Management of persons under investigation (PUIs) for COVID-19:Experiences in the Aviation Industry

Background

Roleplayers:

- WHO- IHR
- ICAO
- South African Government

National Dept of Health- Port Health,

National Dept of Transport- South African Civil Aviation Authority

Airports Management Company - ACSA

- Airline Operators
- Aerotropolis commercial core
- Travellers

Response to COVID-19

Collaboration - through programs like Collaborative Arrangement for the prevention and management of public health events

Port Health Services - to leverage on Port Health's services mandate in terms of the international health regulations and other health legislation

SCAA - sets standards in accordance with the relevant legislation for the airport's management company to give effect to COVID-19 response plans

The 3 waves of the SA epidemic

Expected situation

Actual situation
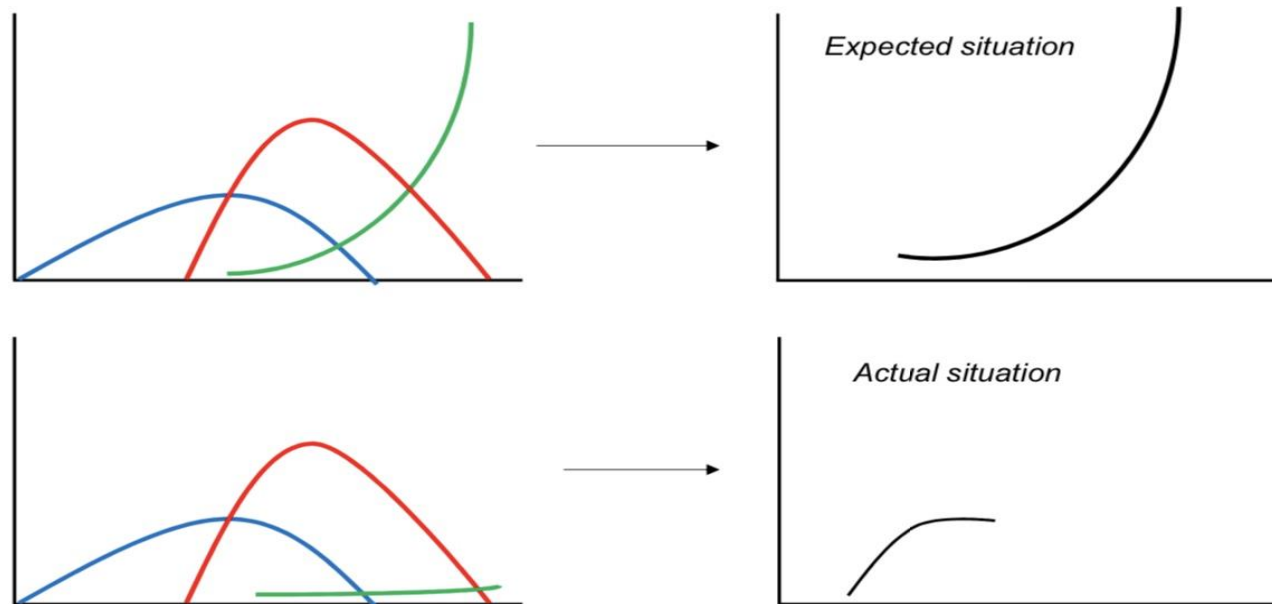
- Travelers
- Contacts and nosocomial transmissions
- Community transmission

Access Control

- Limited number of entry and exit points so as to screen employees, visitors and contractors
- A digital platform has been implemented to screen employees prior to them entering the workplace
- Screening adapted to the changing case definition
- All positive screens are referred to resident OMPs to decide on referral and   medical advice

Management of Suspected cases

- Suspected case given a surgical mask and sent to a secondary isolation site.
- Communication with OHS Clinic for referral processes
- Contact tracing started immediately and quarantine information sent to contacts
- Workplace Access deactivated
- Employee will not be allowed back to the workplace until cleared
- Managers to provide regular contact and support employees

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Requirements for Aviation personnel with confirmed covid-19

- Medical report
- No other household member has illness
- At least 3 Days have passed since recovery
- Fever has been reduced and does not require fever reducing meds
- There are no respiratory symptoms

