

CAPSCA - MID

Communication procedures
in a public health event

**Khartoum, Sudan.
20 to 22 Feb 2017**

Traveller



Do Not travel if not well



If need to travel: contact airline



**May be asymptomatic at
time travel undertaken ----
boards flight**



**If taken ill while in
airport or in transfer
or transit --- airport
medical service.**



Becomes symptomatic in flight

What happens now??

IHR (2005) Article 28 : ***Ships and aircraft at points of entry***

4. Officers in command of ships or pilots in command of aircraft, or their agents, **shall** make known to the port or airport control as early as possible **before arrival** at the port or airport of destination any cases of illness indicative of a disease of an infectious nature or evidence of a public health risk on board **as soon as** such illnesses or public health risks are made known to the officer or pilot. This information must be immediately relayed to the competent authority for the port or airport. **In urgent circumstances, such information should be communicated directly by the officers or pilots to the relevant port or airport authority.**

ICAO facilitates Requirements of IHR

- CAPSCA developed communication procedure and enabled it to become a **Standard** (must be complied with)

- ❑ Feedback from Public health authorities at POE (airports) ---- information regarding onboard case received very late

- ❑ Further feedback ---- Not only destination airport but departure airport too needs information of the onboard suspect case.

- ❖ Which information channel to use?

Who is the pilot in constant communication with?

ATC

ICAO Health Related SARPs and Guidelines



From 2013 the USOAP audit protocol (CMA) will include questions on public health emergency (PHE) planning.

Annex 9 — *Facilitation*

CHAPTER 8. OTHER FACILITATION PROVISIONS

E. Implementation of international health regulations and related provisions

8.15 The pilot-in-command of an aircraft shall ensure that a suspected communicable disease is reported promptly to air traffic control, in order to facilitate provision for the presence of any special medical personnel and equipment necessary for the management of public health risks on arrival.

Note 1.— A communicable disease could be suspected and require further evaluation if a person has a fever (temperature 38°C/100°F or greater) that is associated with certain 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.

Note 2.— In the event of a case of suspected communicable disease on board an aircraft, the pilot-in-command may need to follow his operator's protocols and procedures, in addition to health-related legal requirements of the countries of departure and/or destination. The latter would normally be found in the Aeronautical Information Publications (AIPs) of the States concerned.

Chapter 16
MISCELLANEOUS PROCEDURES

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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:

- a) aircraft identification;
- b) departure aerodrome;
- c) destination aerodrome;
- d) estimated time of arrival;
- e) number of persons on board;
- f) number of suspected case(s) on board; and
- g) nature of the public health risk, if known.

➤ PANS ATM Doc 4444, 16.6.2 & 16.6.3

16.6.2 The ATS unit, upon receipt of information from a pilot regarding suspected case(s) of communicable disease, or other public health risk, on board the aircraft, shall forward a message as soon as possible to the ATS unit serving the destination/departure, unless procedures exist to notify the appropriate authority designated by the State and the aircraft operator or its designated representative.

16.6.3 When a report of a suspected case(s) of communicable disease, or other public health risk, on board an aircraft is received by an ATS unit serving the destination/departure, from another ATS unit or from an aircraft or an aircraft operator, the unit concerned shall forward a message as soon as possible to the public health authority (PHA) or the appropriate authority designated by the State as well as the aircraft operator or its designated representative, and the aerodrome authority.

Note 1.— See Annex 9 — Facilitation, Chapter 1 (Definitions), Chapter 8, 8.12 and 8.15, and Appendix 1, for relevant additional information related to the subject of communicable disease and public health risk on board an aircraft.

Note 2.— The PHA is expected to contact the airline representative or operating agency and aerodrome authority, if applicable, for subsequent coordination with the aircraft concerning clinical details and aerodrome preparation. Depending on the communications facilities available to the airline representative or operating agency, it may not be possible to communicate with the aircraft until it is closer to its destination. Apart from the initial notification to the ATS unit whilst en-route, ATC communications channels are to be avoided.

Aircraft General Declaration { “Gen-Dec” }

WHO..... IHR(2005) Annex 9

ICAO..... Annex 9

State must specify to airline operators that it requires the submission of the Gen-Dec on arrival of every flight to its airport/s.

- ❖ **Usually when aircraft disinsection is required by the State**
- ❖ **When a PHEIC is in place**
- ❖ **During a Pandemic**

Aircraft General Declaration

APPENDIX 1. GENERAL DECLARATION

GENERAL DECLARATION (Outward/Inward)		
Operator		
Marks of Nationality and Registration		Flight No. Date
Departure from (Place)		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**
		<i>Departure Place:</i> Embarking
		Through on same flight
		<i>Arrival Place:</i> Disembarking
		Through on same flight
<p><i>Declaration of Health</i> Name and seat number or function of persons on board with illnesses other than airsickness or the effects of accidents, who may be suffering from a communicable disease (a fever — temperature 38 °C/100 °F 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</p> <p>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</p> <p>Signed, if required, with time and date _____ Crew member concerned</p>		<p>For official use only</p>
<p>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.</p>		
SIGNATURE _____		<small>Authorized Agent or Pilot-in-command</small>

297 mm (or 11 3/4 inches)

Size of document to be 210 mm x 297 mm (or 8 1/4 x 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.

