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Annex 6 — *Operation of Aircraft*
Part I — *International Commercial Air Transport — Aeroplanes*

CHAPTER 6. AEROPLANE INSTRUMENTS, EQUIPMENT AND FLIGHT DOCUMENTS

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6.2 All aeroplanes on all flights

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6.2.2 An aeroplane shall be equipped with:

a) accessible and adequate medical supplies;

Recommendation.— *Medical supplies should comprise:*

1) one or more first-aid kits for the use of cabin crew in managing incidents of ill health; and

2) for aeroplanes required to carry cabin crew as part of the operating crew, one universal precaution kit (two for aeroplanes authorized to carry more than 250 passengers) for the use of cabin crew members in managing incidents of ill health associated with a case of suspected communicable disease, or in the case of illness involving contact with body fluids; and

3) for aeroplanes authorized to carry more than 100 passengers, on a sector length of more than two hours, a medical kit, for the use of medical doctors or other qualified persons in treating in-flight medical emergencies.

Note.— Guidance on the types, number, location and contents of the medical supplies is given in Attachment B.

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ATTACHMENT B. FIRST-AID MEDICAL SUPPLIES

(Supplementary to Chapter 6, 6.2.2 a)

TYPES, NUMBER, LOCATION AND CONTENTS OF MEDICAL SUPPLIES

1. Types

1.1 The different types of medical supplies should be provided as follows: first-aid kit(s) for carriage on all aeroplanes, universal precaution kit(s) for carriage on all aeroplanes that require a cabin crew member, and a medical kit for carriage where the aeroplane is authorized to carry more than 100 passengers on a sector length of more than two hours. Where national regulations allow it, operators may elect to carry the recommended medication in the first-aid kit.

1.2 Based on the limited available evidence, only a very small number of passengers are likely to benefit from the carriage of automated external defibrillators (AED) on aeroplanes. However, many

operators carry them because they offer the only effective treatment for cardiac fibrillation. The likelihood of use, and therefore of potential benefit to a passenger, is greatest in aircraft carrying a large number of passengers, over long duration sector lengths. The carriage of AEDs should be determined by operators on the basis of a risk assessment taking into account the particular needs of the operation.

2. Number of first-aid and universal precaution kits

2.1 First-aid kits

The number of first-aid kits should be appropriate to the number of passengers which the aeroplane is authorized to carry:

Passenger	*First-aid kits*
0 –100	1
101 – 200	2
201 – 300	3
302 – 400	4

2.2 Universal precaution kits

For routine operations, one or two universal precaution kits should be carried on aircraft that are required to operate with at least one cabin crew member. Additional kit(s) should be made available at times of increased public health risk, such as during an outbreak of a serious communicable disease having pandemic potential. Such kits may be used to clean up any potentially infectious body contents such as blood, urine, vomit and faeces and to protect the cabin crew members who are assisting potentially infectious cases of suspected communicable disease.

3. Location

3.1 First-aid and universal precaution kits should be distributed as evenly as practicable throughout the passenger cabins. They should be readily accessible to cabin crew members.

3.2 The medical kit, when carried, should be stored in an appropriate secure location.

4. Contents

4.1 The following provides guidance on typical contents of first-aid, universal precaution and medical kits.

4.1.1 *First-aid kit:*

— List of contents
— Antiseptic swabs (10/pack)
— Bandage: adhesive strips

— Bandage: gauze 7.5 cm × 4.5 m
— Bandage: triangular; safety pins
— Dressing: burn 10 cm × 10 cm
— Dressing: compress, sterile 7.5 cm × 12 cm
— Dressing: gauze, sterile 10.4 cm × 10.4 cm
— Tape: adhesive 2.5 cm (roll)
— Steri-strips (or equivalent adhesive strip)
— Hand cleanser or cleansing towelettes
— Pad with shield, or tape, for eye
— Scissors: 10 cm (if allowed by national regulations)
— Tape: Adhesive, surgical 1.2 cm × 4.6 m
— Tweezers: splinter
— Disposable gloves (multiple pairs)
— Thermometers (non-mercury)
— Mouth-to-mouth resuscitation mask with one-way valve
— First-aid manual, current edition
— Incident record form

The following suggested medications can be included in the first-aid kits where permitted by national regulations:

— Mild to moderate analgesic
— Antiemetic
— Nasal decongestant
— Antacid
— Antihistamine

4.1.2 *Universal precaution kit:*

— Dry powder that can convert small liquid spill into a sterile granulated gel
— Germicidal disinfectant for surface cleaning
— Skin wipes
— Face/eye mask (separate or combined)
— Gloves (disposable)
— Protective apron
— Large absorbent towel
— Pick-up scoop with scraper
— Bio-hazard disposal waste bag
— Instructions

4.1.3 *Medical kit:*

Equipment

— List of contents
— Stethoscope
— Sphygmomanometer (electronic preferred)
— Airways, oropharyngeal (three sizes)
— Syringes (appropriate range of sizes)
— Needles (appropriate range of sizes)
— Intravenous catheters (appropriate range of sizes)
— Antiseptic wipes

— Gloves (disposable)
— Needle disposal box
— Urinary catheter
— System for delivering intravenous fluids
— Venous tourniquet
— Sponge gauze
— Tape – adhesive
— Surgical mask
— Emergency tracheal catheter (or large gauge intravenous cannula)
— Umbilical cord clamp
— Thermometers (non-mercury)
— Basic life support cards
— Bag-valve mask
— Flashlight and batteries

Medication

— Epinephrine 1:1 000
— Antihistamine – injectable
— Dextrose 50% (or equivalent) – injectable: 50 ml
— Nitroglycerin tablets, or spray
— Major analgesic
— Sedative anticonvulsant – injectable
— Antiemetic – injectable
— Bronchial dilator – inhaler
— Atropine – injectable
— Adrenocortical steroid – injectable
— Diuretic – injectable
— Medication for postpartum bleeding
— Sodium chloride 0.9% (minimum 250 ml)
— Acetyl salicylic acid (aspirin) for oral use
— Oral beta blocker

If a cardiac monitor is available (with or without an AED) add to the above list:

— Epinephrine 1:10 000 (can be a dilution of epinephrine 1:1 000)

Note.— The United Nations Conference for Adoption of a Single Convention on Narcotic Drugs in March 1961 adopted such a Convention, Article 32 of which contains special provisions concerning the carriage of drugs in medical kits of aircraft engaged in international flight.