Challenges

Social distancing not always possible

Arranging transport for an employee who test positive

Creating an environment of honesty where employees feel safe to disclose

OUTLINE OF PRESENTATION

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ICAO PUBLIC HEALTH CORRIDOR

ICAO

PUBLIC HEALTH CORRIDORS (PHC)

UK CAA – PHC TRAIL PAX & CARGO

*GM: Developed by CART DG2 and coordinated with ANC

ICAO PUBLIC CONSIDERATIONS

Aeronautical considerations

License Validity & (training/medical)

- Pilots
- ATCOs
- Technicians

•**Cleared airspace**

•**Maintenance of the A/C**

- C of A validity
- Storage of A/C & Return to Service

Facilitation Considerations

Entry and departure of aircraft

Exemptions/ Authorizations

Aircraft documentation

- General Declaration
- Passenger Locator Form
- Passenger manifest
- Cargo manifest

Travel documents and Passenger Data

Facilitation Considerations

Clean A/C (Certified)

Disinfection/ Cleaning of the a/c**

Clean Facilities (Certified)

- Dedicated COVID parking lots
- Dedicated COVID handling procedures
- Dedicated COVID lanes for border control/security

AIRPORTS

FACTORS THAT AFFECT PROBABILITY OF DISEASE TRANSMISSION AT AIRPORTS

Possible routes of infection

- Before boarding the aircraft

- En-route to the airport by public transport

- In line at the check-in counter

- Waiting in the gate area

- Access to the aircraft via "jet ways" or transport to the aircraft by bus

- Other crowded and confined spaces
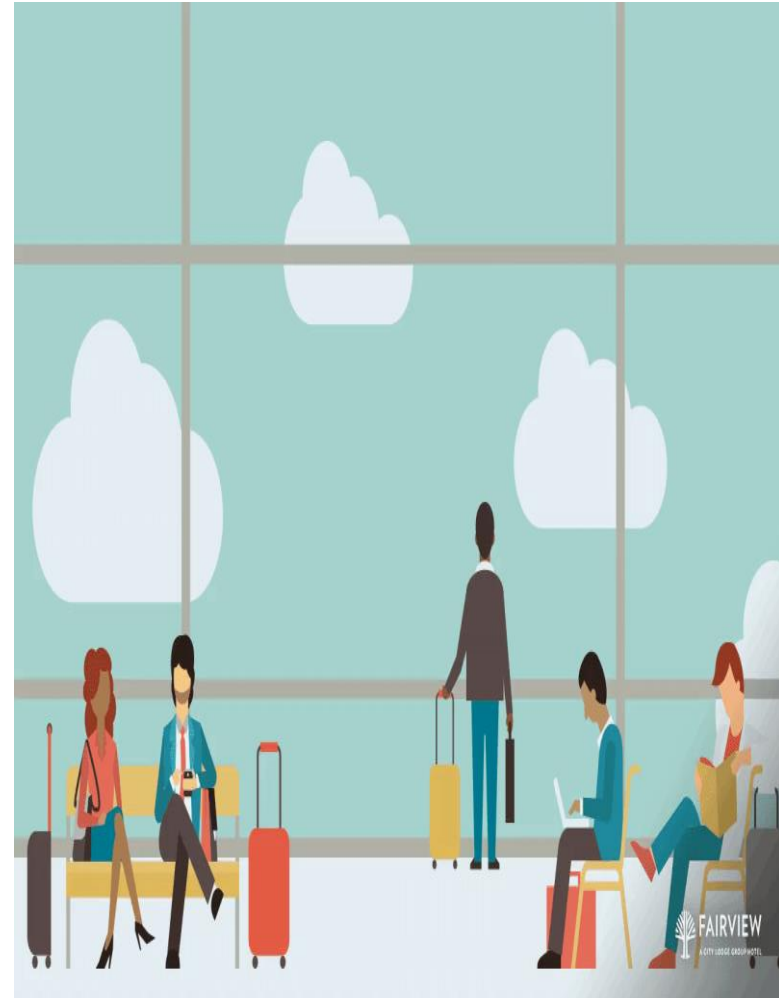
INFECTION PREVENTION AND CONTROL MEASURES

INFECTION CONTROL

- Hand sanitiser should be made available before and after passenger touchpoints and at strategic locations

- Ensure that facilities are available for handwashing.

