



**INTERNATIONAL CIVIL AVIATION ORGANIZATION**

*A United Nations Specialized Agency*

# Arrival of an affected aircraft: Standard Operating Procedure

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# This presentation was prepared by UK CAA



- Provided by Dr Nigel Dowdall, UK CAA
  - Bern global CAPSCA meeting, June 2013
- Some emphases added for this presentation
- Otherwise, as given by Dr Dowdall in Bern
- Presentation given with the kind permission of the UK CAA



# ARRIVAL OF AN AFFECTED AIRCRAFT – A STANDARD OPERATING PROCEDURE

Nigel Dowdall  
19 June 2013

# Background



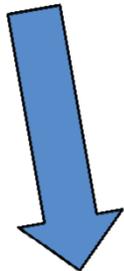
- Public health authority procedures for assessment of onboard cases of suspected communicable disease can lead to significant **delays** and disruption for both other passengers and the airline.
- Most cases of suspected communicable disease onboard aircraft are due to **minor illness** with no significant public health implications.
- Article 43 of The International Health Regulations (2005) implies that significant interference with international traffic involves a delay of more than **24 hours**, whereas delays considerably less than this can be disruptive to flight operations.
- At the request of Dr Tony Evans, Chief, Aviation Medicine Section, ICAO, a small working group was convened to assess the public health procedures and to identify / quantify those measures which would be likely to cause unavoidable delays.

# Working group



- Dr Nigel Dowdall, Head of Aviation Health Unit, UK CAA
- Mr Tony Baldock, Environmental Health Manager, Crawley Borough Council (Port Health Authority for Gatwick Airport)
- Dr David Hagen, Health Protection Agency
- Dr Gareth Holt, Health Protection Agency
- Mr Matthew Greener, Contingency Planning Manager, Gatwick Airport
- Dr Tim Stevenson, Head of Medical Services, Virgin Atlantic

Consistent and effective integration of this.... the aviation sector process for notification of a possible public health emergency:



En-route ATS

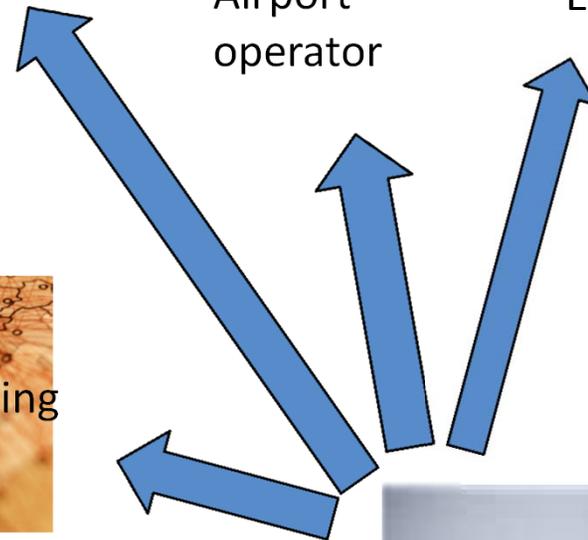
Public Health Authority



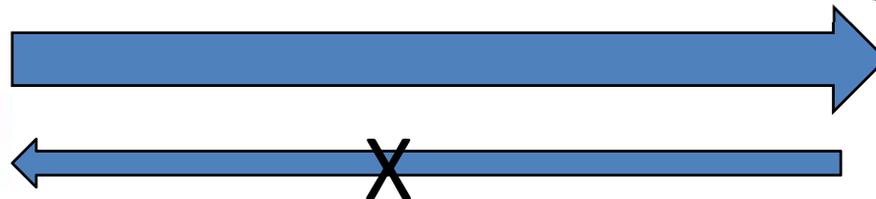
Airline or operating agency

Airport operator

Etc...



Destination air traffic unit





# Method



- Working group considered a situation where the information available indicated a **possible need for public health intervention** and therefore required further medical assessment of the suspect case.
- The scenario was **not considered in the context of a known PHEIC**, such as a pandemic or a SARS outbreak, where separate contingency plans would apply.
- The situation was considered for two scenarios:
  - A best case scenario, in which notification of the suspect case via the air traffic services occurred at least **one hour before arrival** of the aircraft and during **normal working hours**.
  - A worst case scenario, in which there was **minimal advance notification** of the suspect case and the incident occurred at **night on a public holiday**.

# UK organisation of public health provision at ports of entry (POE)

- **National Health Service:**
  - Public Health England (similar bodies for devolved authorities – Scotland, Wales, Northern Ireland)
  - **24 hour cover** by ‘on call’ public health physician on a regional basis, including responsibility for any POE within the region
  - **No medical centres at airports**
  - **First aid provision** (ambulance paramedics at Heathrow and Gatwick)
  - Urgent medical care provided by calling emergency ambulance, **transfer to local NHS hospital**
- **Port Health Services:**
  - Responsibility of **local authority**
  - **24 hour** cover for POE within authority boundary
  - Usually provided by **environmental health officers**, not physicians

