ICAO

NO COUNTRY LEFT BEHIND

Global updates on CAPSCA Programme

CAPSCA EUR/MID meeting

Dec 2021

- Established 2006
- Managed by ICAO with support from WHO
- **Multi-sector multi-partner collaboration**
- Focus on **Aviation & Public health**
- Global, regional, national and local levels
- Implementation of aviation SARPs & WHO IHR

- United Nations entities
- Public Health Authorities
- Airlines
- Airports
- Flight crew and cabin crew
- Aircraft manufacturers
- Aviation safety
- Business Aviation

82% of ICAO Member States

Date	2006	2007	2009	2011	2011
WHO partner	WPRO, SEARO	AFRO	AMRO/ PAHO	EURO	EMRO
ICAO States	41	48	35	56	15
CAPSCA States	27	40	35	44	15
%	63	83	100	**79**	**100**

CART I

Survey of health restrictions during the COVID-19 PANDEMIC

OBJECTIVE OF THIS SURVEY

Under the framework of CAPSCA and in order to facilitate the air operations of relief and cargo flights during the COVID-19 pandemic, ICAO is requesting Member States and International Organisations to provide information about the restrictions and procedures in place for relief and cargo flights. The responses to this survey will be used in developing guidance material to ensure the minimum disruption to operations due to the implementation of health measures during the COVID-19 pandemic.

INSTRUCTIONS FOR COMPLETING THE SURVEY

1. The survey is divided into 6 sections:
   a. Flight exemptions, pre-authorizations and NOTAMs
   b. Flight crew disembarking and lay-over considerations and procedures
   c. Health measures and screening procedures upon arrival
   d. Health measures and screening procedures upon departure
   e. Health measures onboard aircraft
   f. Aircraft disinfection and cargo handling

CREW COVID-19 STATUS CARD

Information required for State health officials to be confident that crew members have taken reasonable precautions to ensure they are COVID-19 virus free.

1. **Have you been in contact* with a person with probable or confirmed COVID-19 during the 2 days before or 14 days after that person had the onset of symptoms?**

