Introduced at the 4th SCM CAPSCA Asia Pacific

Draft Template of an Aviation Public Health Emergency Plan

4th SCM approved formation of a Working Group to work on the Template and provide version for approval at 1st Global RAMT in October 2010 – Singapore Aviation Academy

Template was presented at the Nairobi CAPSCA Africa meeting

Template also be presented at the 2nd SCM CAPSCA Americas

Global RAMT, Singapore Oct. 15 to 16 2010
Draft Template of an Aviation Public Health Emergency Plan

• Compliance to ICAO SARPs – Annexes 6, 9, 11, 14 & PANS -ATM

• Compliance to relevant articles of IHR (2005)

• References to documents developed cooperatively by WHO / ICAO / IATA / ACI etc

• 2 Scenarios : a) In country outbreak
  b) Imported cases

• Progressive build up --- Colour coding / WHO phases

• Deactivation plan
Introduction:

• The template describes how a national aviation public health emergency plan may be laid out.

• The document is not intended to address all aspects and of necessity therefore some specific items are not included.

• However, the main aspects that require consideration are addressed.

• Utilising this information together with other guidance material that is referenced in the text, the aviation authority should be able to adjust this template to develop specific preparedness plans for a public health emergency of international concern.
A public health emergency of international concern (PHEIC) may be declared:

• when a State’s health authority is satisfied that there is an outbreak or imminent outbreak of a communicable disease that poses a substantial risk to the population of the State OR

• upon activation by WHO (according to Annex 2 of the IHR (2005) “Decision instrument for the assessment and notification of events that may constitute a public health emergency of international concern”).
Roles of Aviation Authority:

The roles of the aviation authority during a PHEIC are:

• Ensure the availability, continuity and sustainability of critical air transport services; and

• Coordinate and facilitate the implementation of health and non-health measures to protect the health and welfare of travelers, staff and the general public as well as to minimize/mitigate the spread of communicable disease through air travel.
Principle Considerations

• Coordinated and Timely Response

• Effective and Sustainable Measures

• Minimize Inconvenience to travellers

• Rapid return to routine operations as the emergency subsides
Planning Assumptions:

The State health authority may issue planning assumptions based on its own assessment or information provided by neighbouring States or the WHO.

There are two primary scenarios:

• The first local human case is imported from another affected State/Administration (rather than developing from within the State);

• There has been a local outbreak of a PHEIC within the State and measures have to be taken to contain the outbreak and minimize the spread to other States
State Health and Aviation Authorities are encouraged to refer to the WHO Western Pacific Regional Office publication

“Guidance for Public Health Emergency Contingency Planning at Designated Points of Entry; Requirement under the International Health Regulations (2005)”

This guide provides a recommended approach, structure and a logical but simple set of considerations and steps for National Public Health Authorities (NPHA) to guide public health and emergency planners responsible for Points of Entry to develop Public Health Contingency Plans.
Execution

• The aviation measures adopted should be an integral part of the State’s overall plan for a PHEIC.

• The aviation authority will usually have a Crisis Management Team (CMT) to develop and execute the public health emergency plan.

• These planned measures may be contingent on the State health authority’s alert levels or according to the WHO phases of an evolving Pandemic.

• A risk management concept should be adopted to ensure a phased and gradual step up of control measures, in accordance with the changing circumstances.
Activation / Deactivation Process

The activation of the health measures will usually be initiated by the State health authority.

The aviation crisis management team will coordinate all measures within the aviation sector.

The deactivation or scaling down of measures will be initiated by the State health authority.
Measures to be adopted

- The measures adopted at Points of Entry (POE) especially at airports are crucial to the containment and mitigation efforts of the State.
- The import/export of the communicable disease may be mitigated through the implementation of a specific set of measures corresponding to the defined alert levels.
- The measures are subject to changes, attendant on the State’s continuing assessment of the situation.

Gives example of a Colour Coded Alert System:
1. Alert Green = WHO Phase 1 to 3
2. Alert Yellow = WHO Phase 4
3. Alert Orange = WHO Phase 5
4. Alert Red = WHO Phase 6 (Pandemic)
<table>
<thead>
<tr>
<th>Alert Level (WHO Phase)</th>
<th>Travellers</th>
<th>Airport workers</th>
</tr>
</thead>
<tbody>
<tr>
<td>Green (WHO Phase 1 to 3)</td>
<td>No additional measures. Ensure plan is updated and exercised. Ensure that all relevant personnel are familiar with the plan and its activation.</td>
<td>No additional measures. Ensure plan is updated and exercised. Ensure that all relevant personnel are familiar with the plan and its activation. Emphasize hygiene measures</td>
</tr>
<tr>
<td><strong>Yellow (WHO Phase 4)</strong></td>
<td>The following measure may be adopted at POE: Distribution of Health Alert Notice (HAN) to arriving / departing travellers.</td>
<td>Any airport worker with symptoms (indicate list of symptoms) and/or fever will not report for work but will proceed to his/her doctor. If diagnosed with the prevailing PHEIC, he/she will be treated and will not report for work until full recovery and/or the requisite time recommended by the State health authority.</td>
</tr>
<tr>
<td>Alert Level (WHO Phase)</td>
<td>Travellers</td>
<td>Airport workers</td>
</tr>
<tr>
<td>------------------------</td>
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<tr>
<td>Orange (WHO Phase 5)</td>
<td>In addition to the measure adopted in Alert Yellow, the following measures may be adopted: Distribution of Health Declaration Forms (HDFs); and Carry out other screening measure/s such as Visual Screening / Temperature Screening on arriving and departing travellers</td>
<td>All airport workers must take their temperature before leaving home for work. Those with fever (temperature of 37.5 degrees centigrade and above, (or as specified by the State health Authority) and specified symptoms will not report for work but will proceed to see their doctor. If diagnosed with the prevailing PHEIC, he/she will be treated and will not report for work until full recovery and/or the requisite time recommended by the State health authority has elapsed</td>
</tr>
<tr>
<td>Alert Level (WHO Phase)</td>
<td>Travellers</td>
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</tr>
<tr>
<td>------------------------</td>
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</tr>
<tr>
<td>Red (WHO Phase 6)</td>
<td>It is likely that the measures at the airport will progressively be deactivated except for the possible continuing distribution of HANs to travellers. The deactivation will be from the State health authority</td>
<td>As in Alert Orange</td>
</tr>
</tbody>
</table>
Annex A  Example of a colour coded Disease Outbreak Response System and WHO Pandemic Phases
Annex B  Public Health Emergency Plan Activation flow chart for Points of Entry
Annex C  Roles Performed by aviation authority CMT during a Public Health Emergency Response
Annex D  Sample of Health Alert Notice (HAN)
Annex E  Mode of distribution of HAN and quantity required
Annex F  Health Declaration Form
Annex G  Passenger Locator Form
Annex H  Suggested framework for assessment and decision making – Responding to Pandemic H1N1 2009: Options for interventions at International Points of Entry : WHO Regional Office for the Western Pacific interim option paper, 20 May 2009
Annex I  Traveller Screening Deployment Locations
Annex J  SOP for Screening Procedure for Travellers
Annex K  Entry-exit locations of Ambulance at Airport and Route to Designated Hospital
Thank you for your kind attention!

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