GUIDELINES FOR EVALUATION OF AN INTERNATIONAL AIRPORT – June 7, 2010

1. PURPOSE OF THE GUIDANCE MANUAL

1.1 The development of the guidance manual, aims to address the concerns expressed by the States CAA during the consultation process for the evaluation of international airport for pandemic preparedness under the umbrella of the Cooperative Arrangement for the Prevention of Spread of Communicable Disease by Air Transport, CAPSCA – Americas Project RLA 908/901.

1.2 The purpose of this manual is to provide information to all the airport stakeholders involved in the prevention of Spread of Communicable Disease by Air Transport:
   a. Objectives
   b. Background
   c. Resources
   d. Terms of reference
   e. Aviation Pandemic Preparedness Plan
   f. Evaluator training
   g. Airport evaluation

2. SCOPE

The airport evaluation will be performed only in States members of the CAPSCA – Americas Project by evaluators trained at the CAPSCA RAMTs.

3. PRINCIPLES

Airport evaluations are not audits. ICAO is working in the global implementation of the same standards of preparedness for pandemic prevention. It is very important that State’s CAA understand the true intent of the CAPSCA project.

4. OBJECTIVES

ICAO has established the CAPSCA project to assist States and Territories in the implementation of the new requirements. The CAPSCA project aims at reducing the risk of spreading communicable diseases by air travelers and in mitigating the effects of such disease, should they occur, on the health of populations and on the economy of States, through cooperative arrangements between the Participating States/Administrations, Airports, Airlines and Public Health Authorities (PHAs).

5. BACKGROUND

The WHO 2005 International Health Regulations (IHR) entered into force in June 2007, and includes many references to airports and aircraft. ICAO has been actively
engaged with States and organizations such as the WHO, IATA, ACI and the United States Centers for Disease Control and Prevention (CDC), in an effort to develop and implement safeguards in the event of an outbreak of a serious communicable disease.

Planning in advance for such an eventuality is therefore essential and a requirement under Article 14 of the Convention on International Civil Aviation and the new applicable SARPs contained in Annexes 6, 9, 11 and 14, and related procedures in PANS-ATM (Doc. 4444). In addition, ICAO has published the “ICAO Guidelines for States concerning the management of communicable disease posing a serious public health risk.”

ICAO has established the CAPSCA project to assist States and Territories in the implementation of the new requirements. The phased implementation of the CAPSCA project on a regional basis commenced in the Asia Pacific region in 2006. In 2008, the CAPSCA project was launched in the Africa region, and in 2009, the project has started in the Americas region.

6. RESOURCES

6.1 Financial Resources:

CAPSCA-Americas Project is funded by a grant from the Central Fund for Influenza Action (CFIA), a fund administered by the United Nations Development Programme (UNDP).

6.2 Human Resources:

a. Dr. Anthony Evans, Chief of the Aviation Medicine Section in ICAO Headquarters is designated as the Project Manager and is supported in this regard by the ICAO Technical Cooperation Bureau. In addition WHO, IATA, ACI and other personnel from other governmental organizations have participated in the meetings and workshops of the Programme.

b. Two CAPSCA-Americas regional coordinators have been appointed, one from each of the two ICAO regional offices (Lima and Mexico City). A Regional Aviation Medicine Team leader has been appointed, seconded by the government of Mexico.

c. Several airport evaluators have been trained to undertake evaluations of international airports. Evaluators have been seconded to this role by their governments at no salary cost to the project.

d. The team leader/medical expert from the CAPSCA Asia Pacific project has been seconded by his government to work with the CAPSCA project and assists with the development of CAPSCA in all regions.
7. TERMS OF REFERENCE

7.1 Membership

- ICAO contracting States of the NAM/CAR/SAM Regions that participate in the Project – Civil Aviation Authorities and Public Health Authorities
- Currently there are 14 States that have membership with CAPSCA-Amercas: Argentina, Bahamas, Brazil, Canada, Chile, Colombia, Costa Rica, Cuba, Dominican Republic, El Salvador, Guatemala, Mexico, Nicaragua, Panama, Peru, United States, Uruguay and Venezuela
- ICAO MED Section, TCB FAM Section, NACC and SAM Regional Offices
- Donor Agencies – UN CFIA and CAAS
- CAPSCA – Americas RAMT Leader
- WHO/PAHO

