ICAHO HEALTH-RELATED DOCUMENTS

Index

Annex 6 — Operation of Aircraft,
    Part I — International Commercial Air Transport — Aeroplanes ................................................. 2
    Chapter 6. Aeroplane instruments, equipment and flight documents
    Attachment B. First-aid medical supplies

Annex 9 — Facilitation ................................................................................................................................... 6
    Chapter 8. Other facilitation provisions
    Appendix 1. General declaration
    Appendix 13. Public health passenger locator card

Annex 11 — Air Traffic Services ..................................................................................................................... 9
    Chapter 2. General
    Attachment C. Material relating to contingency planning

Procedures for Air Navigation Services — Air Traffic Management
    (PANS-ATM, Doc 4444) ......................................................................................................................... 14
    Chapter 16. Miscellaneous procedures

Annex 14 — Aerodromes ................................................................................................................................. 16
    Chapter 9. Aerodrome operational services, equipment and installations

Useful websites ................................................................................................................................................ 19
6.2 All aeroplanes on all flights

6.2.2 An aeroplane shall be equipped with:

a) accessible and adequate medical supplies;

Recommendation.— Medical supplies should comprise:

1) one or more first-aid kits for the use of cabin crew in managing incidents of ill health; and

2) for aeroplanes required to carry cabin crew as part of the operating crew, one universal precaution kit (two for aeroplanes authorized to carry more than 250 passengers) for the use of cabin crew members in managing incidents of ill health associated with a case of suspected communicable disease, or in the case of illness involving contact with body fluids; and

3) for aeroplanes authorized to carry more than 100 passengers, on a sector length of more than two hours, a medical kit, for the use of medical doctors or other qualified persons in treating in-flight medical emergencies.

Note.— Guidance on the types, number, location and contents of the medical supplies is given in Attachment B.
operators carry them because they offer the only effective treatment for cardiac fibrillation. The likelihood of use, and therefore of potential benefit to a passenger, is greatest in aircraft carrying a large number of passengers, over long duration sector lengths. The carriage of AEDs should be determined by operators on the basis of a risk assessment taking into account the particular needs of the operation.

2. Number of first-aid and universal precaution kits

2.1 First-aid kits

The number of first-aid kits should be appropriate to the number of passengers which the aeroplane is authorized to carry:

<table>
<thead>
<tr>
<th>Passenger</th>
<th>First-aid kits</th>
</tr>
</thead>
<tbody>
<tr>
<td>0 –100</td>
<td>1</td>
</tr>
<tr>
<td>101 – 200</td>
<td>2</td>
</tr>
<tr>
<td>201 – 300</td>
<td>3</td>
</tr>
<tr>
<td>302 – 400</td>
<td>4</td>
</tr>
</tbody>
</table>

2.2 Universal precaution kits

For routine operations, one or two universal precaution kits should be carried on aircraft that are required to operate with at least one cabin crew member. Additional kit(s) should be made available at times of increased public health risk, such as during an outbreak of a serious communicable disease having pandemic potential. Such kits may be used to clean up any potentially infectious body contents such as blood, urine, vomit and faeces and to protect the cabin crew members who are assisting potentially infectious cases of suspected communicable disease.

3. Location

3.1 First-aid and universal precaution kits should be distributed as evenly as practicable throughout the passenger cabins. They should be readily accessible to cabin crew members.

3.2 The medical kit, when carried, should be stored in an appropriate secure location.

4. Contents

4.1 The following provides guidance on typical contents of first-aid, universal precaution and medical kits.

4.1.1 First-aid kit:

— List of contents
— Antiseptic swabs (10/pack)
— Bandage: adhesive strips
— Bandage: gauze 7.5 cm × 4.5 m
— Bandage: triangular; safety pins
— Dressing: burn 10 cm × 10 cm
— Dressing: compress, sterile 7.5 cm × 12 cm
— Dressing: gauze, sterile 10.4 cm × 10.4 cm
— Tape: adhesive 2.5 cm (roll)
— Steri-strips (or equivalent adhesive strip)
— Hand cleanser or cleansing towelettes
— Pad with shield, or tape, for eye
— Scissors: 10 cm (if allowed by national regulations)
— Tape: Adhesive, surgical 1.2 cm × 4.6 m
— Tweezers: splinter
— Disposable gloves (multiple pairs)
— Thermometers (non-mercury)
— Mouth-to-mouth resuscitation mask with one-way valve
— First-aid manual, current edition
— Incident record form