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Annex 9 — *Facilitation*

CHAPTER 8. OTHER FACILITATION PROVISIONS

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E. 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).

8.15 The pilot-in-command of an aircraft shall ensure that a suspected communicable disease is reported promptly to air traffic control, in order to facilitate provision for the presence of any special medical personnel and equipment necessary for the management of public health risks on arrival.

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.

Note 2.— In the event of a case of suspected communicable disease on board an aircraft, the pilot-in-command may need to follow his operator's protocols and procedures, in addition to health-related legal requirements of the countries of departure and/or destination. The latter would normally be found in the Aeronautical Information Publications (AIPs) of the States concerned.

8.15.1 **Recommended Practice.—** *When a public health threat has been identified, and when the public health authorities of a Contracting State require information concerning passengers' and/or crews' travel itineraries or contact information for the purposes of tracing persons who may have been exposed to a communicable disease, that Contracting State should accept the "Public Health Passenger Locator Card" reproduced in Appendix 13 as the sole document for this purpose.*

Note.— It is suggested that States make available adequate stocks of the Passenger Locator Card, for use at their international airports and for distribution to aircraft operators, for completion by passengers and crew.

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

APPENDIX 1. GENERAL DECLARATION

297 mm (or 11 3/4 inches)

GENERAL DECLARATION

(Outward/Inward)

Operator .....

Marks of Nationality and Registration..... Flight No. ..... Date .....

Departure from..... Arrival at .....
(Place) (Place)

FLIGHT ROUTING

("Place" Column always to list origin, every en-route stop and destination)

PLACE	NAMES OF CREW*	NUMBER OF PASSENGERS ON THIS STAGE**
		Departure Place: Embarking ..... Through on same flight ..... *Arrival Place:* Disembarking ..... Through on same flight .....

Declaration of Health
Name and seat number or function of persons on board with illnesses other than airsickness or the effects of accidents, who may be suffering from a communicable disease (a fever — temperature 38°C/100°F or greater — associated with one or more of the following 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, increases the likelihood that the person is suffering a communicable disease) as well as such cases of illness disembarked during a previous stop.....
.....

Details of each disinsecting or sanitary treatment (place, date, time, method) during the flight. If no disinsecting has been carried out during the flight, give details of most recent disinsecting.....
.....

Signed, if required, with time and date _____
Crew member concerned

For official use only

I declare that all statements and particulars contained in this General Declaration, and in any supplementary forms required to be presented with this General Declaration, are complete, exact and true to the best of my knowledge and that all through passengers will continue/have continued on the flight.

SIGNATURE _____
Authorized Agent or Pilot-in-command

Size of document to be 210 mm × 297 mm (or 8 1/4 × 11 3/4 inches).
* To be completed when required by the State.
** Not to be completed when passenger manifests are presented and to be completed only when required by the State.

210 mm (or 8 1/4 inches)

APPENDIX 13. PUBLIC HEALTH PASSENGER LOCATOR CARD

PUBLIC HEALTH PASSENGER LOCATOR CARD

Public Health Passenger Locator Card to be completed when public health authorities suspect the presence of a communicable disease. The information you provide will assist the public health authorities to manage the public health event by enabling them to trace passengers who may have been exposed to communicable disease. The information is intended to be held by the public health authorities in accordance with applicable law and to be used only for public health purposes.

Flight Information

1. Airline and Flight Number

Airline Flight Number

2. Date of arrival

DD MM YYYY

3. Seat Number where you actually sat on the aircraft

Personal Information

4. Name

Family Name Given Name(s)

Your Current Home Address (including country)

Street Name and Number City State/Province

Country ZIP/Postal Code -

Your Contact Phone Number (Residential or Business or Mobile)

Country code Area code Phone Number E-mail address

Pasport or Travel Document Number Issuing Country/Organization

Contact Information

5. Address and phone number where you can be contacted during your stay or, if visiting many places, your cell phone and initial address

Street Name and Number City State/Province

Country ZIP/Postal Code - Telephone Number (including country code) or mobile phone number

6. Contact information for the person who will best know where you are for the next 31 days, in case of emergency or to provide critical health information to you. Please provide the name of a close personal contact or a work contact. This must NOT be you.

a. Name

Family Name Given Name(s)

b. Telephone Number

Country Code Area Code Phone Number E-mail address

c. Address

Street Name and Number City State/Province

Country ZIP/Postal Code -

7. Are you traveling with anyone else? YES/NO Circle appropriate response. If so, who? (name of Individual(s) or Group)

Annex 11 — *Air Traffic Services*

CHAPTER 2. GENERAL

. . .

2.30 Contingency arrangements

Air traffic services authorities shall develop and promulgate contingency plans for implementation in the event of disruption, or potential disruption, of air traffic services and related supporting services in the airspace for which they are responsible for the provision of such services. Such contingency plans shall be developed with the assistance of ICAO as necessary, in close coordination with the air traffic services authorities responsible for the provision of services in adjacent portions of airspace and with airspace users concerned.

Note 1.— Guidance material relating to the development, promulgation and implementation of contingency plans is contained in Attachment C.

Note 2.— Contingency plans may constitute a temporary deviation from the approved regional air navigation plans; such deviations are approved, as necessary, by the President of the ICAO Council on behalf of the Council.

. . .

