Collaborative Arrangement for the Prevention and Management of Public Health Events in Civil Aviation (CAPSCA)

CAPSCA Africa

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PUBLIC HEALTH



AVIATION



ICAO Public Health Related SARPs and Guidance Overview



7 Dec. 1944

CONVENTION ON INTERNATIONAL CIVIL AVIATION

Signed at Chicago, on 7 December 1911

CONVENTION RELATIVE À L'AVIATION CIVILE INTERNATIONALE

Signée à Chicago, le 7 décembre 1941

CONVENIO DE AVIACIÓN CIVIL INTERNACIONAL

Firmado en Chicago, el 7 de diciembre de 1941

ICAO



OACI

Doc 7300/9



Convention on International Civil Aviation

Convention relative à l'aviation civile internationale

Convenio sobre Aviación Civil Internacional

Конвенция о международной гражданской авиации

This document supersedes Doc 7300/8. Le présent document annule et remplace le Doc 7300/8. Este documento remplaza el Doc 7300/8. Настоящий документ заменяет Doc 7300/8.

Ninth Edition - Neuvième édition - Novena edición - Издание девятое — 2006

International Civil Aviation Organization
Organisation de l'aviation civile internationale
Organización de Aviación Civil Internacional
Международная организация гражданской авиации



19 Annexes to the Convention - 'Standards and Recommended Practices' *SARPs*

•Governments

Regulatory Aviation
Authorities

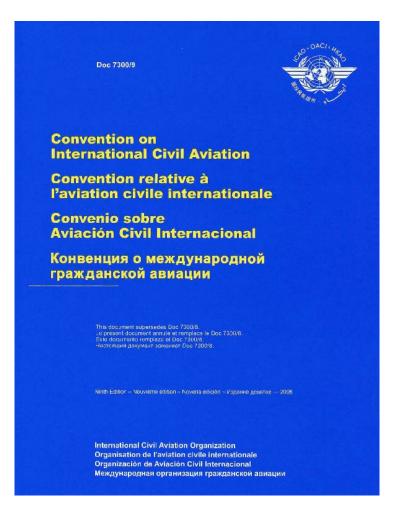
e.g.

- Civil Aviation Authority
- of Singapore (CAAS)
- •Transport Canada
- DCA India
- •FAA, USA

Basis for Action - health

Article 14, International Convention on Civil Aviation:

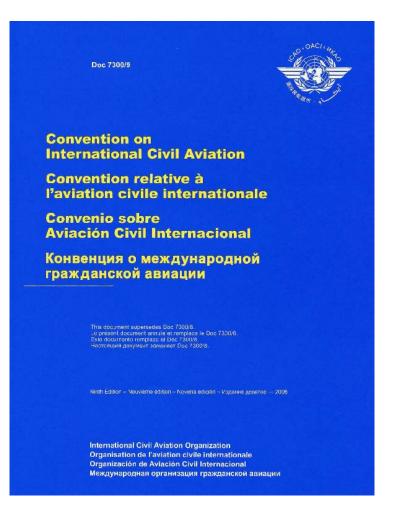
'Each contracting State agrees to take effective measures to prevent the spread by means of air navigation of cholera, typhus (epidemic), smallpox, yellow fever, plague, and such other communicable diseases as the contracting States shall from time to time decide to designate....



Basis for Action - health

Article 14, International Convention on Civil Aviation:

....and to that end contracting States will keep in close consultation with the agencies concerned with international regulations relating to sanitary measures applicable to aircraft.'