The following suggested medications can be included in the first-aid kits where permitted by national regulations:

— Mild to moderate analgesic
— Antiemetic
— Nasal decongestant
— Antacid
— Antihistamine

4.1.2 Universal precaution kit:

— Dry powder that can convert small liquid spill into a sterile granulated gel
— Germicidal disinfectant for surface cleaning
— Skin wipes
— Face/eye mask (separate or combined)
— Gloves (disposable)
— Protective apron
— Large absorbent towel
— Pick-up scoop with scraper
— Bio-hazard disposal waste bag
— Instructions

4.1.3 Medical kit:

Equipment

— List of contents
— Stethoscope
— Sphygmomanometer (electronic preferred)
— Airways, oropharyngeal (three sizes)
— Syringes (appropriate range of sizes )
— Needles (appropriate range of sizes)
— Intravenous catheters (appropriate range of sizes)
— Antiseptic wipes
— Gloves (disposable)
— Needle disposal box
— Urinary catheter
— System for delivering intravenous fluids
— Venous tourniquet
— Sponge gauze
— Tape – adhesive
— Surgical mask
— Emergency tracheal catheter (or large gauge intravenous cannula)
— Umbilical cord clamp
— Thermometers (non-mercury)
— Basic life support cards
— Bag-valve mask
— Flashlight and batteries

Medication

— Epinephrine 1:1 000
— Antihistamine – injectable
— Dextrose 50% (or equivalent) – injectable: 50 ml
— Nitroglycerin tablets, or spray
— Major analgesic
— Sedative anticonvulsant – injectable
— Antiemetic – injectable
— Bronchial dilator – inhaler
— Atropine – injectable
— Adrenocortical steroid – injectable
— Diuretic – injectable
— Medication for postpartum bleeding
— Sodium chloride 0.9% (minimum 250 ml)
— Acetyl salicylic acid (aspirin) for oral use
— Oral beta blocker

If a cardiac monitor is available (with or without an AED) add to the above list:

— Epinephrine 1:10 000 (can be a dilution of epinephrine 1:1 000)

Note.— The United Nations Conference for Adoption of a Single Convention on Narcotic Drugs in March 1961 adopted such a Convention, Article 32 of which contains special provisions concerning the carriage of drugs in medical kits of aircraft engaged in international flight.
Annex 9 — Facilitation
CHAPTER 8. OTHER FACILITATION PROVISIONS

E. Implementation of international health regulations and related provisions

8.12 Contracting States shall comply with the pertinent provisions of the *International Health Regulations* (2005) of the World Health Organization.

8.13 Contracting States shall take all possible measures to have vaccinators use the Model International Certificate of Vaccination or Prophylaxis, in accordance with Article 36 and Annex 6 of the *International Health Regulations* (2005), in order to assure uniform acceptance.

8.14 Each Contracting State shall make arrangements to enable all aircraft operators and agencies concerned to make available to passengers, sufficiently in advance of departure, information concerning the vaccination requirements of the countries of destination, as well as the Model International Certificate of Vaccination or Prophylaxis conforming to Article 36 and Annex 6 of the *International Health Regulations* (2005).

8.15 The pilot-in-command of an aircraft shall ensure that a suspected communicable disease is reported promptly to air traffic control, in order to facilitate provision for the presence of any special medical personnel and equipment necessary for the management of public health risks on arrival.