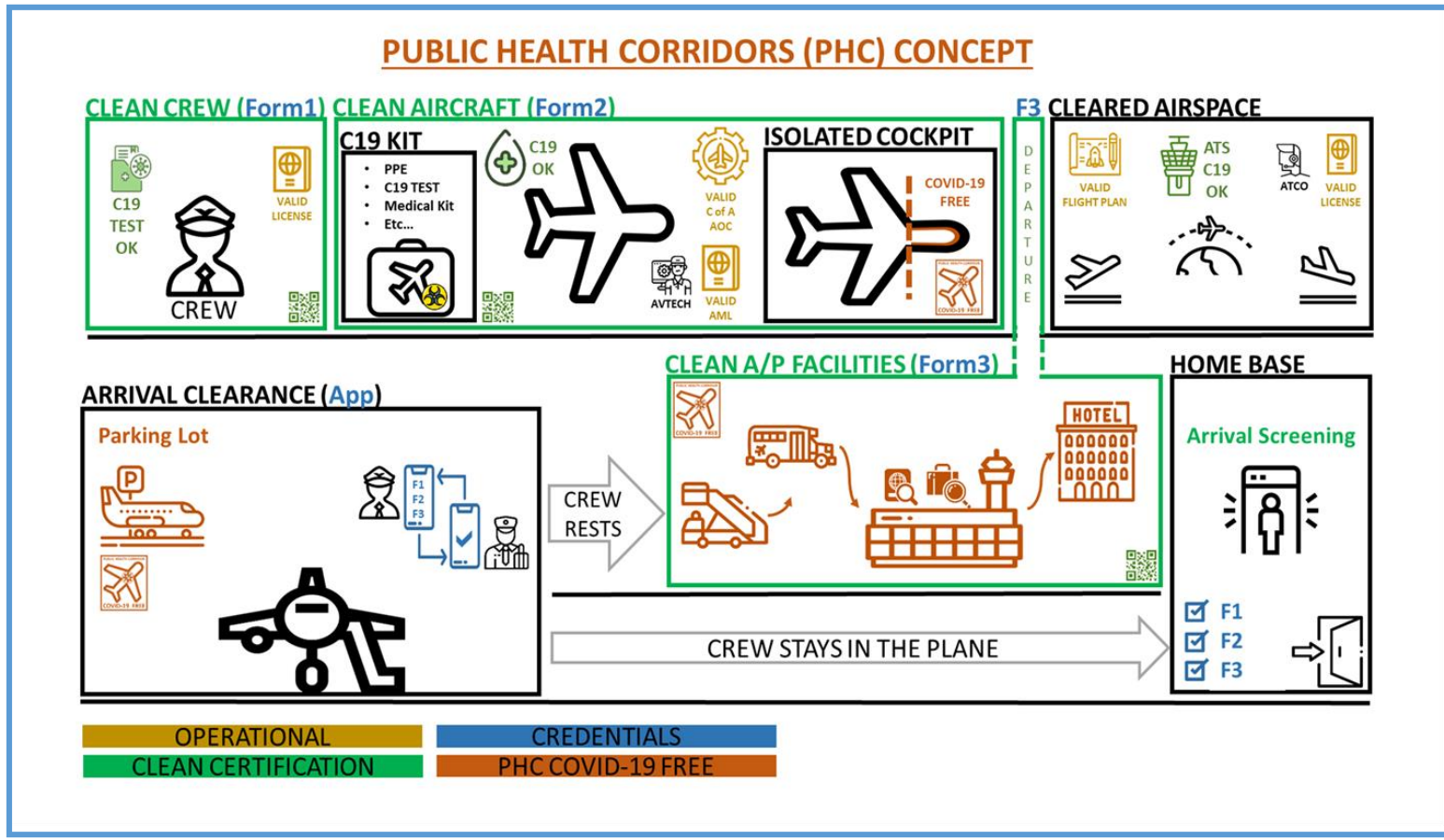
   WHO definition of contact
   1. Face-to-face contact within 1 meter and for more than 15 minutes;
   2. Direct physical contact with a probable or confirmed case;
   3. Direct care for a patient with probable or confirmed COVID-19 disease without using proper personal protective equipment; or
   4. Other situations as indicated by local risk assessments.