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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.*

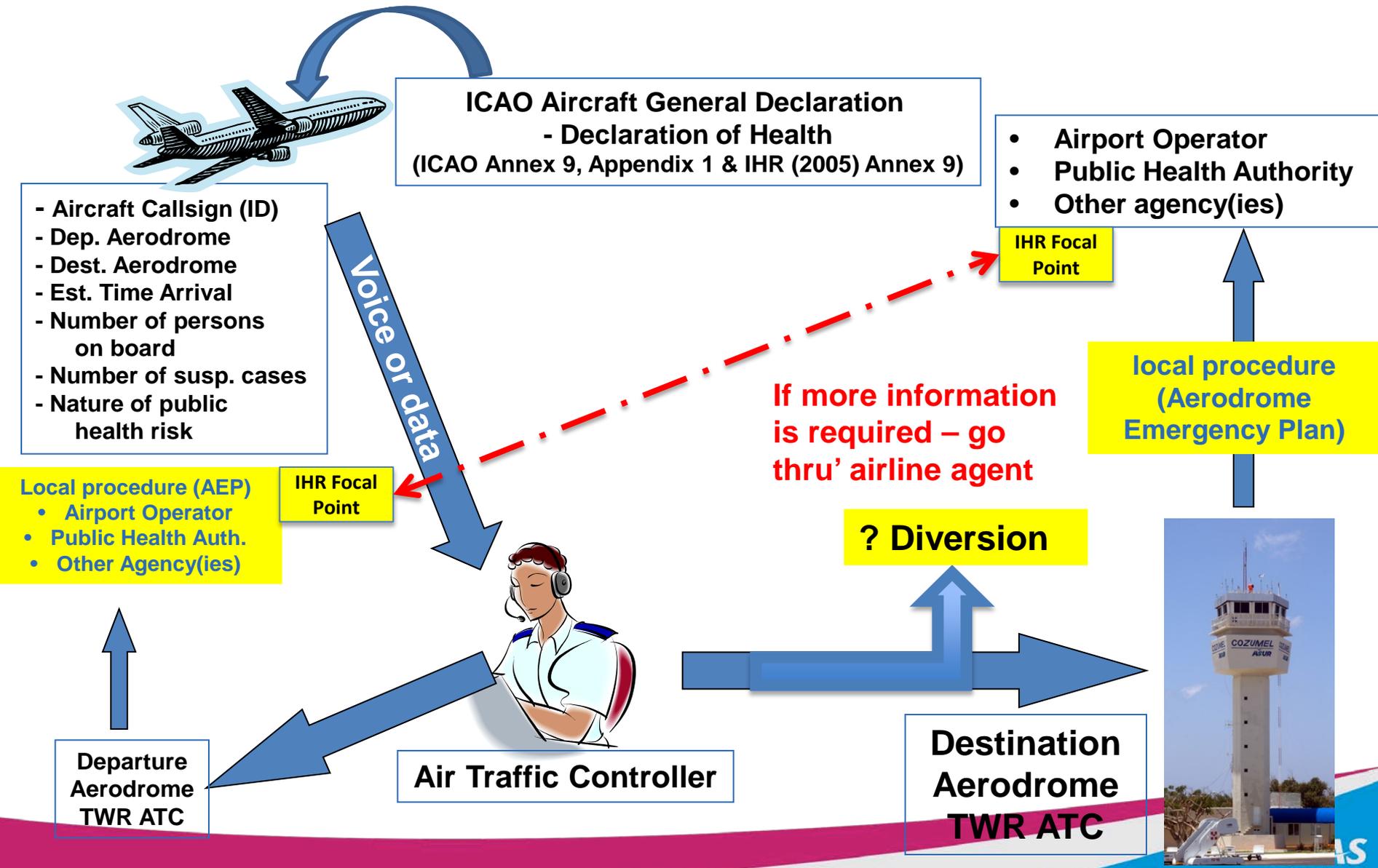
Declaration of Health

Name and seat number or function of persons on board with illnesses other than airsickness or the effects of accidents, who may be suffering from a communicable disease

➤ **A fever — temperature 38 °C/100 °F 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,**

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



Cascade of Public Health Emergency Planning

National Public Health Emergency Plan



National Aviation Public Health Emergency Plan



Airport Public Health Event / Emergency Plan



**Aircraft Operator's Public Health Event /
Emergency Plan**

Arriving Aircraft With Suspect Case/s On Board

- **Parking position of aircraft**
- **Measures for suspect case/s**
- **Measures for other passengers**
- **Measures for Crew**
- **Disinfection of aircraft**
- **Disinsection of aircraft**
- **Baggage**
- **Ramp workers**
- **Others**

