health Assessments

Health Attestations

Recommendation: Airlines should implement health attestations to reinforce the expectation that passengers will not travel when ill or at a higher risk of developing and/or spreading COVID-19. The attestation, which should be presented at the earliest feasible opportunity at check-in, should also have the passenger affirm awareness and willingness to follow other required measures while on the aircraft (e.g. mask use, remain in assigned seating unless reseated by crew, etc.). The attestation should also include reference to exposure to a person with COVID-19 in the past 14 days. Passengers who identify themselves unfit to fly through this process should be allowed to rebook without penalty. Airlines should promulgate this policy to passengers in advance of check-in.

Rationale: While health attestations are self-declarations, they encourage passengers to pause and make an honest evaluation of their health status prior to flight. The ability to rebook without penalty is a key incentive to making health attestations accurate and effective. Although health attestations cannot assure detection of asymptomatic/pre-symptomatic passengers with active or
incubating COVID-19 infections, it may identify some ill passengers who should be deferred from flying until evaluated or recovered, or those who should defer travel due to exposure to a person with COVID-19. They may also serve as a general deterrent for passengers who may have otherwise considered traveling when ill.

» **Note:** Post-arrival requirements, such as screening, education, registration, and monitoring, may be conducted by authorities in domestic or foreign destinations. This may occur prior to disembarkation, upon arrival in the airport, and/or after arrival at the final destination. Airlines should provide passengers information on destination requirements, and airports should provide awareness of local requirements in airport exit areas per guidance posted in the communications cycle. Passengers should be directed to check the State, local, tribal, territorial, or national website of their domestic or foreign travel destination to determine what requirements or restrictions are in place for arriving passengers, so they can plan appropriately.

**Resources:** The International Civil Aviation Organization’s (ICAO) Council Aviation Recovery Task Force (CART) created a sample crew health attestation form that could be adapted for electronic, contactless entry by a passenger at:

» [icao.int/covid/cart/Pages/Documents.aspx](http://icao.int/covid/cart/Pages/Documents.aspx)

**Temperature Screening**

Some airports or airlines may decide to use temperature screening in their multi-layered approach to identify potentially sick passengers. Temperature screening, however, will be unable to detect asymptomatic or pre-symptomatic people with COVID-19, those who are ill but do not have fever, and those who have treated their fever with medication. Therefore, it should not be relied upon as a stand-alone public health measure.

While temperature screening has limited reliability in detecting individuals with COVID-19, it may detect some noticeably sick passengers. Airlines and airports may need to consider the use of temperature screening to meet destination requirements or requirements of local health authorities. Temperature screening may also serve as a general deterrent for passengers who may have otherwise considered traveling when ill. It should be noted that some persons with chronic, non-COVID related health issues may have an elevated body temperature; policies should be implemented as part of a temperature screening program to
ensure such persons are not unfairly blocked from air travel if their illness does not threaten public health.

» **Note:** If conducted, pre-travel temperature screening of passengers should be done in accordance with the protocols of the relevant health authorities and should not create significant passenger flow delays or crowding, which can create additional exposure risks. The screening should include the passenger health attestation and may include visual observations conducted by trained staff. If conducted, temperature screening could occur upon arrival at the airport (airport entry), at the airline check-in location, or before or after entering the “sterile” gate areas. Any temperature screening of passengers arriving from international locations must be conducted after the CBP inspection process is complete and not interfere with CBP standard operating procedures. If an airport, airline, or other authority makes the decision that it will bar those with temperatures over a certain threshold from flying, the policy should be transparent, posted in advance, and all passengers should be directly notified of the policy before making a decision on whether they will attempt to fly or not. The policy should note that a temperature check does not verify that a person does or does not have COVID-19, and industry screening protocols should include a process to allow individuals with known reasons for having elevated temperatures, other than COVID-19, to fly with appropriate medical documentation.

**COVID-19 Testing**

The strategies for using testing and the availability and reliability of testing continue to evolve. They may reach a threshold that enables serious consideration of concepts like rapid non-invasive testing capability for pre- or post- travel passenger baseline COVID-19 status evaluations. Because the capabilities do not currently exist for routine inclusion of a testing strategy, it is not recommended in the current suite of travel-related mitigation measures. The U.S. Government will continue to evaluate such options for possible future integration. Some travel destinations may require evidence of a negative test as a prerequisite for entry or relief from other restrictions. The opportunity for reliable and timely testing prior to departure may help further facilitate domestic and international travel and should be communicated to passengers. Future guidance for passengers will likely include considerations for testing prior to or
following travel as testing becomes more readily accessible, as locations reopen, and as travel begins to increase.