   Yes ☐ No ☐

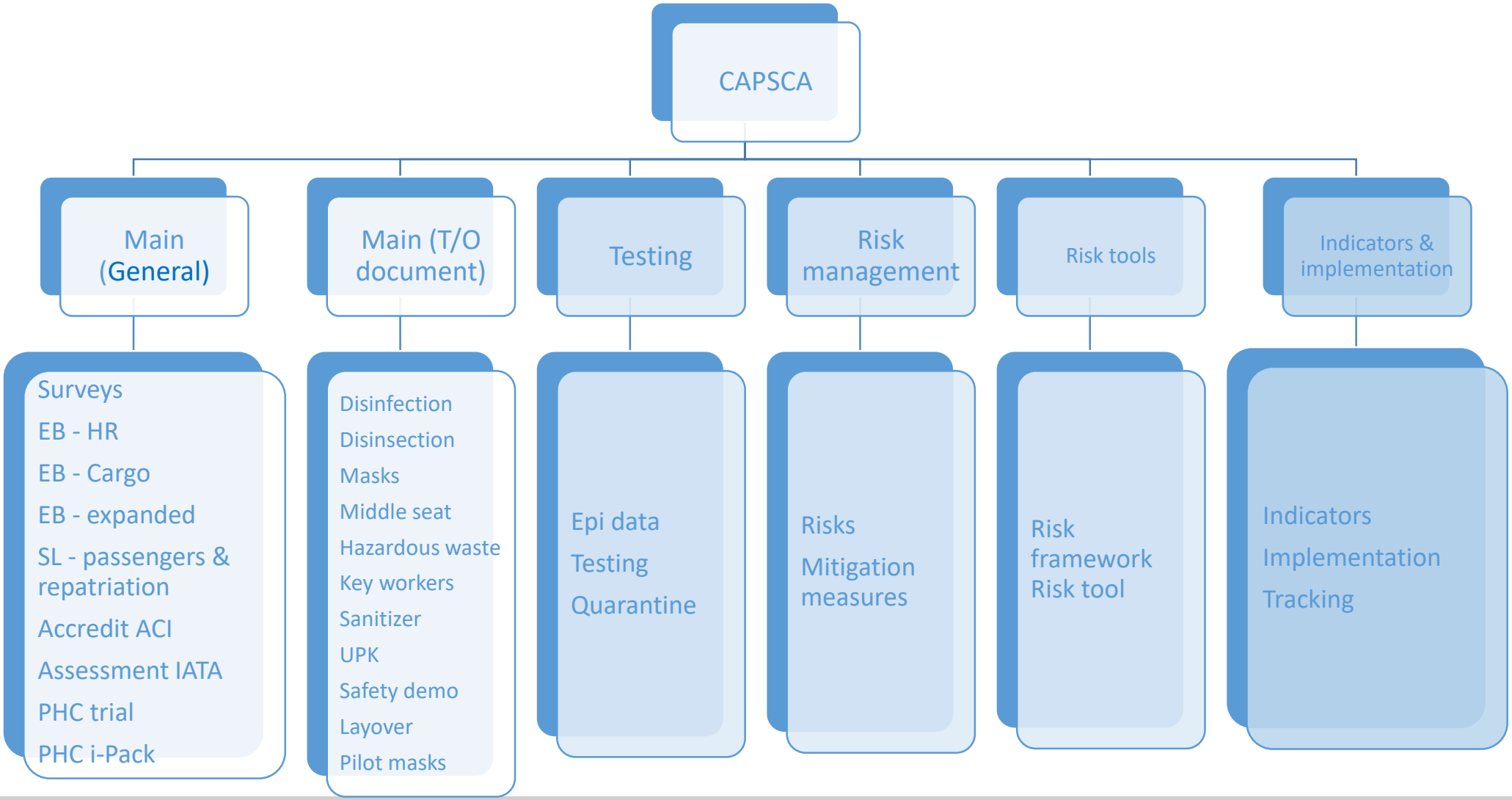
2. **Have you had any of the following symptoms during the past 14 days:**

Fever	Yes ☐	No ☐
Coughing	Yes ☐	No ☐
Breathing difficulties	Yes ☐	No ☐

3. ***Temperature at duty start:** Date: _____ Time: _____



CART II


CAPSCA
Main (General)
Surveys
EB - HR
EB - Cargo
EB - expanded
SL - passengers & repatriation
Accredit ACI
Assessment IATA
PHC trial
PHC i-Pack
Main (T/O document)
Disinfection
Disinsection
Masks
Middle seat
Hazardous waste
Key workers
Sanitizer
UPK
Safety demo
Layover
Pilot masks
Testing
Epi data
Testing
Quarantine
Risk management
Risks
Mitigation measures
Risk tools
Risk framework
Risk tool
Indicators & implementation
Indicators
Implementation
Tracking

FACE COVERINGS AND MEDICAL MASKS

COVERING/MASK	Efficiency at filtering Large Droplets	Efficiency at filtering Aerosols	Use in Aviation
N95 Mask	99.9%	95%	Not recommended. Only healthcare and other occupational settings
Surgical Mask	96.5%	89.5%	Recommended
Two-layer Cotton Mask	90.5%	82%	Recommended if 2 or more layers
Tea Towel or Dishcloth	88%	72.5%	Not Recommended
100% Cotton T-shirt	97%	51%	Not Recommended
Silk or Lace	50%	54%	Not Recommended
Scarf or Bandana	44%	49%	Not Recommended
Mask with Built-in Valve or Vent	90%	90%	Not allowed due to risk of transmitting the virus