7.2 Observers

- Related International Organizations – ACI, IATA, IFALPA, IOM, OCHA, UNWTO, WFP, etc
- Regional Safety Oversight Organizations – ACSA, CASSOS, SRVSOP (AVMED Panel)
- Airports and Airlines

7.3 Chairperson

Nominated by the State hosting the Steering Committee Meeting (SCM) for the period from the start of the meeting until the start of the following meeting

7.4 Responsibilities

- Main policy and decision-making body for the execution of the Project
- Promote State participation in the Project
  - CAAs, PHAs, Airports, Airlines, etc.
- Encourage State in-kind contributions to the Project
  - RAMT Leader, experts, hosting events, etc.
- Provide direction and guidance to the RAMT Leader
- Develop and manage the Project Work Plan and Schedule
  - Plan priority and grouping for airport evaluations
  - Schedule training events and develop programmes
- Identify, secure and manage Project Personnel Resources
  - Formation of RAMT and their Terms of Reference
g. Identify and secure Project Donor States and Agencies – Funding & In-kind contributions

h. Monitor the project budget utilization

i. Hold meetings at least once annually, and preferably in conjunction with CAPSCA training events and/or DCA meetings

j. Review the Project Annual Progress and Terminal Reports prepared by the RAMT Leader

8. **AVIATION PUBLIC HEALTH EMERGENCY PREPAREDNESS PLAN**

A public health emergency of international concern (PHEIC) may be declared when a State’s health authority is satisfied that there is an outbreak or imminent outbreak of a communicable disease that poses a substantial risk to the population of the State OR upon activation by WHO (according to Annex 2 of the IHR (2005) “Decision
instrument for the assessment and notification of events that may constitute a public health emergency of international concern”).

The Aviation Public Health Emergency Preparedness Plan describes the measures to be adopted during a PHEIC. It is in compliance with the relevant articles in the IHR 2005 and the ICAO Annexes 9, 11 and 14. Annex A of this guide provides a template.

9. EVALUATOR TRAINING

In order to better carry forward the technical work of CAPSCA-Americas and to provide additional assistance on the subject to States/Administrations in the Region, the first Steering Committee Meeting (SCM) endorsed the establishment of a Regional Aviation Medicine Team (RAMT) for the Americas, under the CAPSCA-Americas Steering Committee. The RAMT consists of representatives of participant States/Administrations of CAPSCA-Americas (civil aviation and public health authorities), other partner States, international airports, airlines in the Region as well as regional/international organizations and other parties having a stake in pandemic preparedness planning for civil aviation.

After the 1st RAMT meeting held in the ICAO SAM Regional Office the 1st week of December 2009, training and airport evaluation took place at the Jorge Chavez International Airport in Lima and the International Velasco Astete in Cusco, Peru.

International Airport Evaluators from twelve States were trained at RAMT/1: Argentina, Canada, Chile, Cuba, USA, Mexico, Panama, Peru, Dominican Republic, Uruguay and Venezuela. Only trained evaluators can participate in the CAPSCA-Americas Airport Evaluation Programme.

10. AIRPORTS EVALUATION

10.1 Preparation before the Evaluation


b. Selection of the international airport. To select an airport to be assessed under the Project CAPSCA, this must meet the following requirements:

i. The airport must have international status and appear on Table AOP1 Document 8733 - Air Navigation Plan CAR / SAM FASID Volume II (FASID).

ii. The Airport Emergency Procedures (AEP) Manual approved by the State’s Civil Aviation Authority.

iii. The Aviation Public Health Emergency Preparedness Plan (see template in Annex A) should be included in the AEP Manual.

iv. Last emergency exercise performed within last two years.

---

1 It is recognised that public health emergencies other than those posed by communicable disease exist e.g. food poisoning, infectious substances. Public health emergencies other than those associated with communicable disease are outside the scope of this document.
v. Identify availability of stakeholders.

c. Evaluation questionnaire. Annex to the ICAO letter send to the States indicating the evaluation dates and team members. The questionnaire should be returned at least 15 days before evaluation (Annex B)

d. The State will designate a contact point for the airport evaluation.

10.2 **Duration of airport evaluation**

The length of the evaluation will depend on the questionnaire respond and the passenger movement at the airport. The coordinators will assess the number of terminals to be evaluated, the size of the evaluation team, etc. The evaluation typically will take from 1 to 2 days in the CAR/SAM region.

