CAPSCA

Assistance Visit procedures

Nancy Onyedim
ICAO TCB Field Operations Officer

5th AFRICA REGIONAL MEETING OF THE COLLABORATIVE ARRANGEMENT FOR THE PREVENTION AND MANAGEMENT OF PUBLIC HEALTH EVENTS IN CIVIL AVIATION (CAPSCA)
(Nouakchott, Mauritania 14 – 17 July 2014)
OBJECTIVES

• Promote and facilitate communication & collaboration between the aviation and public health sectors.

• Provide information on ICAO and WHO Public Health Emergency (PHE) requirements for the aviation sector.

• Evaluation of existing PHE provisions in the aviation system – gap analysis.

• Assist States by providing advice and training.
SCOPE

• PHE planning & preparedness in the civil aviation system.
• All stakeholders involved in a response to a PHE in the aviation system.
• PHE planning & preparedness in the civil aviation sector.
• All stakeholders involved in a response to a PHE in the aviation sector.
• Voluntary and confidential.
• Not an audit, inspection nor certification.
VISIT PREPARATION

• States requests Assistance Visits by sending a letter to ICAO (cost recovery).
• ICAO coordinates visit with State and designates Technical Advisors.
• State/Airport completes and submits checklist to ICAO at least 15 days prior to visit.
• ICAO Mission plan and team coordination.
REFERENCES

- ICAO Annexes 6, 9, 11, 14 & 18
- PANS-ATM (Doc 4444)
- Facilitation Manual (Doc. 9957)
- WHO IHR (2005)
- ICAO, WHO, ACI & IATA guidelines

www.capsca.org
TOOLS

• Guidelines
• Checklist
• Report template
• http://www.capsca.org/CAPSCARefs.html#StateAssistance
REQUIREMENTS

• State Coordinator/Focal person & support staff.
• Meeting room & equipment
• Simultaneous interpretation (if required)
• Transportation to/from airport, meeting venue and hotel
• Airport visit coordination, e.g. security access, transportation
• Refreshments
TEAM MEMBERS

• ICAO CAPSCA Regional Coordinator.
• State Technical Advisor(s) trained by ICAO (not only doctors!).
• At least one member from each sector (CAA & PHA).
• Technical Advisor on OJT (optional).
STATE PARTICIPATING ORGS

- Civil Aviation Authority (aviation medicine, facilitation, aerodromes, air traffic services, flight operations/standards/safety).
- Public Health Authority including IHR National Focal Point.
- Airport (rescue and fire fighting service, police, immigration, customs, port health, quarantine, medical, security, operations, public information, media relations, handling agents).
- Air Navigation Services Provider (ATC).
- Aircraft operators.
- Tourism Authority.
- National emergency/disaster response agencies.
ACTIVITIES

• Day 1  Meeting/Briefings/Awareness Training
• Day 2 - am  Airport visit
• Day 2 - pm  De-briefing meeting and discussion of the visit results
AGENDA

• Opening Remarks by: CAPSCA Team, CAA, PHA, WHO
• ICAO Health Related SARPs & Documents
• IHR (2005) related to Points of Entry (airports)
• Public Health Authority on the National PHE Plan as applicable to the aviation sector
• CAA on the national aviation sector PHE Plan as part of the National Plan
• Airport operator on the PHE part of the Airport Emergency Plan
• Air Navigation Services Provider (ANSP) on its PHE Contingency Plan
• Aircraft operator on its PHE Plan
• CAPSCA Assistance Visit methodology, checklist & report
METHODOLOGY

• Walkthrough observations and interviews.

• Review of preparedness planning regarding roles, responsibilities, and procedures in a PHE.

• Simulation of a scenario of the arrival of an aircraft with a suspected case of infectious disease on board or a scenario where an outbreak of a PHE has occurred in the State in the vicinity of the airport.
METHODOLOGY

• Debriefing - most important part of the visit. After the assistance visit is completed, the results are presented to all the stakeholders, including the State Public Health Authorities.

• A gap analysis carried out and suggestions for improving the preparedness plan discussed by the assistance visit technical advisors team and the stakeholders.
FACILITIES VISITED

• All facilities having a role in PHE planning/response, such as:
  • Emergency Operations Centre
  • Passenger screening locations and facilities
  • Medical Services/Response – clinic
  • Immigration & Customs
  • ATC Tower
  • Passenger quarantine/assessment/holding facility/room/area
  • Designated aircraft parking position, if applicable
  • Rescue and Fire Fighting Services
  • Any other agency / area / facility involved in a public health emergency
CHECKLIST COMPONENTS

- Administrative Documentation
- Emergency Operations Centre (EOC)
- Rescue and Fire Fighting Services
- Immigration
- Customs
- Cargo & Baggage handlers
- Air Navigation Services Provider (ANSP)
- Medical
- Aviation Security (AVSEC)
- Infrastructure
- Aircraft operators
- Media
DOCUMENTS REVIEWED

- National Aviation PHE Plan
- Airport Emergency Plan (PHE component)
- ANSP procedures for communication of on-board cases
• Results of the assistance visit are provided to the CAA and can only be made public by them. The final report contains the description of the State and Airport Assistance Visit comprising but not limited to the following:
• Documentation exchanged with the CAA authorities
• AV Checklist responses by the CAA and stakeholders
• List of attendees
• Agenda
• Presentations made at the assistance visit meeting
Report contd.

• issues discussed during the assistance visit meeting prior to the airport visit
• list of findings by the assistance visit team;
• recommended actions, with target completion dates;
• any other issues raised by the stakeholders.
Report contd.

- Confidential Report one month after visit
- Sent to CAA with recommendation to forward to airport and PHA
- State Action Plan one month after report

The Assistance Visit Report template including the checklist is available for download on the CAPSCA web site at:  www.capsca.org.
CHALLENGES OBSERVED

• Civil aviation regulations have not been updated with PHE SARPs
• Insufficient communication, cooperation, coordination and collaboration between aviation and public health sectors
• Inadequate knowledge of each other's standards and regulations
CHALLENGES OBSERVED

• Little participation in the development and harmonisation of each other's plans and preparedness.

• PHEs not incorporated in AEPs and if so, not enough awareness, training and exercises.

• Notification of in-flight suspected case not documented in ATC.

• Aviation and public health authorities need to have formal framework and procedures for working together on the national PHEP for aviation.