ATTACHMENT C. MATERIAL RELATING TO CONTINGENCY PLANNING

(see 2.30)

1. Introduction

1.1 Guidelines for contingency measures for application in the event of disruptions of air traffic services and related supporting services were first approved by the Council on 27 June 1984 in response to Assembly Resolution A23-12, following a study by the Air Navigation Commission and consultation with States and international organizations concerned, as required by the Resolution. The guidelines were subsequently amended and amplified in the light of experience gained with the application of contingency measures in various parts of the world and in differing circumstances.

1.2 The purpose of the guidelines is to assist in providing for the safe and orderly flow of international air traffic in the event of disruptions of air traffic services and related supporting services and in preserving the availability of major world air routes within the air transportation system in such circumstances.

1.3 The guidelines have been developed in recognition of the fact that circumstances before and during events causing disruptions of services to international civil aviation vary widely and that contingency measures, including access to designated aerodromes for humanitarian reasons, in response to specific events and circumstances must be adapted to these circumstances. They set forth the allocation of responsibility among States and ICAO for the conduct of contingency planning and the measures to be taken into consideration in developing, applying and terminating the application of such plans.

1.4 The guidelines are based on experience which has shown, inter alia, that the effects of disruption of services in particular portions of airspace are likely to affect significantly the services in

adjacent airspace, thereby creating a requirement for international coordination, with the assistance of ICAO as appropriate. Hence, the role of ICAO in the field of contingency planning and coordination of such plans is described in the guidelines. They also reflect the experience that ICAO's role in contingency planning must be global and not limited to airspace over the high seas and areas of undetermined sovereignty, if the availability of major world air routes within the air transportation system is to be preserved. Finally, they further reflect the fact that international organizations concerned, such as the International Air Transport Association (IATA) and the International Federation of Airline Pilots' Associations (IFALPA), are valuable advisers on the practicability of overall plans and elements of such plans.

2. Status of contingency plans

Contingency plans are intended to provide alternative facilities and services to those provided for in the regional air navigation plan when those facilities and services are temporarily not available. Contingency arrangements are therefore temporary in nature, remain in effect only until the services and facilities of the regional air navigation plan are reactivated and, accordingly, do not constitute amendments to the regional plan requiring processing in accordance with the "Procedure for the Amendment of Approved Regional Plans". Instead, in cases where the contingency plan would tempor-arily deviate from the approved regional air navigation plan, such deviations are approved, as necessary, by the President of the ICAO Council on behalf of the Council.

3. Responsibility for developing, promulgating and implementing contingency plans

3.1 The State(s) responsible for providing air traffic services and related supporting services in particular portions of airspace is (are) also responsible, in the event of disruption or potential disruption of these services, for instituting measures to ensure the safety of international civil aviation operations and, where possible, for making provisions for alternative facilities and services. To that end the State(s) should develop, promulgate and implement appropriate contin-gency plans. Such plans should be developed in consultation with other States and airspace users concerned and with ICAO, as appropriate, whenever the effects of the service disruption(s) are likely to affect the services in adjacent airspace.

3.2 The responsibility for appropriate contingency action in respect of airspace over the high seas continues to rest with the State(s) normally responsible for providing the services until, and unless, that responsibility is temporarily reassigned by ICAO to (an)other State(s).

3.3 Similarly, the responsibility for appropriate contingency action in respect of airspace where the responsibility for providing the services has been delegated by another State continues to rest with the State providing the services until, and unless, the delegating State terminates temporarily the delegation. Upon termination, the delegating State assumes responsibility for appropriate contingency action.

3.4 ICAO will initiate and coordinate appropriate contingency action in the event of disruption of air traffic services and related supporting services affecting international civil aviation operations provided by a State wherein, for some reason, the authorities cannot adequately discharge the responsibility referred to in 3.1. In such circumstances, ICAO will work in coordination with States responsible for airspace adjacent to that affected by the disruption and in close consultation with international organizations concerned. ICAO will also initiate and coordinate appropriate contingency action at the request of States.

4. Preparatory action

4.1 Time is essential in contingency planning if hazards to air navigation are to be reasonably prevented. Timely introduction of contingency arrangements requires decisive initiative and action, which again presupposes that contingency plans have, as far as practicable, been completed and agreed among the parties concerned before the occurrence of the event requiring contingency action, including the manner and timing of promulgating such arrangements.

4.2 For the reasons given in 4.1, States should take preparatory action, as appropriate, for facilitating timely intro-duction of contingency arrangements. Such preparatory action should include:

a) preparation of general contingency plans for introduction in respect of generally foreseeable events such as indus-trial action or labour unrest affecting the provision of air traffic services and/or supporting services. In recognition of the fact that the world aviation community is not party to such disputes, States providing services in airspace over the high seas or of undetermined sovereignty should take appropriate action to ensure that adequate air traffic services will continue to be provided to international civil aviation operations in non-sovereign airspace. For the same reason, States providing air traffic services in their own airspace or, by delegation, in the airspace of (an)other State(s) should take appropriate action to ensure that adequate air traffic services will continue to be provided to international civil aviation operations concerned, which do not involve landing or take-off in the State(s) affected by industrial action;

b) assessment of risk to civil air traffic due to military conflict or acts of unlawful interference with civil aviation as well as a review of the likelihood and possible consequences of natural disasters or public health emergencies. Preparatory action should include initial development of special contingency plans in respect of natural disasters, public health emergencies, military conflicts or acts of unlawful interference with civil aviation that are likely to affect the availability of airspace e for civil aircraft operations and/or the provision of air traffic services and supporting services. It should be recognized that avoidance of particular portions of airspace short notice will require special efforts by States responsible for adjacent portions of airspace and by international aircraft operators with regard to planning of alternative routings and services, and the air traffic services authorities of States should therefore, as far as practicable, endeavour to anticipate the need for such alternative actions;

c) monitoring of any developments that might lead to events requiring contingency arrangements to be developed and applied. States should consider designating persons/ administrative units to undertake such monitoring and, when necessary, to initiate effective follow-up action; and

d) designation/establishment of a central agency which, in the event of disruption of air traffic services and introduction of contingency arrangements, would be able to provide, 24 hours a day, up-to-date information on the situation and associated contingency measures until the system has returned to normal. A coordinating team should be designated within, or in association with, such a central agency for the purpose of coordinating activities during the disruption.