- increased frequency of cleaning and disinfection activities, including commonly touched surfaces

- Hazardous waste bins for disposal of tissues and Personal Protective Equipment (PPE)

- management of air-conditioning systems and natural ventilation control in public places such as terminals is enhanced

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SOCIAL DISTANCING

– Ensure social distancing of 1.5 metre between persons in the terminal building

PPE

- Airport Personnel to be provided with PPE

- PPE should be appropriate for the nature of duties being performed by aviation personnel

– Level of PPE should be in line with health guidelines

– Education on PPE usage and disposal

– no PPE provides 100% protection

– All passengers to wear masks

FACILITIES

FACILITIES

– Ensure protective screens are installed at check-inn counters

– analyse gate utilisation and ensure most efficient use of gating, enabling sections to be closed to reduce maintenance and resources

– buses used for embarkation and disembarkation of passengers utilise a maximum of 70% of the allowable load and are disinfected after off-loading

– ensure that critical rest rooms and facilities are identified to enable cleaning and maintenance resources to be scheduled accordingly

– Restrict access to optional or high-risk items such as massage chairs, water fountains, children play areas or multipurpose spaces.

– Only travellers in airport buildings

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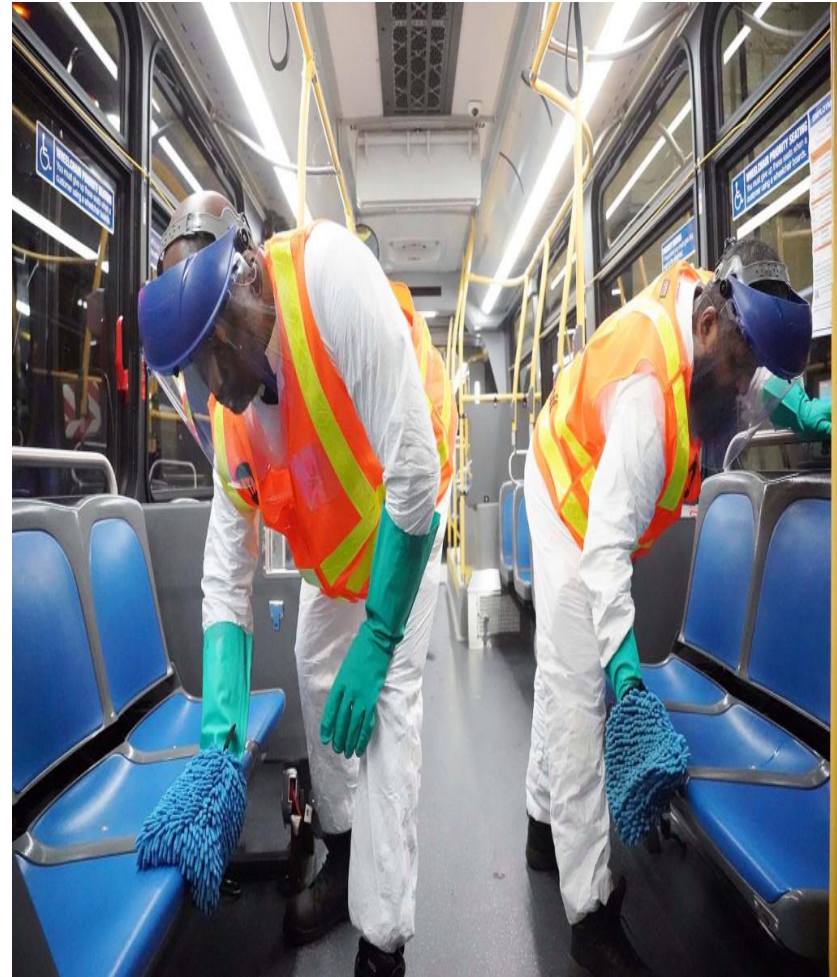
SCREENING