Based on Source: *Democritus University of Thrace; Duke University; Journal of Hospital Infection; Public Health England; University of Chicago; University of Illinois at Urbana-Champaign*

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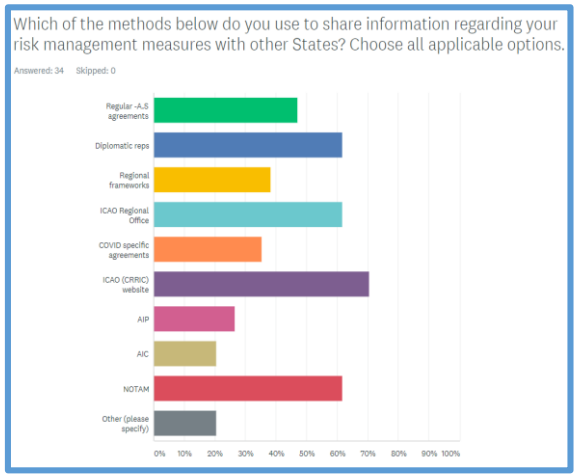
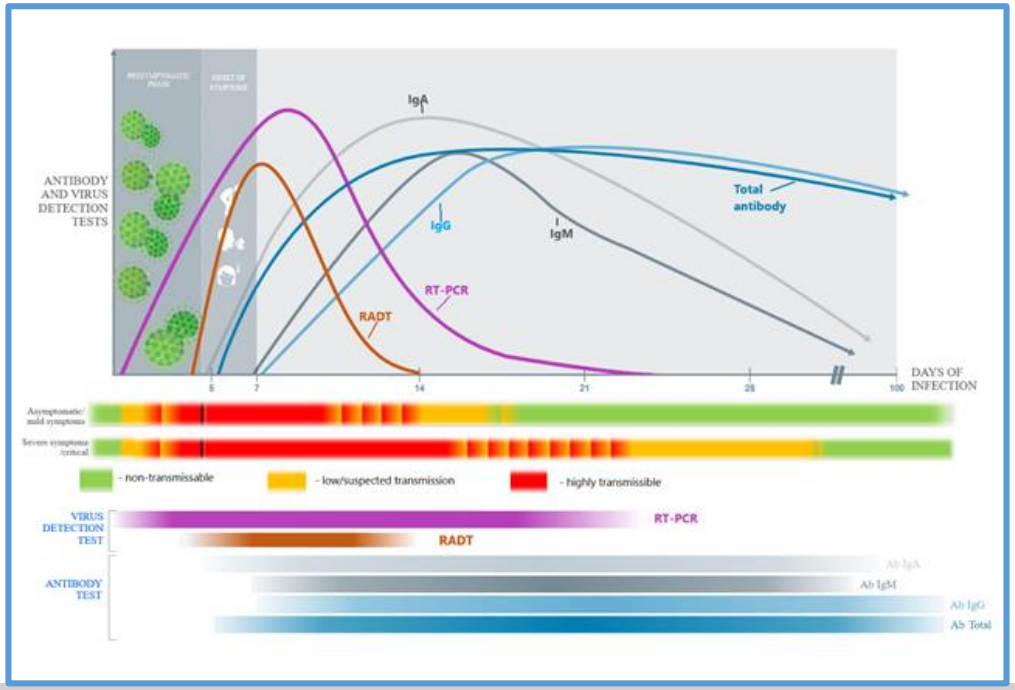




(1) Personal information of test subject:
  a) full name (surname, given name);
  b) date of birth (YYYYMMDD);
  c) ID document type[21] (mandatory); and
  d) ID document number (mandatory);

(2) Service provider:
  a) name of testing facility or service provider (mandatory);
  b) country of test (mandatory); and
  c) contact details (mandatory);

(3) date and time of test and report:
  a) date and time of specimen collection (mandatory); and
  b) date and time of report issuance (mandatory);