4.3 ICAO will be available for monitoring developments that might lead to events requiring contingency arrangements to be developed and applied and will, as necessary, assist in the development and application of such arrangements. During the emergence of a potential crisis, a coordinating team will be established in the Regional Office(s) concerned and at ICAO Headquarters in Montreal, and arrangements will be made for competent staff to be available or reachable 24 hours a day. The tasks of these teams will be to monitor continuously infor-mation from all relevant sources, to arrange for the constant supply of relevant information received by the State aeronautical information service at the location of the Regional Office and Headquarters, to liaise with international organizations concerned and their regional organizations, as appropriate, and to exchange up-to-date information with States directly

concerned and States which are potential participants in contingency arrangements. Upon analysis of all available data, authority for initiating the action considered necessary in the circumstances will be obtained from the State(s) concerned.

5. Coordination

5.1 A contingency plan should be acceptable to providers and users of contingency services alike, i.e. in terms of the ability of the providers to discharge the functions assigned to them and in terms of safety of operations and traffic handling capacity provided by the plan in the circumstances.

5.2 Accordingly, States which anticipate or experience disruption of air traffic services and/or related supporting services should advise, as early as practicable, the ICAO Regional Office accredited to them, and other States whose services might be affected. Such advice should include information on associated contingency measures or a request for assistance in formulating contingency plans.

5.3 Detailed coordination requirements should be determined by States and/or ICAO, as appropriate, keeping the above in mind. In the case of contingency arrangements not appreciably affecting airspace users or service provided outside the airspace of the (single) State involved, coordination requirements are naturally few or non-existent. Such cases are believed to be few.

5.4 In the case of multi-State ventures, detailed coordi-nation leading to formal agreement of the emerging contin-gency plan should be undertaken with each State which is to participate. Such detailed coordination should also be under-taken with those States whose services will be significantly affected, for example by re-routing of traffic, and with international organizations concerned who provide invaluable operational insight and experience.

5.5 Whenever necessary to ensure orderly transition to contingency arrangements, the coordination referred to in this section should include agreement on a detailed, common NOTAM text to be promulgated at a commonly agreed effective date.

6. Development, promulgation and application of contingency plans

6.1 Development of a sound contingency plan is dependent upon circumstances, including the availability, or not, of the airspace affected by the disruptive circumstances for use by international civil aviation operations. Sovereign airspace can be used only on the initiative of, or with the agreement or consent of, the authorities of the State concerned regarding such use. Otherwise, the contingency arrangements must involve bypassing the airspace and should be developed by adjacent States or by ICAO in cooperation with such adjacent States. In the case of airspace over the high seas or of undetermined sovereignty, development of the contingency plan might involve, depending upon circumstances, including the degree of erosion of the alternative services offered, temporary reassignment by ICAO of the responsibility for providing air traffic services in the airspace concerned.

6.2 Development of a contingency plan presupposes as much information as possible on current and alternative routes, navigational capability of aircraft and availability or partial availability of navigational guidance from ground-based aids, surveillance and communications capability of adjacent air traffic services units, volume and types of aircraft to be accommodated and the actual status of the air traffic services, communications, meteorological and aeronautical information services. Following are the main elements to be considered for contingency planning depending upon circumstances:

a) re-routing of traffic to avoid the whole or part of the airspace concerned, normally involving establishment of additional routes or route segments with associated conditions for their use;

b) establishment of a simplified route network through the airspace concerned, if it is available, together with a flight level allocation scheme to ensure lateral and vertical separation, and a procedure for adjacent area control centres to establish longitudinal separation at the entry point and to maintain such separation through the airspace;

c) reassignment of responsibility for providing air traffic services in airspace over the high seas or in delegated airspace;

d) provision and operation of adequate air-ground com-munications, AFTN and ATS direct speech links, including reassignment, to adjacent States, of the responsibility for providing meteorological information and information on status of navigation aids;

e) special arrangements for collecting and disseminating in-flight and post-flight reports from aircraft;

f) a requirement for aircraft to maintain continuous listening watch on a specified pilot-pilot VHF frequency in specified areas where air-ground communications are uncertain or non-existent and to broadcast on that frequency, preferably in English, position information and estimates, including start and completion of climb and descent;

g) a requirement for all aircraft in specified areas to display navigation and anti-collision lights at all times;

h) a requirement and procedures for aircraft to maintain an increased longitudinal separation that may be estab-lished between aircraft at the same cruising level;

i) a requirement for climbing and descending well to the right of the centre line of specifically identified routes;

j) establishment of arrangements for controlled access to the contingency area to prevent overloading of the contingency system; and

k) a requirement for all operations in the contingency area to be conducted in accordance with IFR, including allocation of IFR flight levels, from the relevant Table of Cruising Levels in Appendix 3 of Annex 2, to ATS routes in the area.

6.3 Notification, by NOTAM, of anticipated or actual disruption of air traffic services and/or related supporting services should be dispatched to users of air navigation services as early as practicable. The NOTAM should include the associated contingency arrangements. In the case of foreseeable disruption, the advance notice should in any case not be less than 48 hours.

6.4 Notification by NOTAM of discontinuance of contingency measures and reactivation of the services set forth in the regional air navigation plan should be dispatched as early as practicable to ensure an orderly transfer from contingency conditions to normal conditions.

