

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

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Public health and Aviation

- ❖ Diseases are spread by passengers travelling by air and affect populations in other States
- ❖ Passengers and crew can become ill on aircraft from infectious passengers
- ❖ Absence of safety critical personnel (during a public health emergency) increases flight safety risk
- ❖ Public health events severely:
 - ❖ Affect aviation and economies relying on it
 - ❖ Affect aviation efficiency

Airport Emergency Plan

Airport / Aerodrome Certification

- Civil Aviation Requirements
- WHO Voluntary Certification

➤ Civil Aviation Requirements.

- ❖ **Mandatory**
- ❖ **Fixed terms of reference**
- ❖ **Must be carried out by State CAA, in accordance with ICAO SARPs**
- ❖ **Aerodrome/Airport CANNOT legally function without this certification**
- ❖ **Periodicity defined**
- ❖ **Subject to audit**
- ❖ **Safety oriented**
- ❖ **Caters to ALL Emergency requirements (inc. PHE)**

WHO Voluntary Certification

- ❖ **Voluntary**
- ❖ **WHO has to be invited**
- ❖ **Purely for IHR implementation only**
- ❖ **For “designated” airports**
- ❖ **IHR core capacity and Emergency requirements**
- ❖ **Fixed periodicity**

Annex 14 — *Aerodromes*,
Volume I — *Aerodrome Design and Operations*

**CHAPTER 9. AERODROME OPERATIONAL SERVICES,
EQUIPMENT AND INSTALLATIONS**

9.1 Aerodrome emergency planning

Objectives

The Airport emergency planning is the process of preparing an airport to cope with an emergency occurring at the airport or in its vicinity

The objective of an airport emergency plan is to minimize the effects of an emergency, particularly in respect of saving lives and

The airport emergency planning sets forth the procedures for coordinating the response of different airport agencies (or services) and those agencies surrounding community that could be of assistance in responding to the emergency.

Regulatory Framework

Annex 14 - Chapter 9

Airport services Manual, Part 7 Doc 9137-PART 7 –
Airport Emergency Planning

Manual on certification of Aerodromes Doc 9774,
Appendix 1, Part 4.3

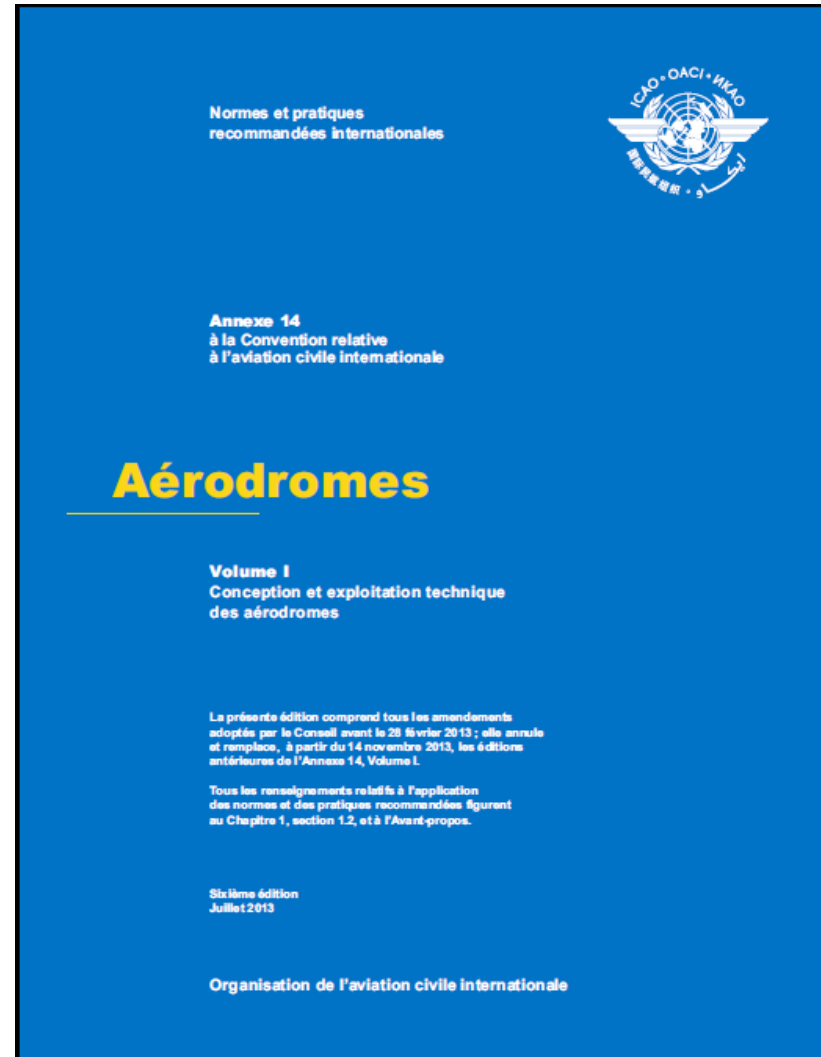
Safety Management Manual Doc 9859, Appendix 3
to Chapter 5 - Emergency Response Planning