19 ICAO Annexes contain 'SARPs'

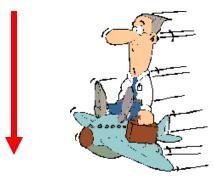
- Annex 1 Personnel Licensing
- Annex 2 Rules of the Air
- Annex 3 Meteorological Service for International Air Navigation
- Annex 4 Aeronautical Charts
- Annex 5 Units of Measurement to be Used in Air and Ground Operations
- Annex 6 Operation of Aircraft *
- Annex 7 Aircraft Nationality and Registration Marks
- Annex 8 Airworthiness of Aircraft
- Annex 9 Facilitation *
- Annex 10 Aeronautical Telecommunications
- Annex 11 Air Traffic Services
 - Procedures for Air Navigation Services Air Traffic Management (PANS-ATM) *
- Annex 12 Search and Rescue
- Annex 13 Aircraft Accident and Incident Investigation
- Annex 14 Aerodromes *
- Annex 15 Aeronautical Information Services
- Annex 16 Environmental Protection
- Annex 17 Security: Safeguarding International Civil Aviation Against Acts of Unlawful
- Interference
- Annex 18 The Safe Transport of Dangerous Goods by Air
- Annex 19 Safety Management Systems

Aviation: A Pivotal Sector

raphics

More than 6 million passengers daily

With Long Range Flights



Able to be at the opposite end of the world in less than 24 hours

Passenger/s with communicable or other disease can carry it to the opposite end of the world in less than 24 hours

Aviation Sector's response to the threat of a possible pandemic has to be timely, robust, coordinated and harmonized

What can you expect when a State is declared as an affected area

With a public health emergency of international concern (PHEIC)

Not necessarily an infectious disease

People rushing out of an affected area



What would be expected of:

- 1. The State Public Health Authority
- 2. The Civil Aviation Authority
- 3. The Airport
- 4. The Airlines operating at the Airport
- 5. The other Stakeholders at the Airport

What if a passenger falls ill at the Airport (with a suspicion of having contracted the infectious disease)?

Responsibilities of various Stakeholders?

Why the state of panic?

WHO IHR
Core and
Emergency
requirements
at
international
POEs



Full flights



Role of the Airline?

Pilot-in-Command of the flight

Cabin attendants

Cleaning of the aircraft

Dealing with Biohazards

Dealing with suspect case in flight

Dealing with other passengers

Keeping the Airline alive.

What does this remind you of?

Purpose of the IHR (2005)

"To prevent, protect against, control and provide a public health response to the international spread of disease in ways that are commensurate with and restricted to public health risks, and which avoid *unnecessary* interference with international traffic and trade" – Article 2







Reflected in the arrival scene ...coming away from an affected area



What would be expected of:

- 1. The State Public Health Authority
- 2. The Civil Aviation Authority
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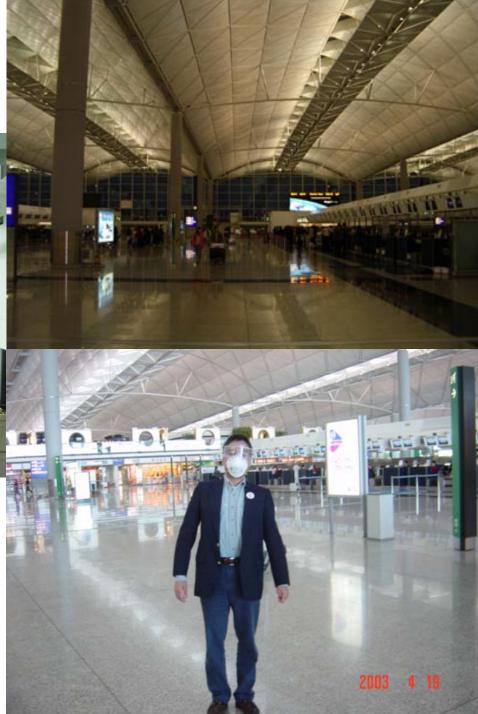
WHO IHR
Core and
Emergency
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Why the state of panic?

....and then



Deserted Airports



Empty aircraft



SARPs in force

F1011 100 2007 To deal with Public Health Events and Emergencies



SARPs in force

From Nov 2007 & 2009...

