CAPSCA
Assistance Visits to States and Airports

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ICAO CAPSCA Project Activities

- Meetings
- Seminars/Workshops/Exercises/Training
- Develop and improve guidance and tools
- Web site reference information source
- Assistance Visits to States and Airports
- Provide advice
Promote and facilitate communication, cooperation, coordination & collaboration between the civil aviation and public health sectors

Awareness training on ICAO and WHO Public Health Emergency (PHE) requirements for the aviation sector

Evaluate existing PHE provisions in the aviation system – gap analysis

Assist States by providing advice
Scope

- PHE planning & preparedness in the civil aviation system
- All stakeholders involved in a response to a PHE in the aviation system
- Not an audit, inspection nor certification
- Voluntary and confidential
References

✈️ ICAO Annexes 6, 9, 11, 14, 18 SARPs, PANS-ATM (Doc 4444) & Facilitation Manual (Doc. 9957)
✈️ WHO IHR (2005)
✈️ ICAO, WHO, ACI & IATA guidelines
✈️ Template for National Aviation PHE Preparedness Plan
✈️ www.capsca.org
Tools

- Guidelines
- Checklist
- Report template

http://www.capsca.org/CAPSCARefs.html#StateAssistance
Logistics

- 2 States in 1 week
- States located in same sub-region
- 2 days per State
- Team members to originate from States in same sub-region
- 1 airport per State
- Travel funded by CAPSCA Project
Preparation

ICAO Schedules visit

ICAO Coordinates loan of Technical Advisors with States

State/Airport completion and submission of checklist to ICAO

ICAO Coordinates visit with State

ICAO Coordinates participation with WHO

ICAO Mission plan and team coordination
Coordinator & 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 Advisors Team Leader (optional)
❖ Technical Advisor(s) trained by ICAO (not only doctors!)
❖ WHO representative (WHO Regional Office (IHR), IHR Regional Contact Point, and/or Country Office) – if available
❖ At least one member from each sector (CAA & PHA)
❖ OJT for Technical Advisor (optional)

❖ Participants time offered by States, WHO and ICAO as contributions in kind; travel funded by project
Desirable Qualifications:

- State CAA and PHA, ICAO, and WHO staff;
- Availability to be trained by ICAO and undertake State & airport Assistance Visits;
- Qualification and experience in aviation medicine and/or;
- Qualification and experience in public health medicine and/or;
- Experience in contingency/emergency planning in the aviation sector.
State’s Participating Organisations (1)

- Civil Aviation Authority (aviation medicine, facilitation, aerodromes, air traffic services, flight operations/standards/safety)
- Public Health Authority including IHR National Focal Point
- Airport (immigration, customs, port health, quarantine, medical, security, operations, public information & media relations, handling agents)
State’s Participating Organisations (2)

- Air Navigation Services Provider (ATC)
- Aircraft operators (airlines)
- Tourism Authority
- National emergency/disaster response agencies
2 days

Day 1
- Meeting/Briefings/Awareness Training

Day 2 - am
- Airport visit

Day 2 - pm
- De-briefing meeting to discuss the visit results
Meeting/Briefings Agenda (1)

- Opening Remarks by: ICAO, WHO, CAA, PHA
- CAPSCA
- ICAO Health Related SARPs & references
- WHO IHR (2005) related to Points of Entry
- Public Health Authority on the National PHE Plan focused on the aviation sector
Meeting Agenda (2)

- Civil Aviation Authority on the national aviation sector PHE Plan & regulations
- Airport on the PHE part of the Airport Emergency Plan & aerodrome manual
- Air Navigation Services Provider on its PHE procedures & contingency plan
- Aircraft operator on its PHE procedures
- CAPSCA Assistance Visit methodology & checklist
Airport Visit Methodology

- Visit shall not affect normal operations
- The visit should demonstrate preparedness in the roles, responsibilities, and procedures in a PHE 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
- Walkthrough observations and interviews
Airport facilities to Visit

- Emergency Operations Centre
- Passenger screening/assessment locations and facilities
- Medical Services/Response – clinic
- Immigration & Customs
- Air Traffic Control Tower
- Designated aircraft parking position
- Any other agency / area / facility involved in a public health emergency
Checklist Components

(www.capsca.org/CAPSCARefs.html#StateAssistance)

- Administrative
- Documentation
- EOC
- RFFS
- Immigration
- Customs
- Cargo & Baggage handlers
- ANSP
- Medical
- AVSEC
- Infrastructure
- Aircraft operators
- Media
Implementation Examples

