**Some issues you may want to take back and implement in your home State:**

1. Check that necessary regulatory framework is in place
2. Is a national *aviation* public health emergency (PHE) plan in place in my State?
3. Do all international airport/aerodromes in my State have an emergency plan including for a public health emergency?
4. In my State, who are the stakeholders and are they aware of an aerodrome PHE plan?
5. Have you identified the key public health contact in a State for each airport?
6. Have these stakeholders provided inputs into the plan?
7. Is there a requirement for a formal agreement / MOU for certain stakeholders to ensure that they are in agreement with the PHE plan?
8. Are the airlines that fly from / to my State airports part of the PHE plan – have they been consulted and their inputs taken into consideration?
9. In my State who is responsible for the PHE component of the aerodrome emergency plan?
10. Have all stakeholders agreed to (signed) the plan?
11. Have all stakeholders been trained?
12. Has an exercise been carried out for the public health component of the aerodrome emergency plan?
13. When was the last time the Public Health Authority and Civil Aviation Authority meet to discuss / update the public health component of the aerodrome emergency plan?
14. Is the list of stakeholders and the individual contact persons up to date?
15. What is my role in the public health component of the aerodrome emergency plan?
16. How can I help to develop the public health component of the aerodrome emergency plan?

**Courtesy Dr Lesego Bogatsu, Chief Medical Officer, South Africa CAA**

**Items to be considered:**

1. Repatriation of human bodies/remains
2. Air ambulance EBV repatriation requirements
3. Universal precaution kits/PPE
4. Rights/requirements of flight crew in an outbreak
5. Training/procedures of charter/air taxi aircraft operators
6. Disinsection vs decontamination
7. Basic infection control – importance
8. Transporting of specimen – challenges
9. Media communication/procedures