10.3 **Requirements for the Evaluation Team**

The evaluation team will typically be composed by a team leader and one member.

a. Team Leader

i. A team leader will be selected for every international airport evaluation.

ii. The team leader will be designated by the project coordinators and will be responsible for the coordination with the CAA authorities of the State, evaluation of the airport, debriefing of the evaluation and producing the final report.

iii. The team leader should have been trained as an evaluator, have working knowledge of ICAO health related documents Annex 6, 9, 11 & 14 (Annex C) and International Health Regulations (IHR).

b. Members of the Team

i. The team members will be designated by the project coordinators, and will be subordinated to the team leader.

ii. The team members should act with integrity and objectivity.

iii. Communicate and explain clearly the requirements of the evaluation.

iv. Complete the assignments efficiently and in timely manner.

v. Maintain documentation of the results and observations.

vi. Prepare a report on the assigned duties.

vii. Evaluate the corrective actions plan presented by the airport operator/CAA authority after the debriefing.

10.4 **Evaluation Protocol**

Once the airport has been selected for evaluation, the evaluation date selected, the contact point for the evaluation designated by the CAA, the stakeholders aware of the evaluation date, and the aviation preparedness plan made available to the evaluation team, the evaluation team can arrive to the airport for evaluation.

**FIRST DAY**

- Meeting at the airport, attending: the evaluation team, CAA representatives, airport operator representatives, airport medical officer, SEI, security, customs and immigration, Public Health representatives, local / regional government.
• The meeting will be conducted by the team leader following a previously discussed agenda with the CAA authorities. The evaluation team will make a presentation on how the evaluation will be performed, what areas of the airport will be covered and what is expected to be achieved after the evaluation.
• The airport operator/CAA will make a present their airport preparedness plan and how it is included in the airport emergency plan. If there were pandemic situations it can be presented as well as the steps taken to control the pandemic and coordination with the PHA.
• PHA can also make presentations related to the national preparedness plan and how the aviation preparedness plan has been integrated.
• A tour of the airport facilities involved in pandemic situations (SEI capacity, medical services, ambulances, areas under emergency, designated remote locations for aircraft, baggage treatment, etc.), exercises can also be presented.

SECOND DAY
• Following the checklist the airport evaluation for both passengers departing as well than arriving starts.
• Monitoring international arrivals/departures step by step following the emergency plan, response times, isolation, etc, the evaluation team score the airport preparedness plan and note what areas need improvement or has not been included in the plan.
• The personnel preparedness is also evaluated.

10.5 Debriefing
After the evaluation is completed the results of the evaluation are presented to the airport stakeholders. How to improve the preparedness plan is discussed by the evaluation team and the stakeholders, this is perhaps the most important part of the evaluation.

10.6 Final Report
The results of the evaluation are provided to the CAA and can only be made public by them. The final report contains the description of the airport evaluation from the moment the airport is selected:
• criteria for selection,
• documentation exchanged with the CAA authorities,
• questionnaire responded by the CAA and stakeholders,
• criteria to designate the evaluation team
• list of attendees
• agenda
• presentations made at the evaluation meeting
• issues discussed during the evaluation meeting prior to the airport evaluation
• list of findings by the evaluation team
• recommendations made during the debrief by the evaluation team
• any other issues raised by the stakeholders.
11. **CAPSCA-AMERICAS FOCAL POINTS**

<table>
<thead>
<tr>
<th><strong>STATE / ESTADO</strong></th>
<th><strong>INTERNATIONAL ORGANIZATION / ORGANIZACIÓN INTERNACIONAL</strong></th>
<th><strong>NAME / NOMBRE</strong></th>
<th><strong>POST / PUESTO</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Argentina</strong></td>
<td></td>
<td>Rossana del Valle Goette</td>
<td>Jefe Departamento de Control Médico</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Dirección de Seguridad Operacional</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Administración Nacional de Aviación Civil – ANAC</td>
</tr>
<tr>
<td><strong>Canada</strong></td>
<td></td>
<td>Peter Uhthoff</td>
<td>A/Director of the Office of Quarantine Services and Senior Medical Advisor</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Public Health Agency of Canada</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Dale Lahey</td>
<td>Manager</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Civil Aviation Contingency Operations</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Transport Canada</td>
</tr>
<tr>
<td><strong>Chile</strong></td>
<td></td>
<td>Karina Flores Rojas</td>
<td>Médico</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Dirección General de Aeronáutica Civil</td>
</tr>
<tr>
<td><strong>Colombia</strong></td>
<td></td>
<td>Nubia Constanza Ramirez Quintero</td>
<td>Grupo de Proyectos Internacionales</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Aeronáutica Civil</td>
</tr>
<tr>
<td><strong>Cuba</strong></td>
<td></td>
<td>Pablo González Martínez</td>
<td>Director Centro Médico de la Aviación Civil</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Instituto Aeronáutico Civil de Cuba - IACC</td>
</tr>
<tr>
<td><strong>Mexico</strong></td>
<td></td>
<td>José Valente Aguilar Zinser</td>
<td>Director General de Protección y Medicina Preventiva en el Transporte</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Secretaría de Comunicaciones y Transportes</td>
</tr>
<tr>
<td><strong>Panama</strong></td>
<td></td>
<td>Carlos Enrique Staff Ureña</td>
<td>Médico Jefe de la Unidad de Medicina Aeronáutica y Factores Humanos</td>
</tr>
<tr>
<td><strong>Perú</strong></td>
<td></td>
<td>Juan Carlos Monteza Neumann</td>
<td>Examinador Médico Aeronáutico/Inspector</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Dirección General de Aeronáutica Civil</td>
</tr>
<tr>
<td><strong>República Dominicana</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