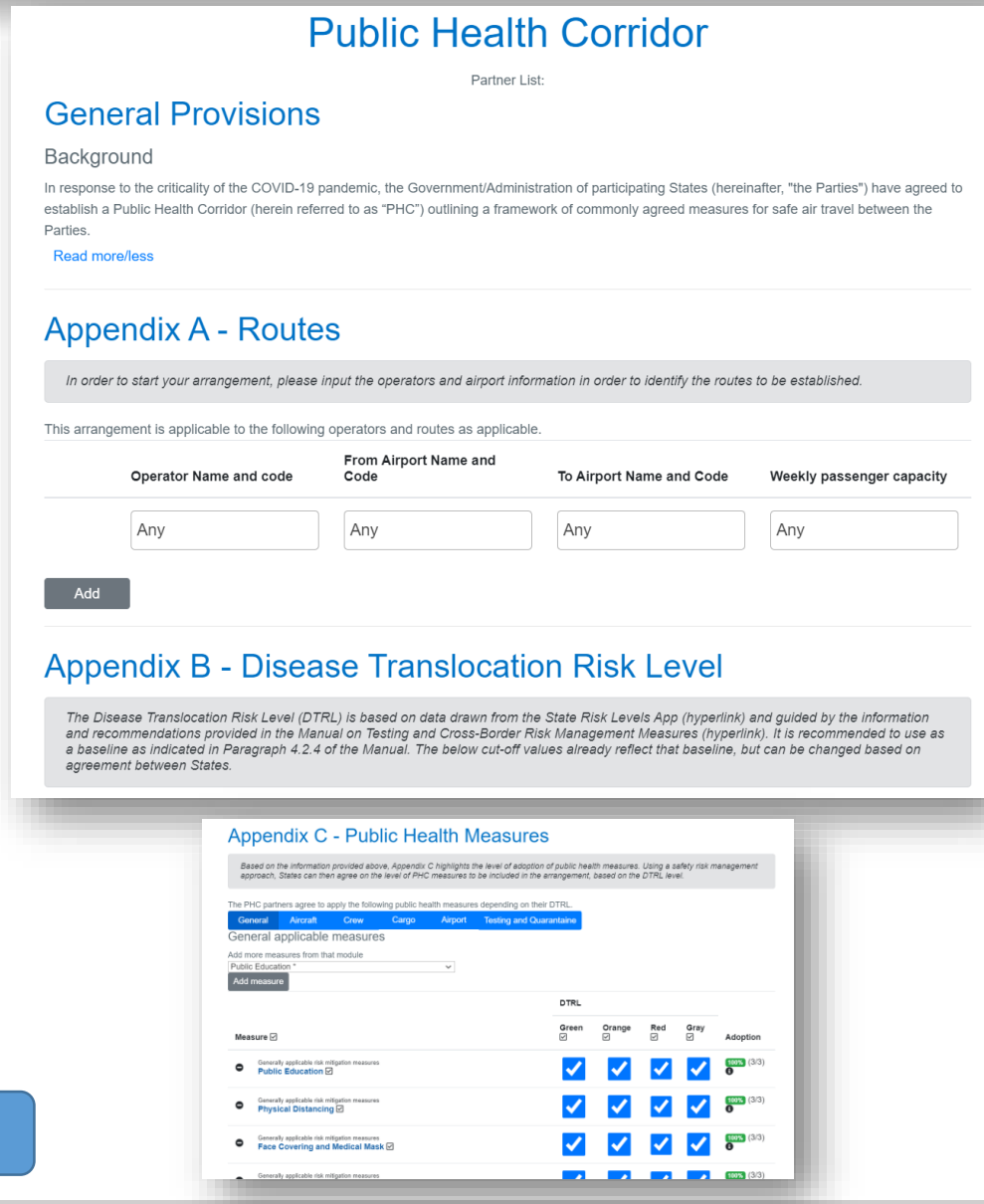
(4) test result:
  a) type of test conducted: molecular (PCR); molecular (other); antigen; antibody (type) (mandatory);
  b) result of test (normal/abnormal or positive/negative) (mandatory); and
  c) sampling method (nasopharyngeal, oropharyngeal, saliva, blood, other (optional);

(5) optional data field: Issued at the discretion of the issuing authority.

