1. Passenger Locator Form

2. Universal Safety Oversight Audit Programme

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Montreal, Canada
Plan

- Passenger Locator Card Form
- Universal Safety Oversight Audit Programme
- Universal Safety Oversight Audit Programme
- Continuous Monitoring Approach (CMA)
- Introduction of public health related questions to CMA
- Ongoing annual self assessment
- Audit by team of experts
- Questions for
  - CMA
  - Full audit
Passenger Locator Form

• Recommended for use when PHA needs to communicate with a contact of a known or suspected case
• Current form – on ICAO and WHO websites – has been revised
• Improvements made in light of H1N1 experience
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 laws and to be used only for public health purposes.

Flight Information
1. Airline and Flight Number
2. Date of arrival
3. Seat Number where you actually sat on the aircraft

<table>
<thead>
<tr>
<th>Airline</th>
<th>Flight Number</th>
<th>Date</th>
<th>Seat</th>
</tr>
</thead>
</table>

Personal Information
4. Name
5. Last (Family) Name
6. First (Given) Name
7. Middle Initial
8. Your sex
9. Mobile
10. Business
11. Home
12. Other
13. Email address

Permanent Address:
14. Number and street (Separate number and street with blank box)
15. Apartment number
16. City
17. State/Province
18. Country
19. ZIP/Postal code

Temporary Address:
20. Hotel name (if any)
21. Number and street (Separate number and street with blank box)
22. Apartment number
23. City
24. State/Province
25. Country
26. ZIP/Postal code

Emergency Contact Information of someone who can reach you during the next 90 days
27. Last (Family) Name
28. First (Given) Name
29. City
30. Email
31. Mobile phone
32. Other phone

Travel Companions – Family: Only include age if younger than 18 years
34. Last (Family) Name
35. First (Given) Name
36. Seat number
37. Age <18

Travel Companions – Non-Family: Also include name of group (if any)
38. Last (Family) Name
39. First (Given) Name
40. Group (e.g., team, business, other)
New

Public Health Passenger Locator Form: To protect your health, public health officers need you to complete this form whenever they suspect a communicable disease onboard a flight. Your information will help public health officers to contact you if you were exposed to a communicable disease. It is important to fill out this form completely and accurately. Your information is intended to be held in accordance with applicable laws and used only for public health purposes. ~Thank you for helping us to protect your health.

One form should be completed by an adult member of each family. Print in capital (UPPERCASE) letters. Leave blank boxes for spaces.

Current

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
<table>
<thead>
<tr>
<th>Flight Information</th>
<th>Personal Information</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Airline and Flight Number</td>
<td>4. Name</td>
</tr>
<tr>
<td>Airline</td>
<td>Family Name</td>
</tr>
<tr>
<td>Flight Number</td>
<td>Given Name(s)</td>
</tr>
<tr>
<td>2. Date of arrival</td>
<td>Your Current Home Address (including country)</td>
</tr>
<tr>
<td>DD MM YYYY</td>
<td>Street Name and Number</td>
</tr>
<tr>
<td>3. Seat Number where you actually sat on the aircraft</td>
<td>City</td>
</tr>
<tr>
<td></td>
<td>State/Province</td>
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<tr>
<td></td>
<td>Country</td>
</tr>
<tr>
<td></td>
<td>ZIP/Postal Code</td>
</tr>
<tr>
<td></td>
<td>Your Contact Phone Number (Residential or Business or Mobile)</td>
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<tr>
<td></td>
<td>Country code</td>
</tr>
<tr>
<td></td>
<td>Area code</td>
</tr>
<tr>
<td></td>
<td>Phone Number</td>
</tr>
<tr>
<td></td>
<td>E-mail address</td>
</tr>
<tr>
<td></td>
<td>Passport or Travel Document Number</td>
</tr>
<tr>
<td></td>
<td>Issuing Country/Organization</td>
</tr>
</tbody>
</table>
TEMPORARY ADDRESS: If you are a visitor, write only the first place where you will be staying.