*Note 1.— A communicable disease could be suspected and require further evaluation if a person has a fever (temperature 38°C/100°F or greater) that is associated with certain signs or symptoms: e.g. appearing obviously unwell; persistent coughing; impaired breathing; persistent diarrhoea; persistent vomiting; skin rash; bruising or bleeding without previous injury; or, confusion of recent onset.*

*Note 2.— In the event of a case of suspected communicable disease on board an aircraft, the pilot-in-command may need to follow his operator’s protocols and procedures, in addition to health-related legal requirements of the countries of departure and/or destination. The latter would normally be found in the Aeronautical Information Publications (AIPs) of the States concerned.*

8.15.1 **Recommended Practice.**— *When a public health threat has been identified, and when the public health authorities of a Contracting State require information concerning passengers’ and/or crews’ travel itineraries or contact information for the purposes of tracing persons who may have been exposed to a communicable disease, that Contracting State should accept the “Public Health Passenger Locator Card” reproduced in Appendix 13 as the sole document for this purpose.*

*Note.— It is suggested that States make available adequate stocks of the Passenger Locator Card, for use at their international airports and for distribution to aircraft operators, for completion by passengers and crew.*

F. Communicable disease outbreak national aviation plan

8.16 A Contracting State shall establish a national aviation plan in preparation for an outbreak of a communicable disease posing a public health risk or public health emergency of international concern.

*Note.— Guidance in developing a national aviation plan may be found on the ICAO website on the Aviation Medicine page.*
# APPENDIX 1. GENERAL DECLARATION

## GENERAL DECLARATION

(Outward/Inward)

Operator ................................................................................................................................................

Marks of Nationality and Registration .......................................................... Flight No. .................. Date ..................................................

Departure from .................................................................................. Arrival at ..............................................................

(Place) (Place)

## FLIGHT ROUTING

(“Place” Column always to list origin, every en-route stop and destination)

<table>
<thead>
<tr>
<th>PLACE</th>
<th>NAMES OF CREW*</th>
<th>NUMBER OF PASSENGERS ON THIS STAGE**</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Departure Place:**
Embarking ..............................................................
Through on same flight ..............................................

**Arrival Place:**
Disembarking ..............................................................
Through on same flight ..............................................

---

**Declaration of Health**

Name and seat number or function of persons on board with illnesses other than airsickness or the effects of accidents, who may be suffering from a communicable disease (a fever — temperature 38°C/100°F or greater — associated with one or more of the following signs or symptoms, e.g. appearing obviously unwell; persistent coughing; impaired breathing; persistent diarrhoea; persistent vomiting; skin rash; bruising or bleeding without previous injury; or confusion of recent onset, increases the likelihood that the person is suffering a communicable disease) as well as such cases of illness disembarked during a previous stop ....................................................................................

Details of each disinsecting or sanitary treatment (place, date, time, method) during the flight. If no disinsecting has been carried out during the flight, give details of most recent disinsecting..........................................................................................................................

Signed, if required, with time and date ______________________________________
Crew member concerned

For official use only

---

I declare that all statements and particulars contained in this General Declaration, and in any supplementary forms required to be presented with this General Declaration, are complete, exact and true to the best of my knowledge and that all through passengers will continue/have continued on the flight.

SIGNATURE _________________________________________
Authorized Agent or Pilot-in-command

---

Size of document to be 210 mm × 297 mm (or 8 1/4 × 11 3/4 inches).

* To be completed when required by the State.

** Not to be completed when passenger manifests are presented and to be completed only when required by the State.
APPENDIX 13.  PUBLIC HEALTH PASSENGER LOCATOR CARD

PUBLIC HEALTH PASSENGER LOCATOR CARD

Public Health Passenger Locator Card to be completed when public health authorities suspect the presence of a communicable disease. The information you provide will assist the public health authorities to manage the public health event by enabling them to trace passengers who may have been exposed to communicable disease. The information is intended to be held by the public health authorities in accordance with applicable law and to be used only for public health purposes.

Flight Information
1. Airline and Flight Number
2. Date of arrival
3. Seat Number where you actually sat on the aircraft

<table>
<thead>
<tr>
<th>Airline</th>
<th>Flight Number</th>
<th>DD</th>
<th>MM</th>
<th>YYYY</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Personal Information
4. Name
Family Name
Given Name(s)

Your Current Home Address (including country)
Street Name and Number
City
State/Province
Country
ZIP/Postal Code

Your Contact Phone Number (Residential or Business or Mobile)
Country code
Area code
Phone Number
E-mail address

Passport or Travel Document Number
Issuing Country/Organization

Contact Information
5. Address and phone number where you can be contacted during your stay or, if visiting many places, your cell phone and initial address