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Procedures for Air Navigation Services — Air Traffic Management
(PANS-ATM, Doc 4444)

Chapter 16
MISCELLANEOUS PROCEDURES

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16.6 NOTIFICATION OF SUSPECTED COMMUNICABLE DISEASES, OR OTHER PUBLIC HEALTH RISK, ON BOARD AN AIRCRAFT

16.6.1 The flight crew of an en-route aircraft shall, upon identifying a suspected case(s) of communicable disease, or other public health risk, on board the aircraft, promptly notify the ATS unit with which the pilot is communicating, the information listed below:

a) aircraft identification;

b) departure aerodrome;

c) destination aerodrome;

d) estimated time of arrival;

e) number of persons on board;

f) number of suspected case(s) on board; and

g) nature of the public health risk, if known.

16.6.2 The ATS unit, upon receipt of information from a pilot regarding suspected case(s) of communicable disease, or other public health risk, on board the aircraft, shall forward a message as soon as possible to the ATS unit serving the destination/departure, unless procedures exist to notify the appropriate authority designated by the State and the aircraft operator or its designated representative.

16.6.3 When a report of a suspected case(s) of communicable disease, or other public health risk, on board an aircraft is received by an ATS unit serving the destination/departure, from another ATS unit or from an aircraft or an aircraft operator, the unit concerned shall forward a message as soon as possible to the public health authority (PHA) or the appropriate authority designated by the State as well as the aircraft operator or its designated representative, and the aerodrome authority.

Note 1.— See Annex 9 — Facilitation, *Chapter 1 (Definitions), Chapter 8, 8.12 and 8.15, and Appendix 1, for relevant additional information related to the subject of communicable disease and public health risk on board an aircraft.*

Note 2.— The PHA is expected to contact the airline representative or operating agency and aerodrome authority, if applicable, for subsequent coordination with the aircraft concerning clinical details and aerodrome preparation. Depending on the communications facilities available to the airline representative or operating agency, it may not be possible to communicate with the aircraft until it is closer to its destination. Apart from the initial notification to the ATS unit whilst en-route, ATC communications channels are to be avoided.

Note 3.— The information to be provided to the departure aerodrome will prevent the potential spread of communicable disease, or other public health risk, through other aircraft departing from the same aerodrome.

Note 4.— AFTN (urgency message), telephone, facsimile or other means of transmission may be used.

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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.

9.1.4 **Recommendation.—** *The plan should provide for cooperation and coordination with the rescue coordination centre, as necessary.*

9.1.5 **Recommendation.—** *The aerodrome emergency plan document should include at least the following:*

a) types of emergencies planned for;
b) agencies involved in the plan;
c) responsibility and role of each agency, the emergency operations centre and the command post, for each type of emergency;
d) information on names and telephone numbers of offices or people to be contacted in the case of a particular emergency; and
e) a grid map of the aerodrome and its immediate vicinity.

9.1.6 The plan shall observe Human Factors principles to ensure optimum response by all existing agencies participating in emergency operations.

Note.— Guidance material on Human Factors principles can be found in the Human Factors Training Manual *(Doc 9683).*

Emergency operations centre and command post

9.1.7 **Recommendation.—** *A fixed emergency operations centre and a mobile command post should be available for use during an emergency.*

9.1.8 **Recommendation.—** *The emergency operations centre should be a part of the aerodrome facilities and should be responsible for the overall coordination and general direction of the response to an emergency.*

9.1.9 **Recommendation.—** *The command post should be a facility capable of being moved rapidly to the site of an emergency, when required, and should undertake the local coordination of those agencies responding to the emergency.*

9.1.10 **Recommendation.—** *A person should be assigned to assume control of the emergency operations centre and, when appropriate, another person the command post.*

Communication system

9.1.11 **Recommendation.—** *Adequate communication systems linking the command post and the emergency operations centre with each other and with the participating agencies should be provided in accordance with the plan and consistent with the particular requirements of the aerodrome.*

Aerodrome emergency exercise

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.

Note.— The plan includes all participating agencies and associated equipment.

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.

Emergencies in difficult environments

9.1.14 The plan shall include the ready availability of, and coordination with, appropriate specialist rescue services to be able to respond to emergencies where an aerodrome is located close to water and/or swampy areas and where a significant portion of approach or departure operations takes place over these areas.

9.1.15 **Recommendation.—** *At those aerodromes located close to water and/or swampy areas, or difficult terrain, the aerodrome emergency plan should include the establishment, testing and assessment at regular intervals of a predetermined response for the specialist rescue services.*

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GUIDELINES FOR STATES CONCERNING THE MANAGEMNET OF COMMUNICABLE DISEASE POSING A SERIOUS PUBLIC HALTH RISK

Preface

These guidelines are written to assist States in developing an aviation related plan for any communicable disease posing a serious public health risk, such as an influenza virus with human pandemic potential. A preparedness plan for aviation is required since air travel may increase the rate at which a disease spreads, thereby decreasing the time available for preparing interventions. Although it is probably not feasible to halt the spread of some diseases, advance preparation should make it possible to effect a delay and provide more time to prepare. Such preparation is necessary across many different sectors, including that of aviation. Any additional time to enable the production of an effective vaccine is likely to provide the best chance of mitigating the potential effects for a number of diseases that can be prevented by such a prophylactic measure.

This information is written primarily for States and more detailed information that is specific to airports and airlines may be found on the websites of the Airports Council International (ACI) and the International Air Transport Association (IATA). These aviation preparedness guidelines will be amended over time, in accordance with the World Health Organization (WHO) International Health Regulations (IHR) (2005)[1] as the preparedness planning process evolves. They should be considered for incorporation into national preparedness plan guidelines.

[1] The International Health Regulations (2005) entered into force on 15 June 2007 for all WHO Member States that have not rejected them or made "reservations" on a timely basis.