Annex 6
Annex 9
Annex 11
PANS –ATM
Annex 14
Annex 18



IHR implementation

Changes to SARPs 2007

- Annex 9 Facilitation
 - States to have a pandemic preparedness plan for aviation
 - Pilot in command to notify air traffic control of a suspected case
 - Cabin crew advice on how to identify a suspected case (changes to aircraft General Declaration)
 - Passenger locator form for contact tracing agreed by WHO (collaboration with IATA)

APPENDIX 1. GENERAL DECLARATION

1	GENERAL DECLARATION (Outward/Inward)			
297 mm (or 11 3/4 inches)	Operator			
	Marks of Nationality and Registration Flight No. Date			
	Departure from. Arrival at (Place)			
	FLIGHT ROUTING ("Place" Column always to list origin, every en-route stop and destination)			
	PLACE	NAMES OF CREW*	NUMBER OF PASSENGERS ON THIS STAGE**	
			Departure Place: Embarking Through on same flight	
			Arrival Place: Disembarking	
			Through on same flight	
	Declaration of Health		For official andy	
	Name and seat number or function of persons on board with illnesses other than airstickness or the effects of accidents, who may be suffering from a communicable disease a fever — temperature 38 °C/100° or greater — associated with one or more of the following signs or symptoms, e.g. appearing obviously unwell; persistent coughing; impaired breathing; persistent diarrhoea; persistent vomiting; skin rash; bruising or bleeding without previous injury; or confusion of recent onset; increases the likelihood that the person is suffering a communicable disease) as well as such cases of illness disembarked during a previous stop			
	Details of each disinsecting or sanitary treatment (place, date, time, method) during the flight. If no disinsecting has been carried out during the flight, give details of most recent disinsecting .			
	Signed, if required, with time and date			
	I declare that all statements and particulars contained in this General Declaration, and in any supplementary forms required to be presented with this General Declaration, are complete, exact and true to the best of my knowledge and that all through passengers will continue/have continued on the flight.			
	SIGNATURE			
Size of document to be 210 mm × 297 mm (or 8 1/4 × 11 3/4 inches). * To be completed when required by the State. ** Not to be completed when passenger manifests are presented and to be completed only when required by the State.				
	210 mm (or 8 1/4 inches)			

ANNEX 9

Guidance for Cabin Crew in identifying a suspect case of communicable disease on board an aircraft:

List of signs and symptoms agreed to by ALL public health and aviation organizations.

- •Fever + one of the following:
- •appearing obviously unwell;
- •persistent coughing;
- impaired breathing;
- •persistent diarrhoea;
- •persistent vomiting;
- •skin rash;
- •bruising or bleeding without previous injury; or,
- •confusion of recent onset.

Changes to SARPs 2009

- Annex 6 Operation of Aircraft
 - On board medical supplies
 - Inclusion of a universal precaution kit
 - Managing on board communicable disease event



Annex 6 — Operation of Aircraft

Part I — International Commercial Air Transport — Aeroplanes

Chapter 6. AEROPLANE INSTRUMENTS, EQUIPMENT AND FLIGHT DOCUMENTS

. . .

6.2 All aeroplanes on all flights

Universal precaution kit

- 6.2.2 An aeroplane shall be equipped with:
- a) accessible and adequate medical supplies;

Recommendation.— *Medical supplies should comprise*:

- 1) one or more first-aid kits for the use of cabin crew in managing incidents of ill health; and
- 2) for aeroplanes required to carry cabin crew as part of the operating crew, one universal precaution kit (two for aeroplanes authorized to carry more than 250 passengers) for the use of cabin crew members in managing incidents of ill health associated with a case of suspected communicable disease, or in the case of illness involving contact with body fluids; and
- 3) for aeroplanes authorized to carry more than 100 passengers, on a sector length of more than two hours, a medical kit, for the use of medical doctors or other qualified persons in treating in-flight medical emergencies.
- Note.— Guidance on the types, number, location and contents of the medical supplies is given in Attachment B.

2.2 Universal precaution kits

For routine operations, one or two universal precaution kits should be carried on aircraft that are required to operate with at least one cabin crew member. Additional kit(s) should be made available at times of increased public health risk, such as during an outbreak of a serious communicable disease having pandemic potential.

Such kits may be used to clean up any potentially infectious body contents such as blood, urine, vomit and faeces and to protect the cabin crew members who are assisting potentially infectious cases of suspected communicable disease.