**Separation of Crew/Aviation Workers and Passengers**

**Recommendation:** Airlines and airports should minimize contact between aircrews/aviation workers and passengers to the maximum extent practicable, consistent with their job requirements. Additionally, aircrews and aviation workers should be expedited through shared screening areas as applicable to their job requirements. Providing separate on-airport transport options should also be considered. The use of masks or cloth face coverings should be required, especially when maintaining the recommended six feet between persons for social distancing is not possible.

**Rationale:** Crews and aviation workers, including pilots, flight attendants, TSA and CBP officers, ticket agents, and retail workers, are essential personnel who may be required to interact with hundreds or thousands of passengers each day. For their safety, and the safety of passengers, their exposure to passengers outside their job duties should be reduced to the maximum extent feasible.

**Resources:** CDC developed guidance for different types of aviation and critical infrastructure workers at:


FAA® and CDC partnered to provide specific guidance to air crew members and airlines at:

» [faa.gov/other_visit/aviation_industry/airline_operators/airline_safety/safo/all_safos/media/2020/SAFO20009.pdf](https://faa.gov/other_visit/aviation_industry/airline_operators/airline_safety/safo/all_safos/media/2020/SAFO20009.pdf)

**Minimize Document Handling and Physical Contact between Airport Workers and Passengers**

**Recommendation:** Wherever possible, airlines and airports should minimize document exchanges between passengers and aviation workers. Airlines and airports are encouraged to enable contactless, electronic document exchanges (e.g. during check-in, at the screening checkpoint, and when boarding aircraft). When passengers must consult with aviation workers, barriers should be
installed to maintain social distance, and workers should wear face coverings and gloves when touching or transferring items, such as passenger documents, money, and/or credit cards; sharing of pens or other writing implements should be discouraged as well. Workers should have easy access to a sufficient supply of new gloves and hand sanitizer and should sanitize hands after glove removal.

**Rationale:** Limiting contact by reducing the need for hand-to-hand transfer of materials that could potentially hold virus droplet protects both aviation workers and passengers. Contactless document exchange and review also has the potential to expedite processes and limit passenger queuing, which should accommodate greater usage of social distancing.

**Resources:** DHS has partnerships available to offer to the air industry whereby a passenger flying internationally can use only his or her face as an identity verifier and not exchange any travel documents throughout the journey. This includes check-in, bag drop, security checkpoint, boarding, and processing in entry. This process is more secure, convenient, and provides the health benefits of minimizing physical exchange of documents. Additional information may be found at CBP Biometrics: [cbp.gov/travel/biometrics](http://cbp.gov/travel/biometrics).

**Daily/Routine Reporting**

**Recommendation:** Designated airport personnel should consider completing and submitting a daily report of activities, issues, and potential hazards at the airport, such as personal protective equipment (PPE) breaches, shortages of cleaning materials, incidents involving passengers and aviation workers, and concession/contractor non-compliance with policies and requirements. These reports should be shared with airport stakeholders, including airlines, and, when applicable, also list best practices and recommended actions for airport leadership to consider.

**Rationale:** Reviewing daily activities and issues can enable identification of systemic issues and provide an opportunity for changes and adjustments as necessary to maximize the health benefits of these measures and quickly identify unintended consequences of procedures or where additional education, training, or signage may be required. Additionally, continuous discussion amongst stakeholders at the airport enables dialogue and promotion of partnership and
roles and responsibilities of each stakeholder to contribute to reducing the risk of virus transmission for passengers and aviation workers.

**Airport Ground Transport**

**Recommendation:** Airports should use applicable general risk measures to reduce public health risks during ground transport activities. Airports should encourage social distancing while in queue for and while on airport ground transport by spacing passengers (floor marking, blocking seats), increasing the number of transport vehicles in use to reduce the passenger volume for each vehicle, and/or regulating passenger loads (e.g. limiting the number of passengers per car of train).