<table>
<thead>
<tr>
<th>Street Name and Number</th>
<th>City</th>
<th>State/Province</th>
<th>Country</th>
<th>ZIP/Postal Code</th>
<th>Telephone Number (including country code) or mobile phone number</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

6. Contact information for the person who will best know where you are for the next 31 days, in case of emergency or to provide critical health information to you. Please provide the name of a close personal contact or a work contact. This must NOT be you.

a. Name
Family Name
Given Name(s)

b. Telephone Number
Country Code
Area Code
Phone Number
E-mail address

c. Address
Street Name and Number
City
State/Province
Country
ZIP/Postal Code

7. Are you traveling with anyone else? YES/NO
Circle appropriate response. If so, who? (name of Individual(s) or Group)

---

---
Annex 11 — *Air Traffic Services*

CHAPTER 2. GENERAL

2.30 Contingency arrangements

Air traffic services authorities shall develop and promulgate contingency plans for implementation in the event of disruption, or potential disruption, of air traffic services and related supporting services in the airspace for which they are responsible for the provision of such services. Such contingency plans shall be developed with the assistance of ICAO as necessary, in close coordination with the air traffic services authorities responsible for the provision of services in adjacent portions of airspace and with airspace users concerned.

- **Note 1.** Guidance material relating to the development, promulgation and implementation of contingency plans is contained in Attachment C.

- **Note 2.** Contingency plans may constitute a temporary deviation from the approved regional air navigation plans; such deviations are approved, as necessary, by the President of the ICAO Council on behalf of the Council.

ATTACHMENT C. MATERIAL RELATING TO CONTINGENCY PLANNING (see 2.30)

1. Introduction

1.1 Guidelines for contingency measures for application in the event of disruptions of air traffic services and related supporting services were first approved by the Council on 27 June 1984 in response to Assembly Resolution A23-12, following a study by the Air Navigation Commission and consultation with States and international organizations concerned, as required by the Resolution. The guidelines were subsequently amended and amplified in the light of experience gained with the application of contingency measures in various parts of the world and in differing circumstances.

1.2 The purpose of the guidelines is to assist in providing for the safe and orderly flow of international air traffic in the event of disruptions of air traffic services and related supporting services and in preserving the availability of major world air routes within the air transportation system in such circumstances.

1.3 The guidelines have been developed in recognition of the fact that circumstances before and during events causing disruptions of services to international civil aviation vary widely and that contingency measures, including access to designated aerodromes for humanitarian reasons, in response to specific events and circumstances must be adapted to these circumstances. They set forth the allocation of responsibility among States and ICAO for the conduct of contingency planning and the measures to be taken into consideration in developing, applying and terminating the application of such plans.

1.4 The guidelines are based on experience which has shown, inter alia, that the effects of disruption of services in particular portions of airspace are likely to affect significantly the services in
adjacent airspace, thereby creating a requirement for international coordination, with the assistance of ICAO as appropriate. Hence, the role of ICAO in the field of contingency planning and coordination of such plans is described in the guidelines. They also reflect the experience that ICAO’s role in contingency planning must be global and not limited to airspace over the high seas and areas of undetermined sovereignty, if the availability of major world air routes within the air transportation system is to be preserved. Finally, they further reflect the fact that international organizations concerned, such as the International Air Transport Association (IATA) and the International Federation of Airline Pilots’ Associations (IFALPA), are valuable advisers on the practicability of overall plans and elements of such plans.

2. Status of contingency plans

Contingency plans are intended to provide alternative facilities and services to those provided for in the regional air navigation plan when those facilities and services are temporarily not available. Contingency arrangements are therefore temporary in nature, remain in effect only until the services and facilities of the regional air navigation plan are reactivated and, accordingly, do not constitute amendments to the regional plan requiring processing in accordance with the “Procedure for the Amendment of Approved Regional Plans”. Instead, in cases where the contingency plan would temporarily deviate from the approved regional air navigation plan, such deviations are approved, as necessary, by the President of the ICAO Council on behalf of the Council.