GENERAL PREPAREDNESS

In order to respond to a communicable disease with the potential to pose a serious public health risk, States should establish a national plan, in accordance with any relevant preparedness guidance available from the World Health Organization (WHO), such as that for influenza, including:

a) a clear contact point, with identified individual(s), at national aviation level for policy formulation and operational organization of preparedness;

b) a contact point for aviation preparedness planning that is integrated into the general national preparedness plan;

c) a national planning command and control system, including the identification of a competent authority at each designated airport (IHR (2005), Articles 19, 20.1). Business continuity planning models can provide a framework for such a system;

d) a reliable system for informing the public health authority of the pending arrival of a suspected case of a communicable disease, when air traffic control has been notified of this by the pilot, in accordance with ICAO Annex 9, para 8.15;

e) national and international level linkages (networks) to exchange expertise and share resources;

f) an aviation preparedness plan that effectively links all relevant aviation stakeholders (including both public and private sector entities) within the national preparedness plan: in particular, the national civil aviation authority should collaborate with the national public health authority;

g) guidance that is generic to all communicable diseases, which can be adapted for specific diseases;

h) guidance that is based on information provided by WHO, to ensure global harmonization of preparedness planning;

i) at the stage of trip planning and booking of tickets, methods to inform the public of any relevant personal and public health risks. Such information should be incorporated into national public health, airline, airport, travel agent and relevant medical association websites, and may also be provided through the media and telephone contact. Each stakeholder should ensure that information provided does not conflict with that from WHO or their national public health authority;

j) consistent advice by the national public health authority in consultation with the national aviation authority to advise travellers (passengers and crew) to postpone travel, or seek medical advice, if they have signs or symptoms of a communicable disease with the potential to pose a serious public health risk;

k) in the event of an outbreak, contracting States should implement, where indicated, a public education campaign to advise individuals wishing to leave the country to postpone travel and to seek medical care when ill with signs or symptoms consistent with the disease of concern;

l) consistent health requirements for entry, or denial of entry into a State, in accordance with WHO recommendations;

m) a communication system to facilitate the above; and,

n) if medication is being stockpiled by contracting States for treatment or preventative purposes in the event of an outbreak, airline and airport workers, including air traffic controllers, should be considered in the distribution plan. If safety critical personnel e.g. pilots, cabin crew, air traffic controllers, might be prescribed prophylactic medication, the possible adverse side effects, including cognitive and behavioural aspects, should be considered, in advance of their use. Any new medication taken by such individuals should be taken for a trial period prior to operating to determine if there are any significant side effects. Article 32 of the IHR (2005) refers to treatment that should be provided for travellers.

Note.— Routine and emergency public health measures as outlined in the IHR (2005) (Articles 22-24, 27-28, Annexes 1B, 4) are important with regard to the potential for international spread of disease. Such measures should be emphasized by the public health authority to ensure that aircraft and airport facilities are kept free from sources of infection.

For implementation of the national plan in the event of an increase in the public health risk, States should further establish, in accordance with core capacity requirements for designated airports (IHR (2005) Annex 1B):

a) a position (or positions with adequate lines of communication) having responsibility for the operational implementation of the national aviation preparedness plan, having reasonable autonomy/flexibility for rapid policy and decision making;

b) a national rapid communication network involving:

i) stakeholders in the aviation industry e.g. airport authorities, public health and airport medical service providers, ground handling agents, air traffic control, airlines and general aviation;

ii) other stakeholders e.g. public health agencies, security, police, ground transport, retail, immigration, customs etc; and,

iii) the public;

c) in association with other States, international networks of aviation and public health experts for the benefit of aviation stakeholders in the region, and an information system for rapidly accessing such experts in times of public health emergencies; and,

d) a method of assessing preparedness by means of table-top or live exercises involving all relevant stakeholders, especially public health authorities, airports and airlines, in order to test the plan, ensure an adequate response, and enhance the plan.

AIRPORT PREPAREDNESS

(refer to the Airports Council International website for further details)

Communication

Airports should establish:

a) a clear contact point for policy formulation and operational organization of preparedness; and,

b) a position with responsibility for the operational implementation of the airport preparedness plan, having reasonable autonomy/flexibility for rapid policy and decision making.

Communication links should be established, with the following entities:

1) Internal
   - local public health authority
   - airport medical service providers
   - airlines
   - handling agents
   - air traffic management
   - local hospital(s)
   - emergency medical services
   - police
   - customs
   - immigration
   - security
   - airport retailers
   - information/customer relations services
   - other stakeholders as necessary

2) External
   - travellers:
     - before reaching the airport
     - in the terminal building
   - travel agents
   - international organizations involved with migration
   - other airports in same State/region
   - other airports outside State/region
   - media

Screening

To reduce the risk of export from an affected State of a disease causing, or with potential to cause, a public health emergency of international concern, the national public health authority of an affected contracting State, in coordination with the aviation sector and as advised by the WHO, should develop a national exit screening plan at its international airports, to be applied uniformly to all individuals attempting to leave the State.

States should appoint a focal point to coordinate national exit screening responses and to initiate exit screening in appropriate circumstances.
To enable a risk assessment of the individual traveller to be made, a 'toolbox' of methods is available for screening, including visual inspection, questionnaire and temperature measurement (using thermal scanners or other suitable methods). Details of requirements cannot be determined in advance of an outbreak and will be

advised by the WHO, based on the specificity of the event, including its epidemiology, mode of transmission and possible exposure history of individuals being screened. A combination of measures may be required.

For influenza of pandemic potential the WHO recommends exit screening from an outbreak area for WHO Phase 4 and above. It should be possible to implement this within 48 hours of a Phase 4 outbreak area being declared.

The WHO has also developed an interim protocol specifically for pandemic influenza entitled; Rapid Operations to Contain the Initial Emergence of Pandemic Influenza. This outlines a strategic approach to contain the initial appearance of pandemic influenza. Movement restrictions in and out of the containment zone as specified in the interim protocol should be implemented (WHO Interim Protocol, May 2007).