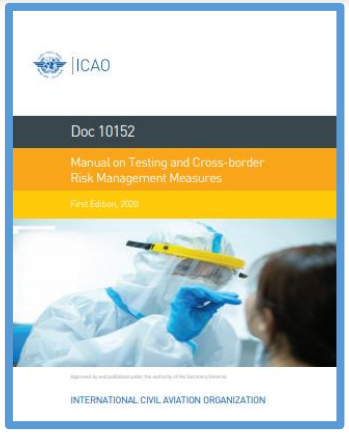
Public Health Corridor Application (PHC App)

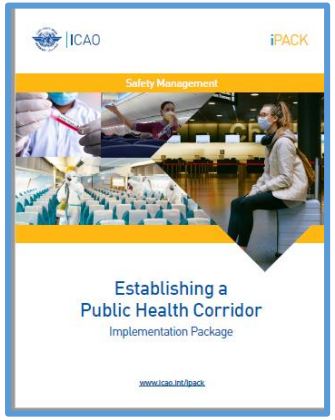
- Online tool to facilitate the conclusion of PHC between States (bilateral/multilateral)
- On the CRRIC Website
- Contains:
  - PHC Arrangement template (suggested best practices for provisions to be included)
  - Appendix A: Scope of the PHC (flights, capacity, etc.)
  - Appendix B: Disease Translocator Risk Level (traffic light categorization)
  - Appendix C: Measures of a mutually agreed Multi-layer Risk Management Strategy
- Highly-customizable; generates Arrangement for print or further editing

https://portal.icao.int/CRRIC/Pages/Public-Health-Corridors.aspx



CART III





3 reports
- **10 key principles**
- **20 recommendations**

- Public Health
- Aviation safety
- Security & Facilitation
- Testing & Vaccination
- Public Health Corridors
- Communication
- Economic

TOGD
4th Edition

- General measures
- Multilayered risk management
- 4 modules (Airport, aircraft, crew, cargo)
- Hazardous waste
- Mental health
- Forms
- Posters

Doc 10152
3rd Edition

- Risk management
- Epidemiology - VOC
- Testing, Vaccination
- Recovery
- Quarantine, exemptions
- Implementation
- PHC lessons learned
- Transition emergency response to routine

PHC
iPack

- Restore international travel
- Sharing information
- Mutually accepted public health measures
- Bilateral/ multilateral agreements
- Capacity building

Health certificates that is **secure, trustworthy, verifiable, convenient to use, compliant with data protection legislation** and internationally/globally interoperable

Existing solutions should be considered and could incorporate a Visible Digital Seal (VDS-NC) or other **interoperable formats** from regional or global intergovernmental bodies, or internationally recognized organizations.

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CAPSCA
Collaborative Arrangement for the Prevention and Management of Public Health Events in Civil Aviation

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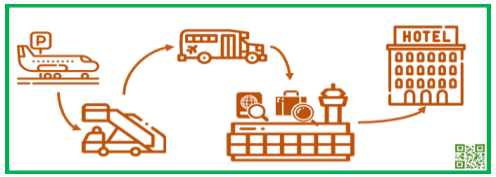

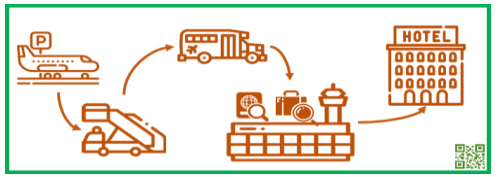

Passenger

- ✓ National public health guidelines
- ✓ Communication
- ✓ Health forms and declarations
- ✓ On-line check-in
- ✓ Masks
- ✓ Pre-departure testing
- ✓ Post-arrival testing
- ✓ Vaccination document
- ✓ Proof of recovery