3. Responsibility for developing, promulgating and implementing contingency plans

3.1 The State(s) responsible for providing air traffic services and related supporting services in particular portions of airspace is (are) also responsible, in the event of disruption or potential disruption of these services, for instituting measures to ensure the safety of international civil aviation operations and, where possible, for making provisions for alternative facilities and services. To that end the State(s) should develop, promulgate and implement appropriate contingency plans. Such plans should be developed in consultation with other States and airspace users concerned and with ICAO, as appropriate, whenever the effects of the service disruption(s) are likely to affect the services in adjacent airspace.

3.2 The responsibility for appropriate contingency action in respect of airspace over the high seas continues to rest with the State(s) normally responsible for providing the services until, and unless, that responsibility is temporarily reassigned by ICAO to (an)other State(s).

3.3 Similarly, the responsibility for appropriate contingency action in respect of airspace where the responsibility for providing the services has been delegated by another State continues to rest with the State providing the services until, and unless, the delegating State terminates temporarily the delegation. Upon termination, the delegating State assumes responsibility for appropriate contingency action.

3.4 ICAO will initiate and coordinate appropriate contingency action in the event of disruption of air traffic services and related supporting services affecting international civil aviation operations provided by a State wherein, for some reason, the authorities cannot adequately discharge the responsibility referred to in 3.1. In such circumstances, ICAO will work in coordination with States responsible for airspace adjacent to that affected by the disruption and in close consultation with international organizations concerned. ICAO will also initiate and coordinate appropriate contingency action at the request of States.
4. Preparatory action

4.1 Time is essential in contingency planning if hazards to air navigation are to be reasonably prevented. Timely introduction of contingency arrangements requires decisive initiative and action, which again presupposes that contingency plans have, as far as practicable, been completed and agreed among the parties concerned before the occurrence of the event requiring contingency action, including the manner and timing of promulgating such arrangements.

4.2 For the reasons given in 4.1, States should take preparatory action, as appropriate, for facilitating timely introduction of contingency arrangements. Such preparatory action should include:

a) preparation of general contingency plans for introduction in respect of generally foreseeable events such as industrial action or labour unrest affecting the provision of air traffic services and/or supporting services. In recognition of the fact that the world aviation community is not party to such disputes, States providing services in airspace over the high seas or of undetermined sovereignty should take appropriate action to ensure that adequate air traffic services will continue to be provided to international civil aviation operations in non-sovereign airspace. For the same reason, States providing air traffic services in their own airspace or, by delegation, in the airspace of (an)other State(s) should take appropriate action to ensure that adequate air traffic services will continue to be provided to international civil aviation operations concerned, which do not involve landing or take-off in the State(s) affected by industrial action;

b) assessment of risk to civil air traffic due to military conflict or acts of unlawful interference with civil aviation as well as a review of the likelihood and possible consequences of natural disasters or public health emergencies. Preparatory action should include initial development of special contingency plans in respect of natural disasters, public health emergencies, military conflicts or acts of unlawful interference with civil aviation that are likely to affect the availability of airspace for civil aircraft operations and/or the provision of air traffic services and supporting services. It should be recognized that avoidance of particular portions of airspace short notice will require special efforts by States responsible for adjacent portions of airspace and by international aircraft operators with regard to planning of alternative routings and services, and the air traffic services authorities of States should therefore, as far as practicable, endeavour to anticipate the need for such alternative actions;

c) monitoring of any developments that might lead to events requiring contingency arrangements to be developed and applied. States should consider designating persons/administrative units to undertake such monitoring and, when necessary, to initiate effective follow-up action; and

d) designation/establishment of a central agency which, in the event of disruption of air traffic services and introduction of contingency arrangements, would be able to provide, 24 hours a day, up-to-date information on the situation and associated contingency measures until the system has returned to normal. A coordinating team should be designated within, or in association with, such a central agency for the purpose of coordinating activities during the disruption.

4.3 ICAO will be available for monitoring developments that might lead to events requiring contingency arrangements to be developed and applied and will, as necessary, assist in the development and application of such arrangements. During the emergence of a potential crisis, a coordinating team will be established in the Regional Office(s) concerned and at ICAO Headquarters in Montreal, and arrangements will be made for competent staff to be available or reachable 24 hours a day. The tasks of these teams will be to monitor continuously information from all relevant sources, to arrange for the constant supply of relevant information received by the State aeronautical information service at the location of the Regional Office and Headquarters, to liaise with international organizations concerned and their regional organizations, as appropriate, and to exchange up-to-date information with States directly
concerned and States which are potential participants in contingency arrangements. Upon analysis of all available data, authority for initiating the action considered necessary in the circumstances will be obtained from the State(s) concerned.