20. Hotel name (if any)  
21. Number and street (Separate number and street with blank box)  
22. Apartment number

23. City  
24. State/Province

25. Country

26. ZIP/Postal code

EMERGENCY CONTACT INFORMATION of someone who can reach you during the next 30 days

27. Last (Family) Name  
28. First (Given) Name  
29. City

30. Country

31. Email

32. Mobile phone  
33. Other phone

Contact Information

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

b. Telephone Number  
Given Name(s)

Country Code  
Area Code  
Phone Number  
E-mail address

c. Address

Street Name and Number  
City  
State/Province

Country

ZIP/Postal Code
<table>
<thead>
<tr>
<th>Last (Family) Name</th>
<th>First (Given) Name</th>
<th>Seat number</th>
<th>Age &lt;18</th>
</tr>
</thead>
<tbody>
<tr>
<td>(1)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(2)</td>
<td></td>
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<td></td>
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<tr>
<td>(3)</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>(4)</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

35. TRAVEL COMPANIONS – NON-FAMILY: Also include name of group (if any)

<table>
<thead>
<tr>
<th>Last (Family) Name</th>
<th>First (Given) Name</th>
<th>Group (tour, team, business, other)</th>
</tr>
</thead>
<tbody>
<tr>
<td>(1)</td>
<td></td>
<td></td>
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<tr>
<td>(2)</td>
<td></td>
<td></td>
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</tbody>
</table>

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

- 
- 
- 
-
New form: “Applicable” (came into force)
28 February 2013

http://www.capsca.org/CAPSCARefs.html
Search results

1-10 of 143 results

PLF 31 May-2012.pub  pdf
Public Health Passenger Locator Form: To protect your health, public health officers need you to complete this form whenever they suspect a ...
www.who.int/entity/ihr/PLC.pdf

World Health Organization Meeting of the informal ...  pdf
... Would form a basis for reciprocal acceptance and avoid duplication. ... 2.7
Passenger locator card Post on WHO website Page 6. 3. PRESENTATIONS ...
www.who.int/entity/ihr/IHRtransport2006_04_26t.pdf
[ More results from www.who.int/entity/ihr ]
Scanning Software

- **ReadSoft**

- **Further information from:**
  - Dr Karen Marienau (CDC)
  - E-mail: kqm5@cdc.gov
  - *(check the ReadSoft website before contacting Dr Marienau)*
Universal Safety Oversight Audit Programme “USOAP”

- Periodic audit of the State
  – Not the airport or airline
- Evaluates the State’s ability to oversee the safety of its aviation sector
- Checks compliance of the State with the ICAO Standards and Recommended Practices (SARPs)
- Since 2007: SARPs contain public health related SARPs
- May 2013 – Audit questions introduced on these SARPs
- Results will be analyzed and published (public)
From May 2013 – Continuous Monitoring Approach “CMA” adopted

• Periodic audit of all States by a team of ICAO experts every few years replaced by....

• Abbreviated questionnaire, completed every year (continuous monitoring) by the State and analyzed by ICAO i.e. does not involve a visit by a team of experts (“SAAQ”)

• On basis of SAAQ, a full audit may be required

• States with reduced implementation receive a full audit more often than those doing better
Safety Audit Information

This information has been updated and relocated from the ICAO Flight Safety Information Exchange (FSIX) website. You can use the search box to find a State and then compare the result of its last USOAP CMA activity with the global average or any other State on the list. The Level of Implementation of each Audit Area is rated from 0 to 10, with 0 being "Not Implemented" and 10 being "Fully Implemented".
Two types of questions

- SAAQ - Single question as part of the SAAQ, completed every year
- Full audit - Several questions that will be asked during a visit to the State by a team of experts
Annexes containing public health SARPs

- Annex 6 – Operations
- Annex 9 – Facilitation
- Annex 14 – Aerodromes
- Annex 18 – The Safe Transport of Dangerous Goods by Air
Single question – every year

• Has the State identified a clear contact point at national aviation level, with identified individual(s), for policy formulation, operational organization of preparedness and coordination of a national plan in order to respond to a communicable disease or other health event with the potential to pose a serious public health risk?

• CC Art 14; Annex 9, 8.12 & 8.16; A37-13
The following PQs have been revised or added concerning preparedness planning:

<table>
<thead>
<tr>
<th>PQ No.</th>
<th>Type of PQ Amendment</th>
<th>Tony's Suggestion Taken into Consideration</th>
<th>PQ Included in the Amendment Table</th>
</tr>
</thead>
<tbody>
<tr>
<td>OPS 4.460</td>
<td>New</td>
<td>Yes</td>
<td>Yes (as new PQ)</td>
</tr>
<tr>
<td>OPS 4.462</td>
<td>New</td>
<td>Yes</td>
<td>Yes (as new PQ)</td>
</tr>
<tr>
<td>ANS 7.153</td>
<td>Revised</td>
<td>Yes</td>
<td>No (we have not listed all PQs with minor revisions) Expanded the evidence to include a para on public health emergencies</td>
</tr>
<tr>
<td>AGA 8.291</td>
<td>Revised</td>
<td>Yes</td>
<td>Yes (as revised)</td>
</tr>
<tr>
<td>ICAO ref.</td>
<td>Protocol question</td>
<td>Reply</td>
<td>Guidance for review of protocol question</td>
</tr>
<tr>
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</table>
| A9 8.15 Note 1 | OPS 4.460 Does the aircraft operations organization ensure that the air operator has established a procedure for the crew to evaluate a traveller with a suspected communicable disease, based on the presence of a fever and certain other signs or symptoms? | □ Yes □ No | ➢ Review operations inspectors’ procedures to ensure that they check air operators’ related procedures.  
➢ Confirm effective implementation by verifying that an air operator’s operations manual or cabin crew manual contains related procedures.  
➢ Check that the procedure includes the transmission, as required, of a General Declaration form to the State authorities. | □ Satisfactory □ Not satisfactory | 6 |
<table>
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<tr>
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<th>Status of implementation</th>
<th>Evidence/Notes/Comments</th>
<th>CE</th>
</tr>
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</table>
| STD A9 8.15 PANS ATM Doc 4444 16.6.1 | OPS 4.462 Does the aircraft operations organization ensure that the air operator has established procedures for the pilot-in-command to report promptly to air traffic control (ATC) a suspected communicable disease, with transmission of the following information: 1) Aircraft identification; 2) Departure aerodrome; 3) Destination aerodrome; 4) Estimated time of arrival; 5) Number of persons on board; 6) Number of suspected case(s) on board; and 7) Nature of the public health risk, if known? | □ Yes □ No | ➢ Review operations inspectors’ procedures to ensure they check air operators’ related procedures.  
➢ Confirm effective implementation by verifying that an air operator’s operations manual has procedures for reporting suspected communicable diseases, including transmission of the following information: 1) Aircraft identification; 2) Departure aerodrome; 3) Destination aerodrome; 4) Estimated time of arrival; 5) Number of persons on board; 6) Number of suspected case(s) on board; and 7) Nature of the public health risk, if known. | □ Satisfactory □ Not satisfactory | |
Resolution A35-12: Protection of the health of passengers and crews and prevention of the spread of communicable disease through international travel

The Assembly:
1. Declares that the protection of the health of passengers and crews on international flights is an integral element of safe air travel and that conditions should be in place to ensure its preservation in a timely and cost-effective manner;
<table>
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<th>Status of implementation</th>
<th>Evidence/Notes/Comments</th>
<th>CE</th>
</tr>
</thead>
</table>
| STD A11 2.30 Att. C | ANS 7.153 Does the State ensure that contingency plans have been developed and implemented in the event of disruption or potential disruption of air traffic service (ATS) or related supporting services? | □ Yes □ No | ➢ Review mechanism established to ensure effective implementation  
➢ Review documented evidence of the existence of contingency plans and how they are applied  
➢ Ensure that contingency plans also address natural disasters and public health emergencies. | □ Satisfactory □ Not satisfactory | 6 |
### Aerodromes

<table>
<thead>
<tr>
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<th>Evidence/Notes/ Comments</th>
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</table>
| STD A14, Vol. I 9.1.1 to 9.1.3 | AGA 8.291 Does the State ensure that aerodrome operators develop emergency plans, including appropriate cooperation and coordination with other entities involved in the provision of emergency services and the development of the plans? | □ Yes □ No | ➢ Review evidence to confirm effective implementation, cooperation and coordination  
➢ Sample aerodrome emergency plan  
➢ Check inclusion of:  
1. emergencies which may occur in the vicinity of an aerodrome  
2. public health emergencies, including coordination with public health services | □ Satisfactory □ Not satisfactory | | |
| RP A14, Vol. I 9.1.4 & 9.1.5 | GM Doc 9734 Part A 2.4.7  
Doc 9774 App. 1 4.3 | | | | | 6 |
Summary

• New Passenger Locator Form

• USOAP is an important ICAO activity
  – Not a process undertaken by other Agencies

• Change to Continuous Monitoring Approach

• Inclusion of public health related questions

• Protection of health is part of safety

• Reviewed the CMA question

• Reviewed full audit questions

• USOAP will important in promoting public health preparedness in aviation sector
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