Annex 14 – Aerodromes

Vol. 1 – Aerodromes design
and operation

Chapter 9 – Services,
equipment and installations

9.1 Aerodrome Emergency
Planning (contains 16 SARPs)



Changes to SARPs 2009

- Annex 14 – Aerodromes
 - Public health emergencies included in aerodrome emergency plan



Aerodrome Emergency Plan

Annex 14 - 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.

Annexe 14 - 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, unlawful 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 communicable disease potentially affecting a large proportion of aerodrome staff

Contents of AEP

- Types of emergency situation for which it is intended to deal
- Agencies involved in the plan
- Responsibilities and the role of each agency, the director of the emergency operations Centre and emergency command post, for each type of emergency
- Names and phone numbers of services or people to alert in the case of an emergency
- Grid map of the aerodrome and its immediate surroundings.

Agencies involved

Annex 14 - 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 emergencies are: On the aerodrome : air traffic control unit, 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 cost guard.***

Note 2.— Public health services include planning to minimize adverse effects to the community from health-related events and deal with public health issues rather than provision of health services to individuals

Infrastructure

- Emergency Operations Centre
- Mobile command post
- Communication
- Other



Implementation of Emergency Plan

–**Annex 14 - 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.

–**Annex 14 - 9.1.13** The plan shall be tested by conducting:

a) a full-scale aerodrome emergency exercise at intervals not exceeding two years and partial emergency exercises in the intervening year to ensure that any deficiencies found during the full-scale aerodrome emergency exercise have been corrected; or

b) a series of modular tests commencing in the first year and concluding in a full-scale aerodrome emergency exercise at intervals not exceeding three years;

c) and reviewed thereafter, or after an actual emergency, so as to correct any deficiency found during such exercises or actual emergency.

Aerodrome Emergency Planning 9137 – Part 7

- ❖ Agencies involved
- ❖ Responsibilities and role of the various stakeholders depending on the type of emergency
- ❖ Emergency operations Centre and position of mobile command
- ❖ Commander and Coordinator (s) for the plan
- ❖ Grid map

Doc 9137-AN/898
Part 7

AIRPORT SERVICES MANUAL



PART 7 AIRPORT EMERGENCY PLANNING

SECOND EDITION — 1991

*Approved by the Secretary General
and published under his authority*

INTERNATIONAL CIVIL AVIATION ORGANIZATION

Annex 9 - Facilitation

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)*.

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.

Annex 9 - Facilitation

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 1.— Guidance in developing a national aviation plan may be found on the ICAO website on the Aviation Medicine page.

Note 2.— Annex 11 — Air Traffic Services and Annex 14 — Aerodromes, Volume I — Aerodrome Design and Operations require air traffic services and aerodromes to establish contingency planning or aerodrome emergency plans, respectively, for public health emergencies of international concern.

Public Health Component of an Airport Emergency Plan

Annex 14

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Public Health Provisions in AEP



What goes in here?

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

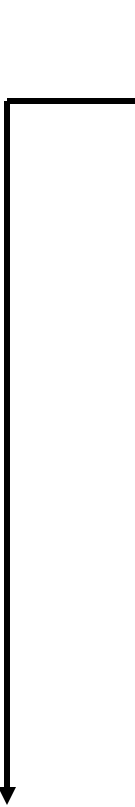
6.4 Parking position of aircraft

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?