5. Coordination

5.1 A contingency plan should be acceptable to providers and users of contingency services alike, i.e. in terms of the ability of the providers to discharge the functions assigned to them and in terms of safety of operations and traffic handling capacity provided by the plan in the circumstances.

5.2 Accordingly, States which anticipate or experience disruption of air traffic services and/or related supporting services should advise, as early as practicable, the ICAO Regional Office accredited to them, and other States whose services might be affected. Such advice should include information on associated contingency measures or a request for assistance in formulating contingency plans.

5.3 Detailed coordination requirements should be determined by States and/or ICAO, as appropriate, keeping the above in mind. In the case of contingency arrangements not appreciably affecting airspace users or service provided outside the airspace of the (single) State involved, coordination requirements are naturally few or non-existent. Such cases are believed to be few.

5.4 In the case of multi-State ventures, detailed coordination leading to formal agreement of the emerging contingency plan should be undertaken with each State which is to participate. Such detailed coordination should also be undertaken with those States whose services will be significantly affected, for example by re-routing of traffic, and with international organizations concerned who provide invaluable operational insight and experience.

5.5 Whenever necessary to ensure orderly transition to contingency arrangements, the coordination referred to in this section should include agreement on a detailed, common NOTAM text to be promulgated at a commonly agreed effective date.

6. Development, promulgation and application of contingency plans

6.1 Development of a sound contingency plan is dependent upon circumstances, including the availability, or not, of the airspace affected by the disruptive circumstances for use by international civil aviation operations. Sovereign airspace can be used only on the initiative of, or with the agreement or consent of, the authorities of the State concerned regarding such use. Otherwise, the contingency arrangements must involve bypassing the airspace and should be developed by adjacent States or by ICAO in cooperation with such adjacent States. In the case of airspace over the high seas or of undetermined sovereignty, development of the contingency plan might involve, depending upon circumstances, including the degree of erosion of the alternative services offered, temporary reassignment by ICAO of the responsibility for providing air traffic services in the airspace concerned.

6.2 Development of a contingency plan presupposes as much information as possible on current and alternative routes, navigational capability of aircraft and availability or partial availability of navigational guidance from ground-based aids, surveillance and communications capability of adjacent air traffic services units, volume and types of aircraft to be accommodated and the actual status of the air traffic services, communications, meteorological and aeronautical information services. Following are the main elements to be considered for contingency planning depending upon circumstances:

a) re-routing of traffic to avoid the whole or part of the airspace concerned, normally involving establishment of additional routes or route segments with associated conditions for their use;
b) establishment of a simplified route network through the airspace concerned, if it is available, together with a flight level allocation scheme to ensure lateral and vertical separation, and a procedure for adjacent area control centres to establish longitudinal separation at the entry point and to maintain such separation through the airspace;

c) reassignment of responsibility for providing air traffic services in airspace over the high seas or in delegated airspace;

d) provision and operation of adequate air-ground communications, AFTN and ATS direct speech links, including reassignment, to adjacent States, of the responsibility for providing meteorological information and information on status of navigation aids;

e) special arrangements for collecting and disseminating in-flight and post-flight reports from aircraft;

f) a requirement for aircraft to maintain continuous listening watch on a specified pilot-pilot VHF frequency in specified areas where air-ground communications are uncertain or non-existent and to broadcast on that frequency, preferably in English, position information and estimates, including start and completion of climb and descent;

g) a requirement for all aircraft in specified areas to display navigation and anti-collision lights at all times;

h) a requirement and procedures for aircraft to maintain an increased longitudinal separation that may be established between aircraft at the same cruising level;

i) a requirement for climbing and descending well to the right of the centre line of specifically identified routes;

j) establishment of arrangements for controlled access to the contingency area to prevent overloading of the contingency system; and

k) a requirement for all operations in the contingency area to be conducted in accordance with IFR, including allocation of IFR flight levels, from the relevant Table of Cruising Levels in Appendix 3 of Annex 2, to ATS routes in the area.