- Communication links
- For departing and arriving passengers: Screening methods, Use of PPE, Trained personnel
- Designated areas & facilities for: Screening, assessment of suspected cases, Possible isolation and quarantine, Transport of cases to designated medical facility
- Baggage, security and customs/immigration clearance
- Consideration and planning for the possibility of reduced staffing levels at the airport due to sickness or other absenteeism during a PHE
- Procedures concerning arrival and handling of an aircraft when a suspected case of communicable disease is on board
Documents to Review

- National PHE Plan – Aviation part
- Airport Emergency Plan – PHE part
- ATS Procedures for communication of on-board cases
### Plans and Procedures for Public Health Emergencies in the Aviation Sector

- **WHO International Health Regulations (IHR) – 2005**
- **ICAO Annexes 6, 9, 11, 14 & 18 and Doc. 4444 (PANS-ATM)**
- **National Public Health Emergency Contingency Plan (PHA)**
- **National Aviation Regulations updated with international standards related to public health (CAA)**

#### National Aviation Plan for a Public Health Emergency (CAA)

- **Aerodrome** Emergency Plan and Aerodrome Manual including public health emergencies
- **Air Traffic Services (ATS)** contingency plan including public health emergencies
- **ATS** Procedures for notification of suspected public health risk on board an aircraft
- **Aircraft Operators** Procedures for suspected public health risk on board an aircraft
NOTIFICATION OF SUSPECTED COMMUNICABLE DISEASE, OR OTHER PUBLIC HEALTH RISK, ON BOARD AN AIRCRAFT

ICAO Aircraft General Declaration

- Aircraft Callsign (ID)
- Dep. Aerodrome
- Dest. Aerodrome
- Est. Time Arrival
- Number of persons on board
- Number of suspect cases
- Nature of public health risk

• Airport Operator
• Public Health Authority
• Other agency(ies)

Air Traffic Controller

Aircraft Operator (or handling agency) at destination aerodrome incl. ground-based medical services provider (if available)

Destination Aerodrome Air Traffic Services

Via local procedure (Aerodrome Emergency Plan)

Air Traffic Control

Voice or data link e.g. AFTN

*AFTN = Aeronautical Fixed Telecommunication Network
Confidential Report 1 month after visit

Sent to CAA with recommendation to forward to PHA and airport

State Action Plan 1 month after report

ICAO CAPSCA Regional Coordinator Follow-up Implementation

Results
Report Content
(http://www.capsca.org/CAPSCARefs.html#StateAssistance)
Asia – 10 States/SARs (3 joint with WHO), 12 Airports, 1 State Technical Advisor

Africa – 6 States, 8 Airports, 4 State Technical Advisors have completed OJT

Americas – 28 States (12 joint with WHO), 32 Airports, 12 State Technical Advisors have completed OJT

Middle East - 2 States, 2 Airports, 2 State Technical Advisors have completed OJT
PHAs resist engaging with CAAs
Airports resist engaging with PHA & CAA
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
Little participation in the development and harmonisation of each other's plans and preparedness
Duplication of efforts between different aviation and health stakeholders
States do not consider the possibility of an outbreak in their own State

- PHEs not incorporated in AEPs and if so, not enough awareness, training and exercises
- Notification of in-flight suspected case not via ATC
- Passenger screening affects passenger flows
- Arrival and departure passenger mixing
- Designated aircraft parking position inconvenient for access or operations
- Template for the Health Part of General Declaration not adopted
- Template Public Health Passenger Locator Card not adopted
Aviation and public health authorities to have formal framework and procedures for working together on the national PHEP for aviation

- Requires collaboration of government at ministerial level

Civil aviation regulations should include PHE related SARPs

AEPs should include procedures and protocols for PHEs harmonised with national PHEP for aviation sector

- CAA and PHA should both review the AEP
- Personnel need training in AEP and AEP should be exercised
- Whole of Society Approach to emergency planning needs consideration
Next Steps (1)

- Visit all CAPSCA participating States
- More joint ICAO/WHO visits
- Harmonised ICAO CAPSCA checklist/WHO IHR assessment tool
- Review lessons learned and improve the assistance visit process
- Analyse observed regional trends and recommend typical actions
Next Steps (2)

- State Action Plans and implementation
- ICAO CAPSCA Regional Coordinators follow-up
- Follow-up visits
- More training
- National implementation
States are encouraged to:

a) volunteer technical advisor(s) from CAA and/or PHA to be trained by ICAO and participate in assistance visits; and

b) request Assistance Visits by sending a letter to ICAO (no costs to State in 2013) – e.g. Mongolia, Sri Lanka, etc.