SCREENING:

The **presumptive** identification of **unrecognized disease** in an **apparently healthy**, asymptomatic population by means of tests, examinations or other procedures that can be applied **rapidly and easily** to the target population

IHR AND AIRPORT SCREENING DURING A PUBLIC HEALTH EMERGENCY OF INTERNATIONAL CONCERN (PHEIC)

" A formal plan must be in place to apply entry or exit screening controls at point of entry, if and when recommended, to enable a risk assessment of the individual traveler……"

INTERNATIONAL
HEALTH
REGULATIONS
(2005)

SECOND EDITION

World Health Organization
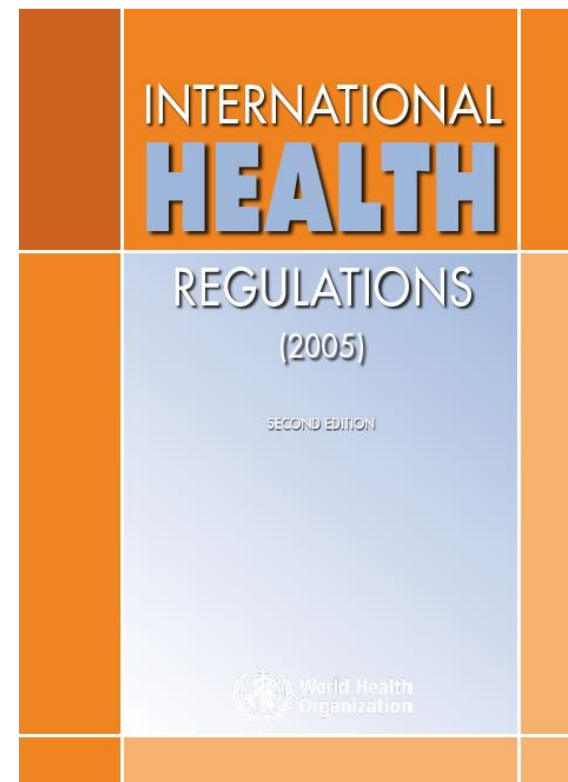
WHO ENTRY & EXIT SCREENING REQUIREMENTS

It is essential to implement public health measures (entry and exit screening) at airports within the context of the IHR.

States must base their determination on the application of Public Health Measures (screening on) :

- Scientific principles

- Shall not be restrictive in terms of international travel

- Not invasive or intrusive (thermal scanners)

WHO ENTRY, EXIT & ENTRY REQUIREMENTS

– Currently no standardised procedures for health screening at airports

– States make individual regional decisions

– Member states are legally obligated to follow the IHR

– No formal penalty for failure to implement exit or entrance screening

SCREENING FOR COVID-19

– Airport authority, in consultation with the Health Authority, where necessary, must ensure that entry and exit screening is in place in line with WHO guidelines

– In line with PHO recommendations, arriving and departing passengers should have their body temperatures tested

– Procedure to manage potential cases detected on screening

– Appropriate Isolation/Quarantine Facilities should be available at airport

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SCREENING FOR CORONA VIRUS

- Airports personnel should be trained on ways to identify symptoms and signs of suspected cases of COVID-19.

- Primary screening includes:
  - Visual Screening;
  - Brief History-Taking
  - Temperature Measurement
  - Perusal of Health Declaration Forms

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SCREENING AT OR TAMBO

Port health screening on all international flights and added measures in response to the recently declared PHEIC, the 2019 novel coronavirus

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┌─────────────────────┐     ┌─────────────────────┐     ┌─────────────────────┐
│  PHO boards flight  │ ──> │  Crew provides PHO  │ ──> │  Crew communicates  │
│       before        │     │    with General     │     │  any health related │
│    disembarkation   │     │ Declaration of Health│    │   incidents to PHO  │
└─────────────────────┘     └─────────────────────┘     └─────────────────────┘
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- If **no health risks**: Passengers may disembark

- **If health risk:** Other passengers disembark while suspect case & contacts remain

Contact tracing information collected

Each case will be treated based on the risks identified

SCREENING AT OR TAMBO

Added measures in response to the PHEIC (2019 novel corona virus)