6.3 Notification, by NOTAM, of anticipated or actual disruption of air traffic services and/or related supporting services should be dispatched to users of air navigation services as early as practicable. The NOTAM should include the associated contingency arrangements. In the case of foreseeable disruption, the advance notice should in any case not be less than 48 hours.

6.4 Notification by NOTAM of discontinuance of contingency measures and reactivation of the services set forth in the regional air navigation plan should be dispatched as early as practicable to ensure an orderly transfer from contingency conditions to normal conditions.
16.6 NOTIFICATION OF SUSPECTED COMMUNICABLE DISEASES, OR OTHER PUBLIC HEALTH RISK, ON BOARD AN AIRCRAFT

16.6.1 The flight crew of an en-route aircraft shall, upon identifying a suspected case(s) of communicable disease, or other public health risk, on board the aircraft, promptly notify the ATS unit with which the pilot is communicating, the information listed below:

a) aircraft identification;

b) departure aerodrome;

c) destination aerodrome;

d) estimated time of arrival;

e) number of persons on board;

f) number of suspected case(s) on board; and

g) nature of the public health risk, if known.

16.6.2 The ATS unit, upon receipt of information from a pilot regarding suspected case(s) of communicable disease, or other public health risk, on board the aircraft, shall forward a message as soon as possible to the ATS unit serving the destination/departure, unless procedures exist to notify the appropriate authority designated by the State and the aircraft operator or its designated representative.

16.6.3 When a report of a suspected case(s) of communicable disease, or other public health risk, on board an aircraft is received by an ATS unit serving the destination/departure, from another ATS unit or from an aircraft or an aircraft operator, the unit concerned shall forward a message as soon as possible to the public health authority (PHA) or the appropriate authority designated by the State as well as the aircraft operator or its designated representative, and the aerodrome authority.

Note 1.— See Annex 9 — Facilitation, Chapter 1 (Definitions), Chapter 8, 8.12 and 8.15, and Appendix 1, for relevant additional information related to the subject of communicable disease and public health risk on board an aircraft.

Note 2.— The PHA is expected to contact the airline representative or operating agency and aerodrome authority, if applicable, for subsequent coordination with the aircraft concerning clinical details and aerodrome preparation. Depending on the communications facilities available to the airline representative or operating agency, it may not be possible to communicate with the aircraft until it is closer to its destination. Apart from the initial notification to the ATS unit whilst en-route, ATC communications channels are to be avoided.
Note 3.— The information to be provided to the departure aerodrome will prevent the potential spread of communicable disease, or other public health risk, through other aircraft departing from the same aerodrome.

Note 4.— AFTN (urgency message), telephone, facsimile or other means of transmission may be used.
Annex 14 — Aerodromes,
Volume I — Aerodrome Design and Operations

CHAPTER 9. AERODROME OPERATIONAL SERVICES,
EQUIPMENT AND INSTALLATIONS

9.1 Aerodrome emergency planning

General

Introductory Note.— Aerodrome emergency planning is the process of preparing an aerodrome to cope with an emergency occurring at the aerodrome or in its vicinity. The objective of aerodrome emergency planning is to minimize the effects of an emergency, particularly in respect of saving lives and maintaining aircraft operations. The aerodrome emergency plan sets forth the procedures for coordinating the response of different aerodrome agencies (or services) and of those agencies in the surrounding community that could be of assistance in responding to the emergency. Guidance material to assist the appropriate authority in establishing aerodrome emergency planning is given in the Airport Services Manual (Doc 9137), Part 7.

9.1.1 An aerodrome emergency plan shall be established at an aerodrome, commensurate with the aircraft operations and other activities conducted at the aerodrome.

9.1.2 The aerodrome emergency plan shall provide for the coordination of the actions to be taken in an emergency occurring at an aerodrome or in its vicinity.

Note 1.— Examples of emergencies are: aircraft emergencies, sabotage including bomb threats, unlawfully seized aircraft, dangerous goods occurrences, building fires, natural disaster and public health emergencies.