Screening should be undertaken using reliable equipment by personnel trained in its use and in the interpretation of recordings. Equipment should be calibrated and maintained in accordance with the manufacturer's recommendations. As far as possible, screening should not prevent or unduly delay the flow of passengers and cargo through an airport.

The appropriate public health authority, in consultation with airport management, should establish:

a) a system of implementing, at short notice, traveller screening measures as recommended by the WHO (IHR (2005) Articles 23.2, 23.3, 31 and 32);

Note 1.— To facilitate screening, travellers entering an airport should preferably do so through entry point(s) designated for that purpose. Screening should be undertaken as early as possible and preferably before the traveller proceeds to the airside.

Note 2.— While exit (departure) screening measures for all travellers from areas experiencing human infection with a pandemic influenza strain may be recommended in the WHO global influenza preparedness plan, certain entry screening may also be useful:

— for geographically isolated infection free areas (islands)

— when epidemiological data indicates the need to do so

— if departure screening at the traveller's point of embarkation is sub-optimal

— for travellers arriving from defined outbreak areas

b) a system, as advised by the public health authority, of assessing travellers who screen positive (or who have arrived on board an aircraft and have symptoms of a communicable disease that may pose a serious public health risk) including consideration of:

— designated medical staff and an area for inspection of suspect cases

— isolation and quarantine area (for aircraft and travellers)

— personal protective equipment for all health professionals (and others) at potential risk

— transport to an appropriate medical facility

Note 1.— States are obliged to respect a traveller's human rights and to provide essential supplies, protection of baggage and other possessions, appropriate medical treatment and means of

communication for travellers who are subject to public health procedures such as quarantine or isolation (IHR (2005), Articles 23.1 and 45).

Note 2.— Guidance on control measures required for aircraft is provided in IHR (2005), Article 27.

Note 3.— Quarantine of large numbers of travellers is not likely to be justified, and may be difficult to implement. After the acute phase, it is also not likely to significantly prevent the spread of a major disease outbreak.

c) a system to incorporate the results of exit screening at airports with the national surveillance and reporting system for outbreaks of a specified illness. Collection of traveller's information should be in accordance with Articles 23.1 and 45 of the IHR (2005).

d) logistics, especially baggage, security and customs formalities for travellers arriving from abroad, for suspected cases and for asymptomatic contacts.

e) clear criteria that may result in a recommendation to deny travel, including the legal basis and actions to be taken subsequent to such a recommendation (IHR (2005) Article 31.2).

f) a system of implementing, at short notice, screening measures for airport and airline staff. Such measures may include self assessment at home, as advised by the public health authority.

Note 1.— If a traveller suspected of having a communicable disease is identified after an aircraft departs and the aircraft has to return to the originating airport, or is diverted to another airport, the situation should be handled as for an arriving aircraft with a sick traveller on board (IHR (2005) Article 28.4-6).

Note 2.— Transit travellers do not normally need to be screened when exit (departure) screening has been appropriately carried out (IHR (2005) Article 25 (c)).

Airport closure

Closure of an airport should not be considered other than in exceptional circumstances. Contracting States may consider closing an airport to regular traffic in the event that the airport is within or close to an outbreak of communicable disease that may pose a serious public health risk.

Specific to pandemic influenza, in accordance with the WHO interim protocol (May 2007) if the containment zone encompasses major air land and sea transit points it is possible that screening procedures could be used but the preferable alternative is to close that entry point. It is critical to discourage to the extent possible all non-essential movement of persons in and out of the containment zone.

Flight restrictions

Contracting States should not restrict their airspace to any aircraft for reason of awareness that an aircraft may have a case of communicable disease on board. Article 28 of the IHR (2005), Ships and aircraft at points of entry, provides that:

"28.1. Subject to Article 43 or as provided in applicable international agreements, a ship or an aircraft shall not be prevented for public health reasons from calling at any point of entry. However, if the point of entry is not equipped for applying health measures under these Regulations, the ship or aircraft may be ordered to proceed at

its own risk to the nearest suitable point of entry available to it, unless the ship or aircraft has an operational problem which would make this diversion unsafe.

28.2. Subject to Article 43, or as provided in applicable international agreements, ships or aircraft shall not be refused *free pratique* by States Parties for public health reasons; in particular they shall not be prevented from embarking or disembarking, discharging or loading cargo or stores, or taking on fuel, water, food and supplies. States Parties may subject the granting of *free pratique* to inspection and, if a source of infection or contamination is found on board, the carrying out of necessary disinfection, decontamination, disinsection or deratting, or other measures necessary to prevent the spread of the infection or contamination."

In accordance with the IHR (2005) *'free pratique'* means:

"Permission for an aircraft, after landing, to embark or disembark, discharge or load cargo or stores."

Note 1.— If an airport does not have adequate public health facilities, its preparedness plan should include provisions for the safe diversion of an aircraft to an airport that can provide the relevant facilities. See also IHR (2005) Article 27.2.

Note 2.— ICAO Annex 9, Chapter 2, paragraph 2.4 provides that:

"2.4 **Recommended Practice.—** *In accordance with the International Health Regulations of the World Health Organization, Contracting States should not interrupt air transport for health reasons. In cases where, in exceptional circumstances, such service suspensions are under consideration, contracting States should first consult with the World Health Organization and the health authorities of the State of occurrence of the disease before taking any decision as to the suspension of air transport services.*"

Miscellaneous

Airports should establish methods to continue operating with greatly reduced staff numbers.

AIRLINE PREPAREDNESS

(refer to the International Air Transport Association website for further details)

Communication

Airlines should establish:

a) a contact point for policy formulation and operational organization of preparedness; and

b) a position with responsibility for the operational implementation of the airline preparedness plan, having reasonable autonomy/flexibility for rapid policy and decision making.