Specific Issues

6.4 Parking position of aircraft

The pilot in command (PIC) needs to be advised where to park the aircraft – such information will normally be communicated to the PIC by air traffic control. **It should be noted that parking an aircraft a distance away from the terminal building is likely to delay the public health assessment of the situation, and may make passenger handling more complicated.** There is no evidence to suggest that the public health risk is greater if the aircraft is parked adjacent to the terminal, with an air bridge or steps used for disembarkation. **In principle, the aircraft arrival should be managed by a system that is as close to routine as possible.** The airport plan should, ideally, have a pre-designated parking bay for the aircraft with a suspected case of communicable disease on board.

- ❖ **Aircrew and ground crew need to be advised concerning the opening of aircraft doors, disembarkation and the information to be given to travellers prior to the arrival of the medical team.**
- ❖ **Action should be taken to disembark the travellers as soon as possible after the situation has been evaluated and a public health response has been instituted, if needed.**

- **Measures for suspect case/s**
- **Measures for other passengers**
- **Measures for Crew**

Provision of:

- Screening Area / Facilities**
- Medical Assessment Room with Isolation Facility**
- Temporary Holding Facility**
- Ambulance/s**
- Designated Hospital**

•Disinfection of aircraft

○ Who does it?

- **Contract crew ? – training; what to use; how to do it**
 - **IATA Guidance Material**
- **“Guide to Hygiene and Sanitation on Aircraft”**

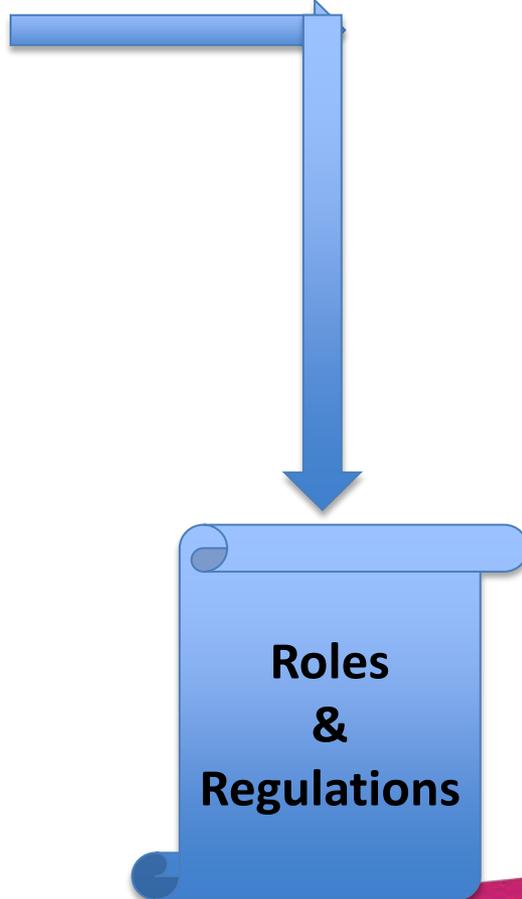
•Disinsection of aircraft

- **Currently, WHO recommends chemical insecticides**
- **Residual Disinsection : Application of insecticide to ALL interior aircraft surfaces; 8 week interval; Can be combined with routine maintenance of aircraft ; No need for spraying after that.**

What if the pilot or cabin crew become ill with symptoms of a suspect case of a public health event:

1. Operational Considerations

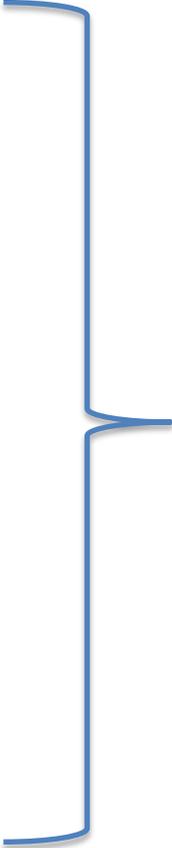
2. Medical Considerations



Roles
&
Regulations

Airport / Airline Stakeholders

- ❖ Check-in staff
- ❖ Security / Police
- ❖ Immigration
- ❖ Customs
- ❖ Facilitation
- ❖ Airline ground handling staff
- ❖ Aircraft cleaning crew
- ❖ Baggage handlers
- ❖ Public Health
- ❖ Airport Medical Services
- ❖ Etc.etc.



Which organization do they belong to?

Collaboration, Coordination, Cooperation, Communication

Key considerations that aircraft operators would like to see

- International border health measures should be implemented under the framework of the new International Health Regulations
- Decision on public health measures based on assessed risks
- Public health measures should be evidence-based whenever possible
- States **should balance the benefits against the costs and potential consequences**
- Desirability of harmonization of interventions at international airports
- Planning, coordination, collaboration, cooperation and communication is essential

Questions?