- Port Health will conduct thermal screening on board

- The passengers are to remain seated until they are advised by the Port Health officials to disembark

- It is imperative that we are able to identify and contain a potential case while on board

AIRPORT STAKEHOLDERS INVOLVED IN THE MANAGEMENT OF COVID-19 OUTBREAK

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ICAO Aircraft General Declaration
- Declaration of Health (signs/symptoms)
(ICAO Annex 9, Appendix 1 & IHR (2005) Annex 9)

- **Airport Operator**
- **Public Health Authority**
- **Other agency(ies)**

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

Voice or data link

Voice or data link

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

Via local procedure (Aerodrome Emergency Plan)

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

Via local procedure (Aerodrome Emergency Plan)

Voice or data link e.g. AFTN

Voice or data link e.g. AFTN*

Departure Aerodrome Air Traffic Services

Air Traffic Controller

Destination ATNS

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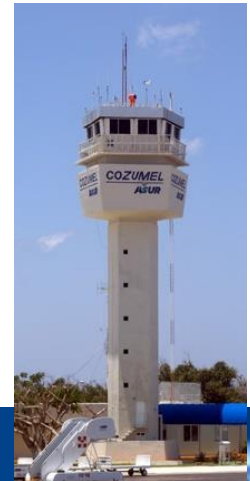
COMMUNICATION

COMMUNICATION

- key to effective pandemic preparedness planning and implementation of plan

- clear contact point for policy formulation and operational preparedness

- Dedicated personnel allocated with the responsibility for operational implementation of the airport preparedness plan

- Communication links:
  - Internal
  - External
  - Travellers

AIRPORT PERSONNEL

AIRPORT PERSONNEL

- temperature taken before reporting for duty
- Staff showing any COVID-19 symptoms should not report for duty
- Employees with underlying medical conditions may be given preference to work from home.
- Access to critical operation control centres should be restricted and reduced to staff in the control centre
- Split operations and back up teams
- Airports should ensure that there is limited physical contact between crews (lunches, free time, off airport activities).
- Regular cleaning of equipment after use

TRAINING OF AIRPORT PERSONELL

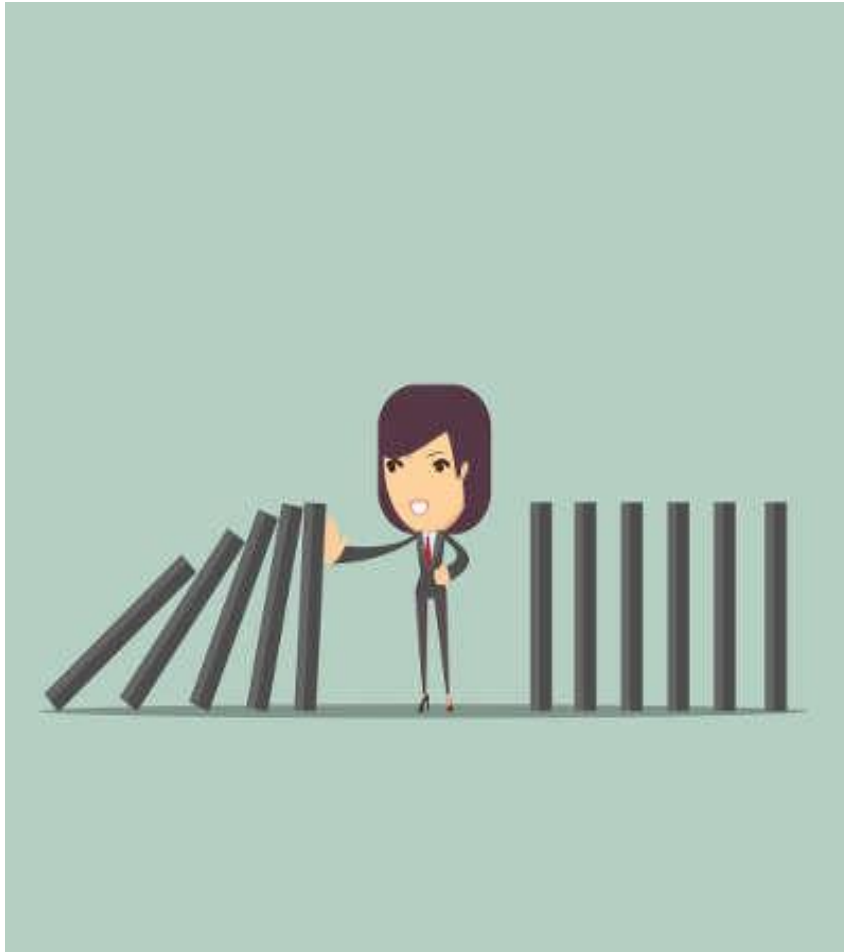|		
COVID 19	Hand Hygiene	–Use of PPE
Disposal of PPE and medical waste	–Respiratory Etiquette	–Social Distancing
–Cleaning and Disinfection	–Identification & management of suspected cases	–Role of each personnel