**Rationale:** Like an aircraft, many forms of on-airport transportation have limited space to accommodate passengers. Ground transport can take several forms, including buses, trams/trains, and people movers. Some may be elective, but others may be the only way to move point to point throughout the airport property. Increasing transport vehicles where possible allows greater use of social distancing, which should be maintained to the greatest degree possible.

**Resources:** CDC recommendations for mass transit operation and operators can be found at:

**Airport Common Areas, Terminals, and Retail**

**Contactless Check-in**

**Recommendation:** Airlines and airports should encourage passenger use of online check-in options through web or smart device applications, thus reducing use of high-touch surfaces, like kiosks or ticket agent interactions.

- When passengers must use kiosks, hand sanitizer stations and disinfecting wipes should be provided nearby. Kiosks should be cleaned frequently when in use. When passengers must consult with ticket agents, barriers
should be installed to maintain social distance. Agents should wear gloves when touching passenger documents. Agents should wear masks or cloth face coverings, even if behind barriers.

» Passengers, airports, and airlines should consider increasing participation in DHS biometrics, seamless, and touchless passenger facilitation programs in an effort to further increase contactless check-in and passenger flows.

**Rationale:** COVID-19 spread happens most often when an infected person coughs, sneezes, or talks, and droplets from their his or her mouth or nose are launched into the air and land near or in the mouths or noses or surfaces of people nearby. Requiring all persons to wear masks or cloth face coverings prevents droplets from spreading, including from asymptomatic or pre-symptomatic individuals. If everyone in an environment participates in covering their mouths and noses, then cloth coverings can be effective at containing virus spread. Minimizing use of high-touch surfaces or exchange of documents also reduces this risk.

**Resources:** CDC developed applicable guidance for:


» Information on DHS trusted traveler and biometrics programs may be found at DHS (CBP and TSA) Trusted Traveler Programs: [ttp.cbp.dhs.gov](http://ttp.cbp.dhs.gov)

» CBP Biometrics: [cbp.gov/travel/biometrics](http://cbp.gov/travel/biometrics)

» TSA Biometrics: [tsa.gov/biometrics-technology](http://tsa.gov/biometrics-technology)

**Checked Baggage Drop**

**Recommendation:** Airlines and airports should ensure baggage handlers wear gloves when handling passenger baggage. Handlers should be trained on the proper use of gloves and hand hygiene to prevent virus contamination, and they should be provided with an adequate supply of hand washing materials, disinfectant wipes, and gloves to change as needed.
**Rationale:** Gloves can prevent baggage handlers from inadvertently transferring virus droplets by keeping the droplets from contacting the skin on the hands. However, droplets can survive on the surface of the gloves, so baggage handlers should know to remove gloves and practice good hand hygiene prior to eating or touching any part of their faces. Additionally, baggage handlers should have supplies of sanitizing wipes for commonly touched surfaces and ample soap/sanitizer for proper hand hygiene between uses of gloves.

**Resources:** CDC guidance for baggage and cargo handlers is available at:

**Airport Security Checkpoints**

**Recommendation:** TSA is working with industry to implement procedural changes and sanitization and technology changes at the security checkpoint and checked baggage locations to reduce exposure of passengers and Transportation Security Officers (TSOs), while maintaining security effectiveness. Through each of these measures, TSA will work with airports in carrying out these mitigations to include assisting in the overseeing of barrier shield installations and creation of physical separation mechanisms (i.e. placing of metal search tables between passenger and Explosive Trace Detection tables) as well as placement of signage as necessary.

TSA recognizes the extensive actions the airport and airline industry has already taken, to include guidance from ACI, ICAO\(^7\), A4A, IATA, NACA, AAAE, and other aviation organizations, to restore public confidence, protect public health, and ensure the safety and security of air transportation in the United States. However, TSA will continue to identify enhancements at the security checkpoint and checked baggage locations. Airports should assist and support TSA in enhancing these mitigations to include:

- **Identity Verification:** Altered procedures exist to allow for self-scanning of boarding passes and identification to minimize the passing of documents between passengers and security personnel. TSA and airlines should promote the use of digital boarding passes and biometrics where feasible.