Communication links should be established, with the following:

1) Internal
- airport authorities
- handling agents
- airport medical service providers
- emergency medical services
- maintenance service providers
- cleaning service providers
- baggage handling services
- air traffic management
- local public health authority
- local hospital(s)
- police
- immigration
- customs
- security service providers
- other stakeholders as necessary

2) External
- travellers
  - before reaching the airport
  - when in the terminal building
- travel agents
- international organizations involved with migration
- media

At the airport (pre- and post-flight)

It is not the role of airline staff or handling agents to have prime responsibility for screening and managing travellers who may have a communicable disease: this is usually a public health responsibility – see under “Airports”.
Airlines should:

a) establish general guidelines for passenger agents who may be faced with a suspected case of communicable disease, relevant to airline operations, at the airport; and,

b) cooperate with airport and public health authorities on logistics e.g. dealing with a sick traveller.

In-flight illness

Airlines should establish:

a) a system enabling cabin crew to identify travellers suspected of having a communicable disease;

b) a system of managing travellers who are suspected of having a communicable disease, including:

- advice from medical ground support (if available)
- sick traveller relocation, away from other travellers, if possible
- carriage of appropriate first-aid equipment and supplies, cabin crew training in its use (in accordance with ICAO, Annex 6, 6.2) and general sanitary precautions
- clean-up of areas occupied by the affected traveller, when necessary
- reallocation of cabin crew duties
- use of appropriate personal protective equipment by passenger and crew e.g. masks, gloves
- disposal of contaminated supplies and equipment
- personal hygiene measures to reduce risk

c) procedures for informing air traffic control that a case of a communicable disease is on board, so that the public health authority at the destination can be advised appropriately in a timely manner (IHR (2005), Article 28.6, ICAO Annex 9, 8.16, and Appendix 1 (Health Part of Aircraft General Declaration)).

Note 1.— A State may request from an airline information relating to the traveller's destination (so that the passenger can be contacted) and information concerning the traveller's itinerary. When this information is held by the airline, it should comply with such a request in a timely manner, and cooperate fully with public health authorities in providing other relevant information it may hold (IHR (2005) Article 23.1 (a)(i), (ii)). To facilitate the timely release of such information the State should submit a written request, including a reference to the appropriate legislation under which the request is made.

Note 2.— To assist contact tracing, a "passenger locator card" (PLC). has been developed. This provides an appropriate method of rapidly collecting traveller contact information: aircraft operators should determine if the PLCs will be kept on board, or at all destination airports. Depending on the specific hazard, the number of PLCs needed may vary, from a few to one for each traveller. The PLC is available at Appendix 1 to this document.

The International Air Transport Association, assisted by relevant experts, is evaluating different electronic methods that could facilitate passenger tracing.

Aircraft maintenance

Airlines should establish for maintenance crew:

a) a policy concerning the removal of re-circulated air filters including:

- use of personal protective equipment
- precautions to be implemented when removing the filter
- precautions to be implemented when disposing of filters
- personal hygiene measures to reduce risk
- reference to the filter manufacturer's guidelines for frequency of filter replacement

b) a policy concerning the venting of vacuum waste tanks; and,

c) a policy for tasks that involve removing bird debris associated with a bird strike.

Aircraft cleaning

For crew tasked with cleaning an aircraft having transported a traveller suspected of having a communicable disease that may pose a serious public health risk, airlines should establish a policy consistent with the national public health and aviation authorities that would include:

- use of appropriate personal protective equipment
- personal hygiene measures to reduce risk
- surfaces to be cleaned
- use of cleaning agents/disinfectants
- disposal of personal protective equipment and soiled material

Cargo and baggage handling

a) Airlines should encourage cargo and baggage handlers to frequently wash their hands and, if required, provide advice concerning any further precautions they may need.

b) Airlines should co-operate with the public health authority with respect to baggage and cargo inspections (IHR (2005) Article 23 (b)).

Miscellaneous

Airlines should establish methods to continue operating with greatly reduced staff numbers.

PROCEDURE FIR NOTIFICATION OF SUSPECTED COMMUNICABLE DISEASES ON BAOARD AN AIRCRAFT OR OTHER PUBLIC HEALTH RISK

1. The flight crew of an en-route aircraft shall, upon identifying a suspected case(s) of communicable disease, or other public health risk, on board the aircraft, promptly notify the ATS unit with which the pilot is communicating, the information listed below:

a) aircraft identification;

b) departure aerodrome;

c) destination aerodrome;

d) estimated time of arrival;

e) number of persons on board;

f) number of suspected case(s) on board; and

g) nature of the public health risk, if known.

2. The ATS unit, upon receipt of information from a pilot regarding suspected case(s) of communicable disease, or other public health risk, on board the aircraft, shall forward a message as soon as possible to the ATS unit serving the destination/departure, unless procedures exist to notify the appropriate authority designated by the State, and the aircraft operator or its designated representative.

3. When a report of a suspected case(s) of communicable disease, or other public health risk, on board an aircraft is received by an ATS unit serving the destination/departure, from another ATS unit or from an aircraft or an aircraft operator, the unit concerned shall forward a message as soon as possible to the public health authority (PHA) or the appropriate authority designated by the State as well as the aircraft operator or its designated representative, and the aerodrome authority.

Note 1.— See Annex 9, Chapter 1 (Definitions), Chapter 8, 8.12 and 8.15, and Appendix 1, for relevant additional information related to the subject of communicable disease and public health risk on board an aircraft.

Note 2.— The PHA is expected to contact the airline representative or operating agency and aerodrome authority, if applicable, for subsequent coordination with the aircraft concerning clinical details and aerodrome preparation. Depending on the communications facilities available to the airline representative or operating agency, it may not be possible to communicate with the aircraft until it is closer to its destination. Apart from the initial notification to the ATS unit whilst en-route, ATC communications channels are to be avoided.

Note 3.— The information to be provided to the departure aerodrome will prevent the potential spread of communicable disease, or other public health risk, through other aircraft departing from the same aerodrome.

Note 4.— AFTN (urgency message), telephone, facsimile or other means of transmission may be used .

— END —