- 4.1.2 Universal precaution kit: Contents
- Dry powder that can convert small liquid spill into a sterile granulated gel
- Germicidal disinfectant for surface cleaning
- Skin wipes
- Face/eye mask (separate or combined)
- Gloves (disposable)
- Protective apron

Changes to SARPs 2009

- Annex 11 Air Traffic Services and PANS-ATM (Procedure for Air Navigation Services – Air Transport Management)
 - Detailed procedure for utilising ATC for notifying destination of on board public health event
 - Public health emergencies included in contingency planning

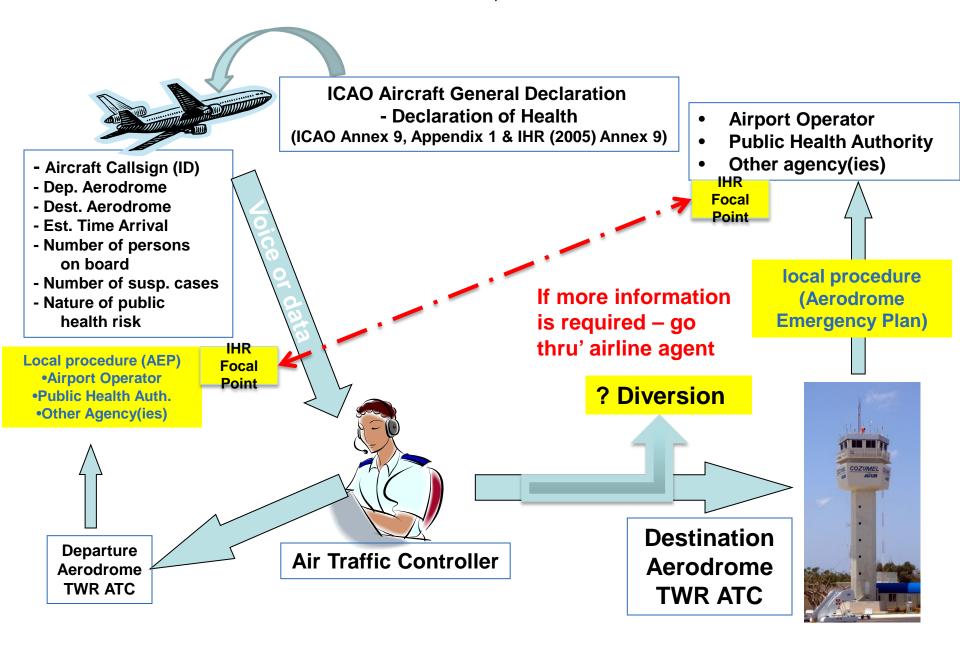


Procedures for Air Navigation Services – Air Traffic Management

- Chapter 16
 - 16.6 Notification of suspected communicable diseases, or other public health risk, on board an aircraft:
 - 16.6.1 The flight crew of an en-route aircraft shall, upon identifying a suspected case(s) of communicable disease*, or other public health risk, on board the aircraft, promptly notify the ATS unit with which the pilot is communicating, the information listed below...

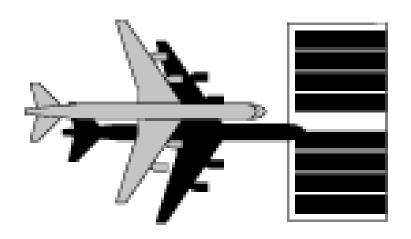
[* see aircraft gen dec for identification]

NOTIFICATION OF SUSPECTED COMMUNICABLE DISEASE, OR OTHER PUBLIC HEALTH RISK, ON BOARD AN AIRCRAFT

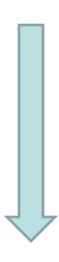


Changes to SARPs 2009

- Annex 14 Aerodromes
 - Public health emergencies included in aerodrome emergency plan



ICAO Universal Safety Oversight Audit Program (USOAP)



Continuous Monitoring Approach (CMA)

Aircraft Operations Protocols (1)

- 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?
- Annex 9, 8.15, Note 1; Annex 6, 6.2 and Attachment B

Guidance for review of question

- Review operations inspectors procedures to ensure they check air operators related procedures
- Sample an air operator procedure to confirm implementation, check if the universal precaution kit is used (not mandatory, recommendation)
- Check the procedure contains communication between the cabin crew and the flight crew and the transmission, for States where it is required, of a General Declaration form.