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\(^7\) Council Aviation Recovery Taskforce (CART). Take-off: Guidance for Air Travel through the COVID-19 Public Health Crisis. Montréal, Canada, 27 May 2020
Increased Allowances for Liquid Hygiene Items: TSA is allowing passengers to carry greater quantities (up to 12 fl. oz., increased from 3.4) of certain necessary items, like hand sanitizer, through checkpoints. Airlines and airports should promote these new allowances in passenger education materials and signage.

Protect Screening Personnel: TSA is adjusting and adding checkpoint measures to reduce public health risk to TSOs and passengers. This includes PPE requirements for officers and passengers, installation of acrylic shield barriers, increased separation from passengers, new screening procedures to limit touching of passengers, enforcement of PPE and social distancing requirements, updated training and safety guidance, and increased cleaning of high-touch surfaces. Airlines and airports should work with TSA to promote these new practices in passenger education materials and signage.

Implement Passenger Metering throughout the Checkpoint: TSA is adjusting the queuing process to increase the distance between passengers and TSOs at all stages of the security screening process, including the travel document check, on-person screening, accessible property screening, and alarm resolutions/pat-downs. As part of these efforts, TSA is exploring metering at the screening checkpoint entrance and signage on the floor to increase distancing throughout the checkpoint. Airport personnel can support these efforts by helpfully directing traffic and respectfully enforcing distancing, as practicable.

Minimize wait times for the traveling public: Maximizing staffing will decrease wait times, which will minimize exposure between passengers, TSA personnel, and other aviation workers. Wait times may increase public health risk, as passengers may congregate or cluster. TSA is committed to keeping the traveling public safe. The traveling public should continue to budget plenty of time to minimize increased arrival traffic, which could potentially create longer wait times and queuing. Airlines and airports should work with TSA to promote these practices in passenger education materials.

Increase of Technology Deployments: TSA is continuing to deploy new technologies to the checkpoint to increase efficiency and effectiveness and minimize interaction with passengers. This includes continued deployment of Credential Authentication Technology (CAT) units positioned to minimize touch during passenger travel document check. TSA will also identify
enhancements to reduce false alarms and decrease touch/pat-down rates where possible. Airports can work with TSA on the adoption of these technologies and promotion of new practices in passenger education materials and signage.

**Rationale:** TSA has already begun implementing procedural changes, as well as sanitization and technology changes, at the security checkpoint and checked baggage locations to reduce exposure of passengers and TSOs while maintaining security effectiveness. Airport support in implementing these measures is crucial. Depending on the spread of COVID-19 at specific locations (hot spots) throughout the United States and how this impacts the TSA workforce and passengers, TSA will continue to consider issuance of regulations that pertain to certain health and public safety mitigation elements.

**Resources:** TSA information to advise passengers of COVID-19-related changes to traveling is available at:

Information on TSA efforts can be found at:
- [ttp.cbp.dhs.gov](http://ttp.cbp.dhs.gov) (Trusted Traveler Program)
- [tsa.gov/travel/special-procedures?field_disability_type_value=15](http://tsa.gov/travel/special-procedures?field_disability_type_value=15) (Liquid Hygiene Allowance)
- [tsa.gov/sites/default/files/signed_thompson_letter.pdf](http://tsa.gov/sites/default/files/signed_thompson_letter.pdf) (Protecting the Workforce)
- [tsa.gov/for-industry/small-business](http://tsa.gov/for-industry/small-business) (Cleaning and Sanitization Activities)
- [tsa.gov/coronavirus](http://tsa.gov/coronavirus) (General Guidance)

**Aircraft**

**Seat Assignment Processes**

**Recommendation:** Airlines should consider the feasibility of limiting seat availability to enable passengers to maintain social distance from each other during the flight. Maximum risk reduction results from maintaining a social distance of six feet between passengers unless seating a family/unit together.

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8 FAA Safety Alert for Operators (SAFO) 20009, published May 11, 2020, provides joint CDC-FAA health and aircraft cleaning guidance to aircrews and airlines.
When social distancing can no longer be accommodated on a flight, passengers should be made immediately aware of the status and be offered alternative flight options, such as a flight change, without penalty.

It is particularly important when physical distancing is not achieved on a flight, because of the passenger load, seat configuration, crew deadheading, or other operational constraints, that crew members actively ensure passengers on board an aircraft adhere, at all times, to all other preventive measures, including wearing of masks or cloth face coverings, strict hand hygiene, and respiratory etiquette.