BUSINESS CONTINUITY PLAN

BUSINESS CONTINUITY PLAN

- Business continuity planning is the process of creating systems of prevention and recovery to deal with potential threats to a company.

- The goal is to enable ongoing operations before and during execution of disaster recovery.

COVID-19 BUSINESS CONTINUITY PLAN

- Airports are required to develop an operational personnel continuity plan to be followed in order to ensure business continuity during the period of the pandemic

- Review prioritisation of Business Processes and balance them against staff numbers required

- Conduct series of validation drills and exercises to ensure efficacies of these plans and train staff

OPERATORS

OPERATORS RISK ASSESSMENT

Risk assessment of Routes

Example Risk Scoring Criteria

Example Risk Scoring Criteria

- Operators may need to consider classifying each route for the level of risk of exposure to Covid-19

- In order to determine whether additional mitigations are required in relation to services, policies or procedures

- The risk levels will change frequently according to the rate of local transmission

1) Local transmission

a) > 50 Score = **1**

b) 51 - 100 Score = **2**

c) > 100 Score = **3**

2) Duration of Flight (Hours)
a)   0 - 4 Score = **1**

b) > 4 Score = **2**

Booked Passenger Load (%)

a) 0 > 60% Score = **1**

b) 61 > 80% Score = **2**

c) > 80% Score = **3**

Risk Score
- Low Risk =3-4

- Medium Risk=5-6

- High Risk =7-8

INFECTION CONTROL MEASURES

CABIN ENVIRONMENT MANAGEMENT

- CC social distancing 1 -2 meters).

- Limited contact with passengers' & belongings, as far as practicable

- CC designated to sections of the aircraft

- Minimise all non-essential (Pre-packaged food services & bottled water)

- CC manage lines during entry & exit into the aircraft

- **Last three rows of seats reserved**

- On-board management procedure of suspected case
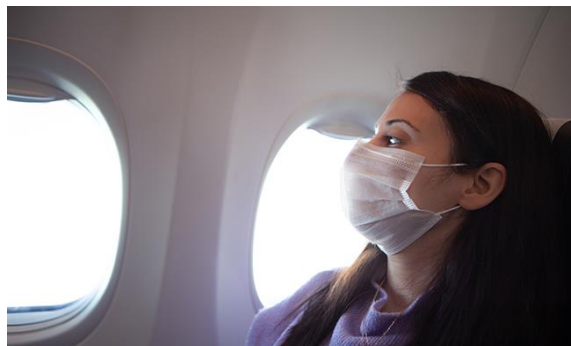
SOCIAL DISTANCING & INFECTION CONTROL

- Social distancing is a challenge as most aircrafts are full

- Passengers are required to wear a face mask throughout the journey

- Air operators are to carry out frequent disinfection (sanitising) of the aircraft

- Compliance with Dangerous Goods requirements

- Cabin Crew must don a face mask and avoid close contact with passengers

- Training of cabin crew and other personnel on infection control measures

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PPE FOR CREW

PASSENGERS WITH DISABILITIES AND PASSENGER AID UNITS

- Where onboard wheelchairs are provided, airlines should consider additional cleaning procedures to ensure they remain clean between each use.