28/05/2010 02:15 p.m.
<table>
<thead>
<tr>
<th>State / Estado</th>
<th>International Organization / Organización Internacional</th>
<th>Name / Nombre</th>
<th>Post / Puesto</th>
</tr>
</thead>
</table>
| **Danilo Octavio Marcano Céspedes**  
Jefe de Aeródromo  
Instituto Dominicano de Aviación Civil - IDAC | **Laura Valero**  
Pandemic Flu Coordinator  
Office of Emergency Operations, Communications and Investigations  
Federal Aviation Administration | **Uruguay**  
Vilma Chijani  
Junta Médica Aeronáutica  
Dirección Nacional de Aviación Civil e Infraestructura Aeronáutica - DINACIA | **Venezuela**  
Carlos Bello  
Jefe del Grupo Médico  
Instituto Nacional de Aviación - INAC |
| **Claude Thibeault**  
Medical Advisor | **Carlos Salicrup Díaz de León**  
Flight Surgeon-Pilot | **IATA**  
Claude Thibeault  
Medical Advisor | **IFALPA/ASPA**  
Carlos Salicrup Díaz de León  
Flight Surgeon-Pilot |
| **Ciro Ugarte**  
Asesor Regional en Preparativos para Emergencia y Desastres  
Organización Panamericana de la Salud  
OPS/OMS | **OPS/OMS**  
Ciro Ugarte  
Asesor Regional en Preparativos para Emergencia y Desastres  
Organización Panamericana de la Salud  
OPS/OMS | **PIC - OCHA**  
Enrique Samudio  
National Officer  
Animal Human Influenza  
Pandemic Influenza Contingency (PIC), UNSIC  
Office for the Coordination of Humanitarian Affairs (OCHA)  
Regional Office for Latin America and the Caribbean (ROLAC) | **ICAO/OACI**  
Anthony D. B. Evans  
Chief, Aviation Medicine Section  
Headquarters, Montreal, Canada |
| **Michiel Vreedenburgh**  
Director Adjunto / Deputy Regional Director  
Oficina Regional NACC / NACC Regional Office, Mexico | | | |
<table>
<thead>
<tr>
<th>STATE / ESTADO</th>
</tr>
</thead>
<tbody>
<tr>
<td>INTERNATIONAL ORGANIZATION / ORGANIZACIÓN INTERNACIONAL</td>
</tr>
<tr>
<td>NAME / NOMBRE</td>
</tr>
<tr>
<td>POST / PUESTO</td>
</tr>
<tr>
<td>-----------------------</td>
</tr>
<tr>
<td>Lía Ricalde</td>
</tr>
<tr>
<td>Especialista Regional SAM de Aeródromos y Ayudas Terrestres / AGA Regional Officer</td>
</tr>
<tr>
<td>Oficina Regional SAM / SAM Regional Office</td>
</tr>
<tr>
<td>-----------------------</td>
</tr>
<tr>
<td>Jarnail Singh</td>
</tr>
<tr>
<td>Chairman, Civil Aviation Medical Board</td>
</tr>
<tr>
<td>Civil Aviation Authority Singapore</td>
</tr>
<tr>
<td>Aviation Medicine Expert and Team Leader for CAPSCA - Asia Pacific</td>
</tr>
</tbody>
</table>