**Rationale:** Social distancing and the universal use of masks or cloth face coverings are the most effective mitigations available for preventing the spread of COVID-19. Therefore, social distancing should be practiced within the confines of the aircraft to the greatest degree practicable, and the use of masks or cloth face coverings should be enforced, to the extent possible, by crew.

**Resources:** CDC has information about the definition and importance of social distancing at:


In addition, information regarding the importance of following these key preventions is provided at:


**Adjusted Boarding Processes**

**Recommendation:** Airlines should board passengers in ways that reduce the likelihood of passengers having to pass or wait in close proximity to each other (e.g., board all window seats first, board from the back of the aircraft forward), as long as the boarding process is consistent with FAA weight and balance requirements.

**Rationale:** Limiting passenger contact reduces opportunities for transmission. Therefore, limiting the need for passengers to pass each other or stand in line to board and reach their seats should be pursued to the greatest practical extent.

**Resources:** CDC has information about the definition and importance of social distancing at:

Aircraft Ventilation Adjustments

**Recommendation:** In consultation with the aircraft manufacturer, airlines should ensure ventilation systems are operating at maximum effectiveness for air filtration, to include during the aircraft boarding and disembarkation process, as well as during ground delays.

**Rationale:** Depending on the type of aircraft, air in the cabin may be completely renewed every two to three minutes; it also flows from ceiling to floor, which helps with minimizing virus spread. Changes in ventilation, air flow rates, and air filtration adjustments may reduce the duration of exposure to viruses circulating in the cabin.

**Resources:** Many aircraft manufacturers are working with airlines on ways to utilize cabin airflow as a risk reduction measure. Some manufacturers have information online including:
- [boeing.com/confident-travel/#safeguards](boeing.com/confident-travel/#safeguards)
- [airbus.com/aircraft/passenger-aircraft/cabin-comfort.html#airquality](airbus.com/aircraft/passenger-aircraft/cabin-comfort.html#airquality)

Limit or Suspend Onboard Customer Services

**Recommendation:** Airlines should:

- Limit or discontinue food and beverage service on short-haul flights or require dispensing in sealed, prepackaged containers.
- Suspend unnecessary in-flight services that require crew/passenger interactions, such as duty-free item sales.
- **Note:** Airlines are still expected to comply with the disability access requirements such as providing boarding or deplaning assistance to passengers with disabilities, providing on-board wheelchairs and assistance to the aircraft lavatory if requested, and opening food packages for people with disabilities as needed.

**Rationale:** Limiting passenger-to-crew contact reduces opportunities for transmission. Therefore, airlines should take all practical measures to reduce interactions and movement through the cabin unless necessary.
Resources: CDC has information on the importance of avoiding interpersonal contact at:

Segment Lavatory Access

Recommendation: When practicable, airlines should:

» Designate passenger lavatory use based on seat assignment to limit cabin movement.

» Provide disinfectant wipes in lavatories for passengers and crew to wipe down high touch surfaces before and after use.

Rationale: Lavatories are known areas for virus transmission. Flight crews are essential personnel who may be required to interact with hundreds of passengers each day. For their safety, and the safety of passengers, their exposure to passengers outside their job duties should be reduced to the maximum extent feasible. In addition, passengers should have limited contact with each other and the opportunity to help prevent the spread of virus infection with a means to sanitize lavatory surfaces prior to and after use.

Resources: CDC has information about aircraft lavatories at:
» cdc.gov/quarantine/air/managing-sick-travelers/ncov-airlines.html

Personal Protective Equipment for Crew and Ill Passengers

Recommendation: Airlines should ensure crew have adequate onboard PPE to mitigate the spread of COVID-19. This should include ensuring all flights have Universal Precaution Kits (UPKs) onboard that contain adequate protection in cases of suspected COVID-19 related illness for both crew and potentially affected passengers. All flights should provide the necessary PPE to enable crew to follow CDC guidelines for responding to a sick passenger with symptoms of COVID-19. Specifically, airlines should:

» Have protocols in place for how to isolate potentially ill passengers discovered during flight, and all crewmembers should be trained on that plan.