- If assistance is required to escort a sick passenger PPE must be provided to Passenger Aids

- Social Distancing in the busses and disinfection

HANDLING AGENTS

- Sanitising and cleaning of passenger and crew buses should be done regularly using standard disinfectant agents such as 60% alcohol, hypochlorite or peroxide.

- All high touch areas likely to be contacted by a person potentially unwell.

- When an aircraft arrives with a possible COVID-19 passenger or with an affected passenger and Ramp Buses are required, assess the situation before-hand

  - limited number of buses for that service

  - Use the same buses for the whole disembarkation service and disinfect once the process is finalized

  - Limit the number of passengers in the bus

CONCLUSION

Preparation of the Aviation Industry
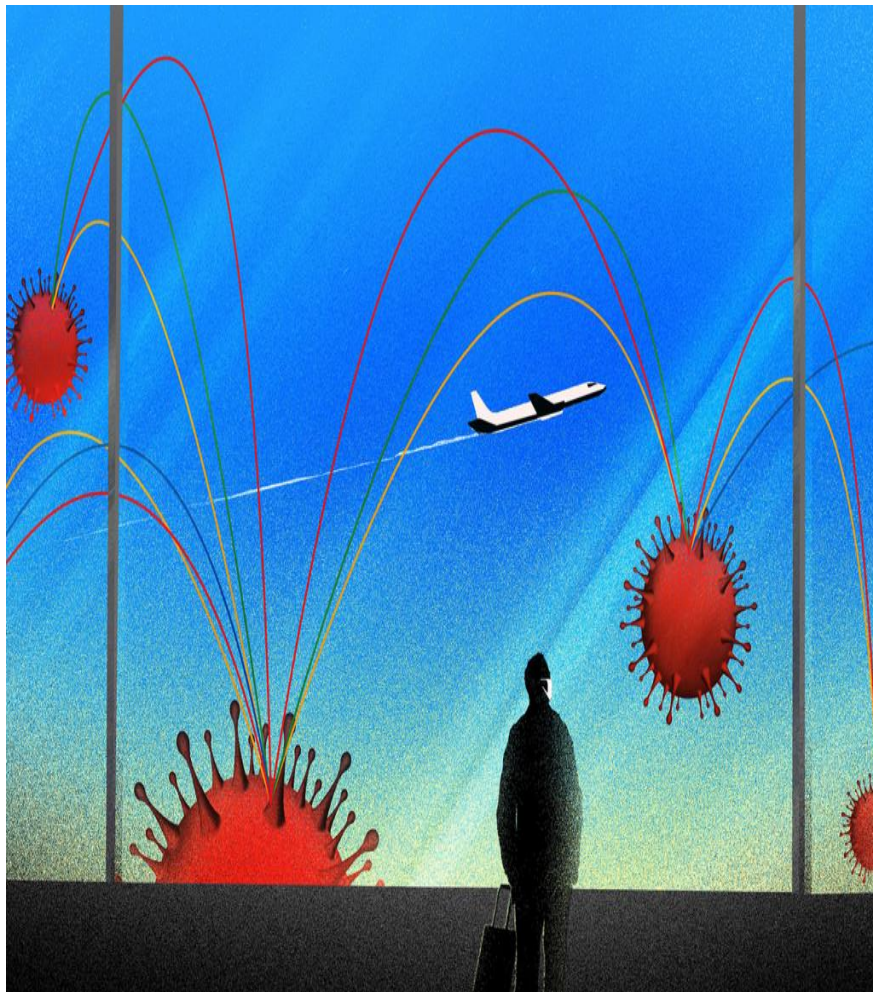
Pre-Lockdown

- Extensive Training Contact;
- Ramp Inspections
- Simulation Exercises

Post Lockdown

- Inspections of Repatriation and Evacuation Flight;
- Training Guidelines
- Virtual Workshops
- Ammnedment of Airline /Airports/ATC Procedures COVID 19 for approval by the CAA
- MSP = Audits of the Airports/Airlines/ATC
- Ramp Inspections
- Simulation Exercises Test Procedures

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THANK YOU