# **CAPSCA TECHNICAL ASSISTANCE VISIT**



## Objectives

- Promote and facilitate communication, coordination and collaboration between the civil aviation and public health sectors.
- Awareness training on ICAO and WHO Public Health Emergency (PHE) requirements for the aviation sector.
- Evaluate existing PHE provisions in the aviation system gap analysis.
- Assist States by providing expert, technical advice.

CAPSCA arranges joint ICAO/WHO assistance visits to States and international airports, with a team of experts in aviation and public health to evaluate current capacity, identify areas which need strengthening, key priority actions and to facilitate training for aviation and health professionals who are involved in public health event planning in the aviation sector.

The visit usually takes two days and undertake a gap analysis of national/local preparedness plans against the relevant ICAO SARPs, the WHO International Health Regulations (2005), and associated guidance material to ensure that harmonized and relevant policies, training and communication procedures are in place. A confidential report is provided that helps the State to develop and improve its preparedness plan.

The visit is arranged upon request and on a cost-recovery basis. To date, approximately 80 Assistance Visits have been undertaken globally.

All States and international airports are invited to request an assistance visit to make sure that their preparedness level is up-to-date to manage public health events in aviation especially in view of the fact that disease outbreaks are occurring more often and spreading more faster, imposing significant costs on human life and the global economy.



# Scope

- Promote and facilitate communication, coordination and collaboration between the civil aviation and public health sectors.
- PHE planning & preparedness in the civil aviation system.
- All stakeholders involved in a response to a PHE in the aviation system.
- PHE planning and preparedness in the civil aviation sector.
- Not an audit, inspection nor certification.
- Voluntary and confidential.

## Programme

#### Day 1:

• Meeting/briefings.

### Day 2:

- Airport Visit.
- Exercise demonstration. (Optional).
- De-briefing meeting to discuss the visit results.

# **Participating Organizations**

All stakeholders involved in a response to a PHE in the aviation system should participate in the assistance visit:

- Civil Aviation Authority (aviation medicine, facilitation, aerodromes, air traffic services, flight operation, standards, safety).
- Ministry of Health/Public Health Authority, including IHR National Focal Point.
- Airport (operations, medical services, security, immigration, customs, port health, quarantine, ground handling agents, rescue and fire fighting services (RFFS), police, military, public information and media relations).
- Air Navigation Service Providers.
- Aircraft operators.
- Tourism Authority.
- National emergency/disaster response agencies.
- Observers from States in the region (dependent on permission from the State).

# Airport Visit Methodology

- Visits shall not affect normal operations.
- The visit should demonstrate preparedness in the roles, responsibilities, and procedures in a PHE.
- Simulation of a scenario of the arrival of an aircraft with a suspected case of communicable disease, or other public health risk, on board an aircraft or a scenario of a local outbreak of a PHE in the State in the vicinity of the airport.
- Walkthrough observations and interviews.
- Debriefing, recommendations for improvements. It is the most important part of the visit.



# Airport Facilities to Visit

- Emergency Operations Centre (EOC).
- Suspect case and contacts interview and assessment location and facilities (screening locations)..
- Affected ill passenger isolation and treatment location and facilities.
- Port Health and Medical Services.
- Immigration, Customs and Quarantine.
- Air traffic control tower and Area Control Centre.
- Designated aircraft parking position.
- Rescue and Fire Fighting Services.
- Any other agency / area / facility involved in a public health emergency.

## Procedures

Self-Assessment:

• States are encouraged to complete the CAPSCA simplified self-assessment questionnaire once a year, not only to identify deficiencies but also for monitoring purposes. Conducting a simplified self-assessment is the first step to identify if an assistance visit is required by detecting the baseline capability, gaps that need to be addressed and areas that need strengthening.

Visit Request:

- Once the State has completed the self-assessment exercise and has identified the need for an assistance visit, the State shall send an <u>Assistance Visit Request Letter</u> to the <u>CAPSCA Team</u> for ICAO to organize the assistance visit.
- Public Health and Civil Aviation authorities, as well as airports from any CAPSCA Member State, can request an assistance visit.

Visit Preparation:

- ICAO coordinates the preparation of the visit with the State, WHO, and technical advisors (dates, agenda, incountry activities, travel arrangements, etc.).
- State/Airport completes and submits the Assistance Visit Checklist to ICAO at least 15 days prior to the visit.
- Requirements for the Visit:
  - o State Coordinator/Focal person & support staff.
  - Meeting room & equipment.



## **Procedures (continuation)**

- o Simultaneous interpretation (if required).
- Transportation to/from the airport, meeting venue and hotel.
- o Airport visit coordination, e.g. security access, transportation.

Team Members (dependent on availability and can be designated):

- ICAO CAPSCA Regional Coordinator.
- WHO representative (WHO Regional or National Office (IHR).
- State CAPSCA focal point.
- National IHR Focal Point (or someone designated).
- State Technical Advisor(s).
- At least one member from each sector (CAA & PHA).
- Technical advisor on OJT (optional).

### Qualifications of Technical Advisors:

- Representatives of State CAA and PHA;
- Trained by ICAO to undertake State & airport Assistance Visits;
- Qualification and experience in aviation medicine and/or;
- Qualification and experience in public health medicine and/or;
- Experience in contingency/emergency planning in the aviation sector
- A degree in medicine is not required.

## Documents to Review

- National Public Health Emergency Plan (PHA).
- National Aviation Regulations with Standards related to Public Health (CAA).
- National Aviation Plan for a Public Health Emergency (CAA).
- Airport (PoE) Public Health Emergency Contingency Plan PHECP (PHA, CAA & Airport).
- Aerodrome Emergency Plan and Aerodrome Manual including public health emergencies (PHE).
- Air Traffic Services (ATS) contingency plan including public health emergencies.
- ATS Procedures for PIC notification of suspected public health risk on board an aircraft.
- Aircraft Operators Procedures for management of suspected public health risk on board an aircraft.



## Results

- An Assistance Visit Confidential Report (one month after the visit).
- ICAO sends the report to CAA and PHA with a recommendation to forward to the airport and other stakeholders.
- An Action Plan is included, with observations and recommendations based on the gap analysis carried out during the visit (one month after the report).
- Follow-up on the implementation of the action plan, by the ICAO CAPSCA Regional Coordinator.



For further information, contact us at med@icao.int.