» Use standard procedures in place to respond to reports of illness or death during travel.
**Rationale:** Due to the incubation period of COVID-19, passengers may not develop symptoms of illness until onboard an aircraft. Flight crews need to be adequately prepared to handle ill passengers while protecting healthy passengers to the greatest extent possible.

**Resources:** Guidance for Airlines on Reporting Onboard Deaths or Illnesses to CDC is available at:

- [cdc.gov/quarantine/air/reporting-deaths-illness/guidance-reporting-onboard-deaths-illnesses.html](https://www.cdc.gov/quarantine/air/reporting-deaths-illness/guidance-reporting-onboard-deaths-illnesses.html)

**Additional Crew Protections**

**Recommendation:** To further protect cabin crew, airlines should:

- Assign crewmembers to provide service only to specific sections of the cabin to the maximum extent practicable.
- To the extent consistent with FAA regulations:
  - Allow cabin crewmembers to be seated in passenger seats if necessary to enable social distancing.
  - Crewmembers should not share safety equipment used for safety demonstrations without adequate sanitization before another crewmember uses it.

**Rationale:** Flight crews are essential personnel who may be required to interact with hundreds or thousands of passengers each day. For their safety, and the safety of passengers, their exposure to passengers and potentially contaminated materials outside their safety job duties should be reduced to the maximum extent feasible.

**Resources:** CDC has information on the importance of avoiding interpersonal contact at:

- [FAA Safety Alert for Operators (SAFO) 20009](https://www.faa.gov/air_carrier_safety/safety_alerts/20009/), published May 11, 2020, provides joint CDC-FAA health and aircraft cleaning guidance to aircrews and airlines.
Disembarkation Procedures

**Recommendation:** Airlines should prohibit passenger queueing in the aisle when departing the aircraft and require passengers to stay seated until it is their turn to depart.

**Rationale:** Passengers should have minimal contact with each other to reduce the chances of virus transmission.

**Resources:** CDC has information on the importance of avoiding interpersonal contact at:

Aircraft Disinfecting

**Recommendation:** Airlines should ensure aircraft cabins are disinfected between each flight segment when passengers and/or crew change. Personnel with appropriate PPE and cleaning supplies should clean frequently-touched surfaces in the cabin between each flight, including the galley, arm rests, tray tables, screens, and seatbelt buckles, etc. Lavatories must be cleaned between each flight. The flight deck should be cleaned between each crew change. The entire aircraft should receive deep cleaning at least once per day in service. Airlines should consult with aircraft manufacturers to ensure cleaning products and processes do not damage aircraft equipment.

**Rationale:** The virus that causes COVID-19 can be killed when effective cleaning products are used. EPA has compiled a list of disinfectant products that can be used against COVID-19, including ready-to-use sprays, concentrates, and wipes. Each product has been shown to be effective against viruses that are harder to kill than viruses like the one that causes COVID-19.

**Resources:** Aircraft cleaning recommendations are included in CDC airline guidance at:
  - [osha.gov/SLTC/covid-19/](https://www.osha.gov/SLTC/covid-19/)

Applicable OSHA guidance is available at:
  - [osha.gov/SLTC/covid-19/](https://www.osha.gov/SLTC/covid-19/)
EPA product list is available at:
» [epa.gov/pesticide-registration/list-n-disinfectants-use-against-sars-cov-2-covid-19](epa.gov/pesticide-registration/list-n-disinfectants-use-against-sars-cov-2-covid-19)

U.S. Customs and Border Protection (CBP) Clearance

**Recommendation:** Airlines and airports should work locally with CBP to support and promote the following measures:

» Separating passengers within the queuing space to adhere to social distancing practices and limiting the number of passengers allowed into the Federal Inspection Station (FIS) at any one time to the extent practicable.

» Considering the expansion of existing facial biometrics capabilities for primary processing to limit the need to handle documents and maintain separation between the traveling public and officers.

» Consider expanding ways to verify traveler documentation while maintaining maximum social distancing.

» Streamlining local processes and passenger flows for the rescreening of passengers with connecting flights.

» Developing any necessary infrastructure changes to implement modified egress, enable installation of Plexiglas barriers at locations not currently available, and eliminate any potential choke points upon exiting the FIS.

» Encouraging participation in Global Entry for crew and passengers, which will allow people to leverage this expedited inspection and clearance program, reducing lines and congregation in the FIS.