Crew

- ✓ Training
- ✓ Behaviour
- ✓ Reporting for duty when fit
- ✓ Health Declaration
- ✓ Flight crew segregation
- ✓ Fast track customs
- ✓ Health monitoring
- ✓ Manage ill crew
- ✓ Layover
- ✓ Testing
- ✓ Vaccination

Departure airport***

- ✓ Epidemiology data
- ✓ Transmission patterns
- ✓ Public health measures
- ✓ Airport accreditation
- ✓ Sharing of information
- ✓ Airport access
- ✓ Ventilation/ AC
- ✓ Physical Distancing
- ✓ Use of masks/ PPE
- ✓ Cleaning/ Disinfection
- ✓ Control sheet
- ✓ Contactless processes
- ✓ Manage ill passenger
- ✓ Cargo handling
- ✓ Boarding
- ✓ Screening
- ✓ Pre-departure testing
- ✓ Proof of vaccination/ recovery

In-flight

- ✓ Ventilation
- ✓ HEPA
- ✓ Aircraft design
- ✓ Boarding
- ✓ Seat assignment
- ✓ Baggage
- ✓ Distancing
- ✓ Use of masks/ PPE
- ✓ Cleaning/Disinfection
- ✓ Hand sanitizer
- ✓ Interaction
- ✓ Lavatory
- ✓ UPK
- ✓ Medical Kit
- ✓ Manage ill passenger
- ✓ Airline assessment

Destination airport ***

- ✓ Airport parking and PHA boarding procedures
- ✓ Hazardous waste management
- ✓ Separate pathway (high risk)
- ✓ Transit
- ✓ Same measures as departure airport
- ✓ Post-arrival testing
- ✓ Border measures
- ✓ Proof of vaccination/ recovery

Public Health

- ✓ Medical assessment
- ✓ Self-monitoring
- ✓ Self-isolation
- ✓ Isolation
- ✓ Quarantine
- ✓ Contact tracing

HLCC

- 1,786 representatives, 129 Member States and 38 international organizations
- Facilitation Stream: 73 papers and 79 recommendations
- **Agenda Item 6:** Facilitation operational measures related to the COVID-19 pandemic and beyond
- **Agenda Item 7**: Enhancing National Coordination and International Cooperation

Ministerial Plenary:
Declaration adopted that demonstrates the solidarity and determination in confronting COVID-19 challenges, and conveys a strong political “message” to international communities and world economies

HLCC Recommendations to ICAO

- **Review the CAPSCA framework and governance** to optimize preparedness planning and response to public health emergencies
- Support the s**trengthening** of the CAPSCA framework
- **Develop** in close cooperation with CAPSCA experts, a **comprehensive framework** to be followed **in response to significant public health emergencies**, with specific reference to multi-sector risk assessment, a rapid initial response, and ongoing monitoring during the evolution of the emergency, and enabling national and international cooperation to prevent unnecessary interference with international traffic and trade

HLCC Recommendations to ICAO

- Continue to adapt and **provide for a quick response mechanism** in ICAO that would **issue urgent guidance** to Member States in the event of an outbreak and develop case-specific Guidance on **how to implement a Public Health Corridor for a particular outbreak**, based on the available scientific evidence;

CASAG

- Sub-group of CAPSCA to methodologically review studies and advise CAPSCA
- Uses a modified version of the GRADE methodology to review and assess the quality of evidence
- First study: **Vaccination** and its Effect on SARS-CoV2 Onward Transmission
- Second study: **Duration of immunity** following SARS-CoV2 infection: A narrative review
- Third study:**Delta Variant** Knowns, Unknowns and Recommendations
- Current statement: Use of Multi-layered Risk Management Strategy: COVID-19 Variants **(in view of Omicron)**

CAPSCA and Aviation Medicine Global Symposium

- 3 days event
- 28 March to 1 April 2022
- For information, exhibition or sponsors opportunities, contact capsa@icao.int

Week of 28 March - 1 April 2022. Montréal, Canada.

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THANK YOU