

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

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# Public Health Component of an Airport Emergency Plan

## Annex 14

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**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.*

9.1.13 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.*

# Contents of Public Health Component of an Airport Emergency Plan:

- **Background**
- **Scenario/s**
- **Case detection**
- **Clinical Assessment**
- **Conveyance to Hospital**
- **Contact tracing / Quarantine**
- **Communications**
- **International Implications**

## Annexes:

- **Standard Operating Procedures for all agencies**
- **Workflow for activation**
- **Contact information – All agencies**



# Arriving Aircraft With Suspect Case/s On Board

- Parking position of aircraft
- Measures for suspect case/s
- Measures for other passengers
- Measures for Crew
- Disinfection of aircraft
- Baggage
- Ramp workers
- Others

- Segregation from suspect case
- Advisory information
- Possible Quarantine

National  
Health  
Authority

- Secondary Screening
- Designated Ambulance/s
- Designated Hospital/s

## Specific Issues

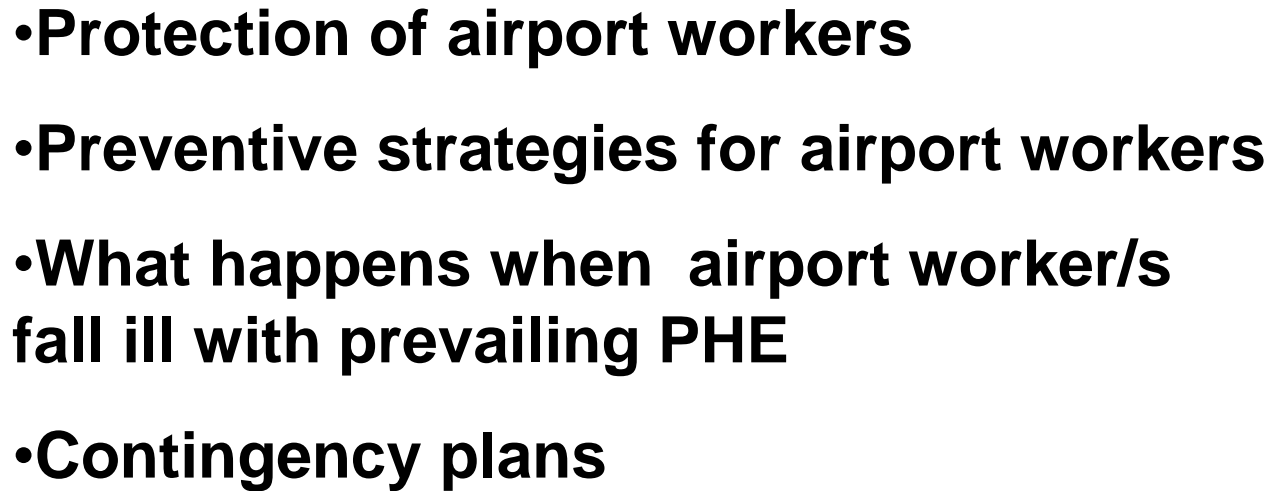
### 6.4 Parking position of aircraft

The pilot in command (PIC) needs to be advised where to park the aircraft – such information will normally be communicated to the PIC by air traffic control. This may be on a remote stand, or, depending on the situation, on the apron with or without an air bridge attached. **It should be noted that parking an aircraft a distance away from the terminal building is likely to delay the public health assessment of the situation, and may make passenger handling more complicated.** There is no evidence to suggest that the public health risk is greater if the aircraft is parked adjacent to the terminal, with an air bridge or steps used for disembarkation. **In principle, the aircraft arrival should be managed by a system that is as close to routine as possible.** The airport plan should, ideally, have a pre-designated parking bay for the aircraft with a suspected case of communicable disease on board.

Aircrew and ground crew need to be advised concerning the opening of aircraft doors, disembarkation and the information to be given to travellers prior to the arrival of the medical team.

Action should be taken to disembark the travellers as soon as possible after the situation has been evaluated and a public health response has been instituted, if needed.

# Airport Workers & Airline Workers

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- Protection of airport workers
  - Preventive strategies for airport workers
  - What happens when airport worker/s fall ill with prevailing PHE
  - Contingency plans

- Education & Basic Hygiene Measures
- “Front Line” staff -- for priority in vaccination programs
- Screening measures prior to reporting for work

# **Options for Interventions at International Points of Entry**

**Reference:**

**Suggested framework for assessment and decision making – Responding to Pandemic H1N1 2009: Options for interventions at International Points of Entry : WHO Regional Office for the Western Pacific interim option paper, 20 May 2009**

# Options: Key considerations

- International border health measures should be implemented under the framework of the new International Health Regulations
- Decision on public health measures based on assessed risks
- Public health measures should be evidence-based whenever possible
- Countries **should balance the benefits against the costs and potential consequences**
- Desirability of harmonization of interventions at international POE
- Planning, coordination and communication is essential



- **The evidence suggests that:**
  - **Exit screening** at airports with greatest traffic levels is most effective, least disruptive but places further burden on the source country
  - **Entry screening in cities receiving direct flights** from a source area is a second but less desirable option
  - **Entry screening in cities not receiving direct flights** from a source area are highly inefficient and can be disruptive.

- How and where do you do the screening**
- ✓ **In the aircraft**
- ✓ **After disembarkation**
- Who does the screening**
- What do you screen for**
- Contact tracing**
- What to do with the contacts**

**? To Screen**



**? Or Not To Screen**



# Screening at Arrival



# **If you pick up a “positive” during screening – what next?**

**Secondary screening – where?**

**Hospital?**

**Isolation**

**Quarantine?**

# What is the role of temperature screening in relation to the clinical features of disease?

Incubation period of X days

Infectious XX days before onset of symptoms



**Situation may change as more epidemiological data is accumulated.**

**What is the single most important measure to prevent transmission of infectious disease??**



**Hand hygiene**

**Thank you for your  
kind attention!**