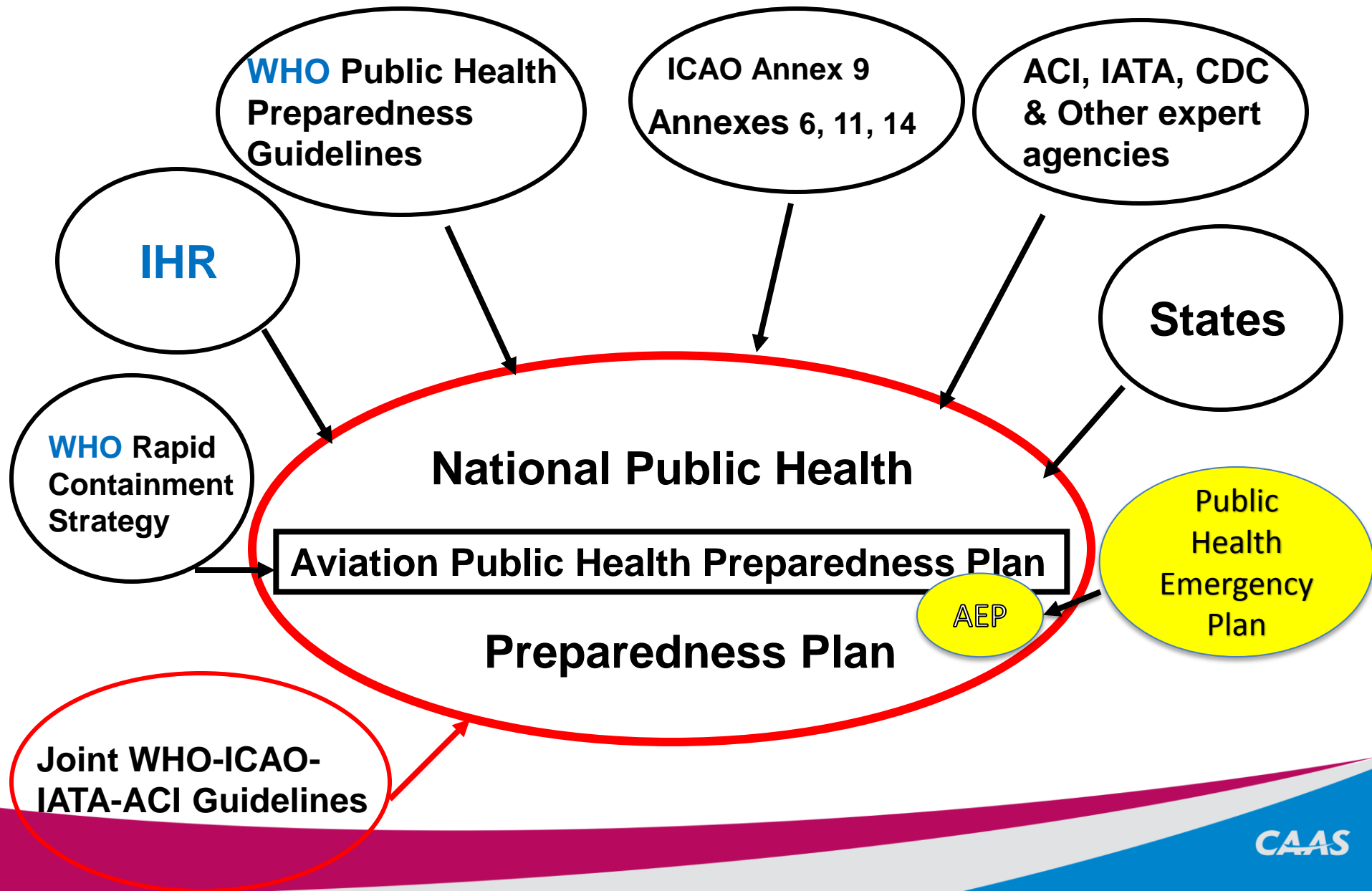
Incubation period of X days

Infectious XX days before onset of symptoms



Situation may change as more epidemiological data is accumulated.

CAPSCA Guidelines Development



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



Hand hygiene

**Thank you for your
kind attention!**