Aircraft Operations Protocols (2)

- Does the aircraft operations organization ensure that the air operator has established procedures for the pilot in command to report promptly to ATC a suspected communicable disease, in order to facilitate the presence of any special medical personnel and equipment necessary for the management of public health on arrival?
- Annex 9, 8.15; PANS ATM Doc 4444, 16.6.1

Air Navigation Service Protocols (1)

- Does the State ensure that procedures have been established for providing service to aircraft in the event of emergency?
- Annex 11, 2.23, 2.30, Attachment C;
 PANS ATM Doc 4444, 15.1; A11

Guidance for review of question

- Review mechanism established to ensure effective implementation
- Review documented evidence of the procedures followed to render assistance to an aircraft in the event of the following emergencies:
 - Unlawful interference
 - 2. Aircraft bomb threat
 - Emergency descent
 - 4. Medical emergency (+Public health event)
- Review mechanism established to ensure effective implementation
- Review documented evidence of the existence of contingency plans and how they are applied
- Review documented evidence for inclusion of contingency plans in respect of public health emergencies

Air Navigation Service Protocols (2)

- Does the State ensure that the ATS has established a procedure, upon receipt of information from a pilot regarding a suspected case of communicable disease, to forward a message as soon as possible to:
 - the ATS unit serving the destination/departure if applicable
 - the public health authority (PHA) or the appropriate authority designated by the State
 - the aircraft operator or its designated representative the aerodrome authority?
- PANS ATM Doc 4444, 16.6.2 & 16.6.3

Guidance for review of question

- Review procedure and mechanism established to ensure the message is forwarded to the appropriate entities, especially that relating to transfer of information from the destination ATS unit to the public health authority
- Review the mechanism to ensure the contact details of each entity is up to date and available
- During industry visit ensure the procedure is known by the staff and contact details of the entities are available

Organization protocols

- Has the State identified a clear contact point, with identified individual(s), at national aviation level for policy formulation, operational organization of preparedness and coordination of a national plan in order to respond to a communicable disease with the potential to pose a serious public health risk?
- CC Art 14; Annex 9, 8.12 & 8.16; A37-13

Aerodrome Protocols

- Has the State promulgated regulations for aerodrome operators to develop emergency plans, including appropriate cooperation and coordination with other entities involved in the provision of emergency services and the development of the plans?
- Annex 14, Vol. I, 9.1.1 to 9.1.3, Rec Annex 14, Vol. I, 9.1.4 & 9.1.5, GM Doc 9734 Part A 2.4.7 GM Doc 9774 App. 1 4.3

Guidance for review of question

- Verify regulations
- Cross-check with ICAO Annex 14 compliance checklist
- Review evidence to confirm effective implementation, cooperation and coordination
- Include emergencies which may occur in the vicinity of an aerodrome
- Sample aerodrome manual
- Review regulation and manuals to ensure inclusion of public health emergencies and coordination with public health services

USOAP: From May 2013 – "CMA" Continuous Monitoring Approach

- Questionnaire, completed every year (continuous monitoring) by the State and analyzed by ICAO.
- On basis of questionnaire, a full audit may be required
- States with reduced implementation receive a full audit more often than those doing better

CMA for Public Health Events: 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

Guidance Material

ICAO <u>GUIDELINES FOR STATES</u> CONCERNING THE MANAGEMENT OF COMMUNICABLE DISEASE POSING A SERIOUS PUBLIC HEALTH RISK

IATA: Guidelines for Airlines

ACI: Guidelines for Airports

These guidelines are written to assist States in developing an aviation related plan for any communicable disease posing a serious public health risk, such as an influenza virus with human pandemic potential.

This information is written primarily for States and more detailed information that is specific to airports and airlines may be found on the websites of the Airports Council International (ACI) and the International Air Transport Association (IATA).

ICAO State Guidelines are in accordance with the World Health Organization (WHO) International Health Regulations (IHR) (2005)







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