» Default to verbal Customs declarations where appropriate.

**Rationale:** CBP is implementing applicable risk mitigation measures, including segregation of flight crews and passengers. These measures should be implemented to the maximum extent practicable within the FIS to minimize risk to arriving passengers, as well as CBP Officers. Additionally, streamlining passenger flows in and outside the FIS allows for greater use of social distancing, greater public health protections for passengers and CBP officers, and greater travel satisfaction for passengers.
Baggage Claim

**Recommendation:** Airlines and airports should prohibit access of persons waiting for arriving passengers from the baggage claim area unless special accommodations are necessary for passengers that require assistance in retrieving their baggage. Baggage claim signage and announcements should remind passengers of local public health requirements per the communications cycle chart.

**Rationale:** Airports should limit exposure and human contact to the greatest extent possible to help prevent the spread of COVID-19. Limiting airport access to essential personnel and passengers protects those using the air transportation system and local communities from unnecessary exposure risks.

**Resources:** CDC has produced general guidance on prevention of virus transmission at:


In addition, see CDC guidance for airport baggage or cargo handlers at:

As new tools are developed and more is learned about the SARS-CoV-2 virus that causes COVID-19, opportunities for mitigation integration and enhancement should be explored. These tools may include technologies, processes, and capabilities.

» **Facilitation of Low Health Risk Passengers**: The U.S. Government has improved efficiency of aviation and border security measures by facilitating passengers that pose a low security risk through trusted passenger programs. As long-term solutions emerge, a similarly customized experience for low health-risk individuals who can prove vaccination, recovery, or immunity may be warranted.

» **Travel Facilitation through Advanced Biometrics**: DHS, in partnership with individual airlines, proved that contactless biometrics can improve the passenger experience, reduce processing time, and improve security. However, the DHS contactless biometrics capability is currently only used to service limited air travel routes and populations. These programs have the potential to fundamentally re-shape how passengers, airlines, and government interact throughout the travel system. While originally conceived for passenger facilitation and enhanced security, the inherent reduction in person-to-person contact can help mitigate the spread of disease while travelers transit through the airport.

As with all biometric modalities, facial recognition poses a unique set of privacy issues. Accordingly, CBP has developed a privacy framework to mitigate these privacy risks, as outlined in its Traveler Verification System (TVS) Privacy Impact Assessment (PIA). Published in 2018, the TVS PIA provides in-depth analysis regarding how CBP implements privacy protections into the facial recognition aspect of its Entry/Exit program. Any future or expanded uses of this system will continually be reviewed for privacy risks and mitigation strategies, as appropriate.
DHS’s Chief Privacy Officer (CPO) has the discretion to order a Privacy Compliance Review (PCR) of biometric programs to ensure information is accessed and used per the PIA. Also, the CPO has the discretion to develop a new privacy policy on facial recognition and biometrics at the Department-level.

- **Automated Sanitization**: New processes and products are under research and development that may sanitize baggage and belongings while being x-rayed. Further research could be conducted that may allow for automating sanitization of high-touch/use areas (i.e. kiosks, bathrooms, water fountains).
This guidance is to be used by airports and airlines that handle passengers and crew traveling to, from, or within the United States and its territories and possessions. International travel raises unique considerations to which airlines and airports—not to mention governments—should pay close attention, including communicating public health measures and travel restrictions in place at a foreign destination and avoiding unfair restrictions on market access for international transportation.

This guidance aligns with international recommended measures, which the United States helped to develop at ICAO\textsuperscript{9}, and uses the same modular, risk-based approach as those measures. Notwithstanding the goal of global coordination on measures, differences in virus containment strategies and effectiveness may result in variations of risk mitigation measures internationally. Accordingly:

» Passengers and crew from certain foreign jurisdictions may require additional processing before they are allowed to continue with onward travel within or beyond the United States.

» As U.S. entities implement health measures relating to international travel, careful consideration should be given to potential unintended effects on competition and market access distortions as they relate to U.S. obligations under various international air transport agreements and other relevant international agreements relating to aviation.