Note 2.— Examples of public health emergencies are increased risk of travellers or cargo spreading a serious communicable disease internationally through air transport and severe outbreak of a communicable disease potentially affecting a large proportion of aerodrome staff.

9.1.3 The plan shall coordinate the response or participation of all existing agencies which, in the opinion of the appropriate authority, could be of assistance in responding to an emergency.

Note 1.— Examples of agencies are:

— on the aerodrome: air traffic control units, rescue and fire fighting services, aerodrome administration, medical and ambulance services, aircraft operators, security services, and police;

— off the aerodrome: fire departments, police, health authorities (including medical, ambulance, hospital and public health services), military, and harbour patrol or coast guard.

Note 2.— Public health services include planning to minimize adverse effects to the community from health-related events and deal with population health issues rather than provision of health services to individuals.
9.1.4 **Recommendation.**— The plan should provide for cooperation and coordination with the rescue coordination centre, as necessary.

9.1.5 **Recommendation.**— The aerodrome emergency plan document should include at least the following:

a) types of emergencies planned for;

b) agencies involved in the plan;

c) responsibility and role of each agency, the emergency operations centre and the command post, for each type of emergency;

d) information on names and telephone numbers of offices or people to be contacted in the case of a particular emergency; and

e) a grid map of the aerodrome and its immediate vicinity.

9.1.6 The plan shall observe Human Factors principles to ensure optimum response by all existing agencies participating in emergency operations.

*Note.*— Guidance material on Human Factors principles can be found in the Human Factors Training Manual (Doc 9683).

**Emergency operations centre and command post**

9.1.7 **Recommendation.**— A fixed emergency operations centre and a mobile command post should be available for use during an emergency.

9.1.8 **Recommendation.**— The emergency operations centre should be a part of the aerodrome facilities and should be responsible for the overall coordination and general direction of the response to an emergency.

9.1.9 **Recommendation.**— The command post should be a facility capable of being moved rapidly to the site of an emergency, when required, and should undertake the local coordination of those agencies responding to the emergency.

9.1.10 **Recommendation.**— A person should be assigned to assume control of the emergency operations centre and, when appropriate, another person the command post.

**Communication system**

9.1.11 **Recommendation.**— Adequate communication systems linking the command post and the emergency operations centre with each other and with the participating agencies should be provided in accordance with the plan and consistent with the particular requirements of the aerodrome.

**Aerodrome emergency exercise**

9.1.12 The plan shall contain procedures for periodic testing of the adequacy of the plan and for reviewing the results in order to improve its effectiveness.

*Note.*— The plan includes all participating agencies and associated equipment.
9.1.13 The plan shall be tested by conducting:

a) a full-scale aerodrome emergency exercise at intervals not exceeding two years; and

b) partial emergency exercises in the intervening year to ensure that any deficiencies found during the full-scale aerodrome emergency exercise have been corrected; and reviewed thereafter, or after an actual emergency, so as to correct any deficiency found during such exercises or actual emergency.

Note.— The purpose of a full-scale exercise is to ensure the adequacy of the plan to cope with different types of emergencies. The purpose of a partial exercise is to ensure the adequacy of the response to individual participating agencies and components of the plan, such as the communications system.

Emergencies in difficult environments

9.1.14 The plan shall include the ready availability of, and coordination with, appropriate specialist rescue services to be able to respond to emergencies where an aerodrome is located close to water and/or swampy areas and where a significant portion of approach or departure operations takes place over these areas.

9.1.15 Recommendation.— At those aerodromes located close to water and/or swampy areas, or difficult terrain, the aerodrome emergency plan should include the establishment, testing and assessment at regular intervals of a predetermined response for the specialist rescue services.
Useful Websites

- ICAO

- WHO
  http://www.who.int/ihr/travel/A(H1N1)_air_transport_guidance.pdf

- United Nations
  http://www.un-influenza.org/

- UN World Tourism Organization
  http://www.sos.travel/

- US Centers for Disease Control and Prevention
  http://www.cdc.gov/

- Public Health Agency of Canada

- International Air Transport Association
  http://www.iata.org/index.htm

- Airports Council International
  http://www.airports.org/

— END —