# Procedure for suspect case inbound to UK airport – risk assessment

- Cabin crew identify suspect case on basis of IATA guidelines
- Aircraft captain notifies handling Air Traffic Service, who in turn notify destination Air Traffic Service of suspect case
- Destination Air Traffic Service contact duty officer for port health authority
- Duty officer assesses case in accordance with SOP – further information sought from aircraft via handling agency or airline operations
- If concerned, contacts duty public health physician for advice
- If still concerned, **ambulance called to collect patient from aircraft** and take them to local NHS hospital for assessment (rarely directly to regional infectious diseases unit)
- Ambulance service notified of risk assessment, such that crew can take appropriate precautions – almost always limited to routine '**universal precautions**' measures

# Procedure for suspect case inbound to UK airport – aircraft arrival

- Aircraft parking:
  - Designated airport stand **unrealistic** (logistically +/- ac type)
  - Aircraft parked on- or off-pier stand **as scheduled**
- Disembarkation:
  - Remaining passengers **disembarked normally** to avoid delays
  - Ambulance crew board **after other passengers have disembarked** to assess casualty and transfer to hospital
  - Rarely ambulance crew may board before other passengers disembarked if they are already at the stand and ill passenger thought to require **immediate emergency medical care**
- Other passengers:
  - Most airports have **no facility for holding arriving passengers**
  - **Not legal to detain other passengers** unless over-riding public health requirement can be demonstrated (rarely, if ever, other than during outbreak)

# Procedure for suspect case inbound to UK airport – follow up

- Contact tracing:
  - If assessment prior to arrival suggested possible need for subsequent contact tracing, **airline would be asked to arrange** for passengers in adjacent seats (usually index case row plus 2 rows in front and behind) to complete **Passenger Locator Cards (PLC)**
  - If not possible or request after landing, airline would be asked to **provide available contact details** for these passengers from their seating and reservations systems
- Aircraft cleaning:
  - Most airlines would follow **IATA guidelines** and would also have procedures for dealing with spilled body fluids (blood, vomit etc)
  - No public health requirements for any aircraft cleaning **except for spilled body fluids**

# Procedure for suspect case inbound to UK airport – follow up



- Baggage:
  - Patient’s hand baggage and other personal effects **taken to hospital with them**; any uncollected hold baggage dealt with by routine airport or airline procedures
- Communication:
  - Information for passengers: **generic pre-prepared public health information** e.g. on what to do if they feel unwell in the next few days, should be available, and offered to passengers on disembarkation
  - Information for airline and airport staff: management should also be **prepared to respond** to concerns of flying crew, ground staff
  - Media: **public health departments should be prepared to respond** proactively to any media enquiries, either at the time of the incident or if subsequent investigation leads to a diagnosis of significant illness (significant to the media, even if not of public health concern)

# Summary - potential sources of delay



- Aircraft arrival:
  - Should be **no delay** attributable to public health if aircraft lands normally at destination airport and proceeds to routinely allocated stand
- Passenger disembarkation:
  - Should be **no delay** attributable to public health if remaining passengers disembark normally
  - Should be **minimal delay** attributable to public health if passenger requires immediate emergency medical care and removed first by waiting ambulance crew using only universal precautions
- Contact tracing:
  - Should be **no delay** attributable to public health if PLCs only requested if they can be completed prior to aircraft arrival, or minimal delay if available at gate and airline asks affected passengers to complete prior to disembarkation

# Potential sources of delay



- Passenger border and customs control:
  - Should be **no delay** attributable to public health as passengers processed normally
- Baggage collection:
  - Should be **no delay** attributable to public health as baggage processed normally
- Aircraft cleaning / turnround:
  - Should be **minimal delay** attributable to public health due to removal of ill passenger by ambulance crew following disembarkation of other passengers
  - Should be **no other delay** attributable to public health as no additional requirements for aircraft cleaning

# Working group conclusions



Best case scenario:

- Notification of the suspect case via the air traffic services at least one hour before arrival of the aircraft and during normal working hours
- **There should be no delay attributable to passengers or the aircraft / airport operation as a consequence of the public health response**

# Working group conclusions



Worst case scenario:

- **Minimal advance notification** of the suspect case and the incident occurs at night on a public holiday
- May **be some delay in contacting duty staff** and in assessing the case – should normally **not exceed 30 minutes**
- If the assessment concludes that the ill passenger should be taken to hospital, **may be a delay due to the dispatch/arrival of an ambulance** - should normally not exceed 15 minutes
- Aircraft arrival and disembarkation of other passengers **should proceed normally**
- **Overall delay attributable to the public health response should normally not exceed one hour**

# Working group recommendations



- The benchmark for the maximum delay to aircraft and airport operations attributable to the public health authority management of a case of suspected communicable disease should be **one hour**
- Public health authorities and operators should jointly **review all incidents** where the recommended benchmark standard is not achieved – aim is to identify gaps in procedures, resources or training, not to apportion blame
- Aviation and public health authorities should **review the recommended procedures for assessment of onboard cases** of suspected communicable disease, to ensure that these are practicable within operational, security and legal constraints
- Operators and public health organisations should **jointly develop procedures** to provide information and respond to any concerns raised by passengers, crew or ground staff in connection with the incident

# Any questions?