» Although the severity of the public health emergency will vary by geographic region over time, it is important that public health measures be implemented in a manner that is legally sustainable considering U.S. obligations under international law.
In the United States, the following organizations are critical partners in determining the set of mitigation measures that are necessary, feasible, and sustainable to reduce public health risk and restore confidence. For international recovery and consistency in the global air transportation system, foreign governments, including Ministries of Health, Transport, and Foreign Affairs and Civil Aviation Authorities, as well as International Organizations, including ICAO, will be potential partners. To support innovative and creative solutions and overall operational feasibility and execution, industry will be essential partners.

U.S. Federal Departments/Agencies:

Department of Health and Human Services (HHS), including the Centers for Disease Control and Prevention (CDC).

» CDC is the national public health agency that provides the technical specifications for public health risk mitigations and recommended guidance for commercial air travel passengers and crewmembers.

Department of Transportation (DOT), including the Federal Aviation Administration (FAA), and the Office of the Secretary (OST).

» DOT: The Secretary of Transportation has authorities related to air carrier economic authority, enforcement of international air transport agreements, and aviation consumer protection, including disability rights.

» FAA is responsible for evaluating whether specific mitigations degrade aviation safety, substantially disrupt or prevent commercial aircraft operations or air traffic services, or impact FAA employees.
Department of Homeland Security (DHS), including U.S. Customs and Border Protection (CBP) and the Transportation Security Administration (TSA).

» **DHS**: The Secretary of Homeland Security is responsible for the security and resiliency of the air transport system, other modes of transportation, and administering the borders of the United States, including by confirming the identity and risk associated with persons interacting with those systems. The Secretary has authority to work with foreign governments to share best practices, develop common approaches, and share information with respect to these responsibilities. Through DHS Science and Technology, DHS may test or develop technologies to achieve this mission, which are deployed by DHS Components and Offices.

» **CBP** is responsible for determining whether an air passenger is admissible to the United States, including based on health-related grounds of inadmissibility. CBP also collects information regarding persons seeking admission to the U.S. both from the individual and from the air carriers and analyzes that data to determine admissibility and security risk. CBP must also evaluate whether specific mitigations affect their border control operations and CBP employees.

» **TSA** is responsible for evaluating entry of passengers into the secure area of the airport and regulating the industry to protect the security of aircraft and the air transport system. TSA must also determine if proposed solutions disrupt security screening operations and ensure the safety of TSA employees.

**Department of State (DOS)**

» **DOS** is responsible for facilitating engagement with foreign governments, particularly related to restart harmonization efforts (e.g., issuing passports/consular services).

**Department of Justice (DOJ)**

» **DOJ**, including the Disability Rights Section of the Civil Rights Division, is responsible for the enforcement of relevant provisions of the Americans with Disabilities Act.
Executive Office of the President

» EOP, including the National Security Council/Border and Transportation Security Directorate, and National Economic Council coordinate national policy.

The Department of Labor

» DOL, including the Occupational Safety and Health Administration (OSHA), has responsibilities for ensuring healthful working environments.

The U.S. Environmental Protection Agency

» EPA is responsible for determining the requirements for safety of cleaning chemicals and processes.

The Department of Commerce

» DOC measures international visitation to the United States by residency and citizenship, and the contribution of travel and tourism to the national economy.

Additional U.S. Domestic Government Partners:

» The traveling public.

» State, local, tribal, and territorial Governments, including governors and mayors.

» National governmental associations, such as National Association of State Aviation Officials and National Governors Association.

» Private Sector/Industry Partners.

» Airports, including airport operators, airport sponsors, and associations.

» Airlines and associations.

» Government, airline, and airport labor unions and organizations.

» Technology companies and associations.

» Scientific community, including laboratories and universities.

» Destination management organizations.
» The travel trade (travel advisors/agents, tour operators, hospitality sector, etc., including associations).

» Brand USA.

International Partners:

» Foreign Governments, including Ministries of Health, Transport, Home Affairs, Foreign Affairs, and Tourism, and Civil Aviation Authorities.

» International organizations, including the International Civil Aviation Organization and U.N. World Tourism Organization.
Runway to Recovery
The United States Framework for Airlines and Airports to Mitigate the Public Health Risks of Coronavirus

Guidance Jointly Issued by the U.S. Departments of Transportation, Homeland Security, and Health and Human Services

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800 Independence Avenue, SW
Washington, DC 20591
(866) TELL-FAA ((866) 835-5322)
faa.gov