



1st Report

JOINT SELECT COMMITTEE ON
LOCAL AUTHORITIES, SERVICE COMMISSIONS
AND STATUTORY AUTHORITIES
(INCLUDING THE THA)

on an

An Inquiry into the Health and Safety practices and arrangements of the Airports Authority of Trinidad and Tobago (AATT) in light of COVID-19 restrictions.

First Session (2020/2021), 12th Parliament

First Report

Of the

Joint Select Committee on Local Authorities, Service

Commissions and Statutory Authorities

(including the THA)

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Tobago (AATT) in light of COVID- 19 restrictions.**

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1st Report on an Inquiry into the Health and Safety practices and arrangements of the Airports Authority of Trinidad and Tobago (AATT) in light of COVID-19 restrictions.

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ACRONYMS AND ABBREVIATIONS

| ABBREVIATION | ORGANISATION |
|---------------------|--|
| AATT | Airports Authority of Trinidad and Tobago |
| ACI | Airport Council International |
| ANRRIA | ANR Robinson Airport |
| C & E Division | Customs and Excise Division |
| CARPHA | Caribbean Public Health Agency |
| CMO | Chief Medical Officer |
| CMOH | County Medical Officer of Health |
| EPATT | Estate Police Association of Trinidad and Tobago |
| HODs | Heads of Department |
| ICAO | International Civil Aviation Organization |
| MNS | Ministry of National Security |
| MOH | Ministry of Health |
| MOWT | Ministry of Works and Transport |
| PAHO | Pan American Health Organization |
| PIA | Piarco International Airport |
| PPE | Personal Protective Equipment |
| SOP | Standard Operating Procedures |
| THA | Tobago House of Assembly |
| TTCAA | Trinidad and Tobago Civil Aviation Authority |
| WFH | Work-from-Home |

TABLE OF CONTENTS

LIST OF TABLES..... 8

LIST OF APPENDICES 8

EXECUTIVE SUMMARY..... 9

SUMMARY OF RECOMMENDATIONS..... 12

INTRODUCTION 17

Background17

Composition of the Board18

Inquiry Rationale..... 19

Summary of Evidence Together with Findings and Recommendations 21

Objective 1: To assess the health and safety policies, systems and protocols implemented by the AATT to mitigate the risks associated with operating the country’s two (2) international airports..... 21

Oversight21

Health and Safety Protocols and Policies Utilised by the AATT 22

Gaps in the AATT Operations as identified by Caribbean Airlines Limited (CAL) 25

Health and Safety Protocols and Practices of key entities operating at the International Airports 26

Health and Safety Protocols of Domestic Airlines..... 26

Health and Safety Protocols of the Immigration Division 27

Health and Safety Protocols of the Customs and Excise Division 28

International Recognition..... 29

Infrastructural Modifications 30

Challenges in Implementing Protocols 31

Covid-19 Testing Requirements for travel 32

Security Arrangements at the Airports 33

Sanitisation..... 33

| | |
|---|-----------|
| New Sanitisation Methods for Cargo | 33 |
| External Suppliers..... | 34 |
| Quarantine Measures | 34 |
| Stakeholder Engagement..... | 35 |
| Multi-agency Collaboration | 37 |
| Findings and Recommendations | 37 |
| Objective 2: To assess the risk management strategies employed by the AATT in the implementation of its Covid-19 plans..... | 43 |
| Risk Management Strategies..... | 43 |
| Protocols observed for Covid-19 Positive Staff | 44 |
| Managing Risk through Communication Strategies | 45 |
| Travelers..... | 45 |
| Staff | 45 |
| Service Providers/Suppliers | 46 |
| Assessing Risks to Covid-19 Strategies | 46 |
| Contingency Plans..... | 47 |
| Findings and Recommendations | 49 |
| Recommendations | 50 |
| Objective 3: To examine the adequacy of AATT’s human resources to implement the identified Covid-19 policies, systems and protocols..... | 52 |
| Human Resource Challenges within the AATT | 52 |
| Vacancies | 52 |
| Human Resource Challenges with Airport Stakeholders | 53 |
| Training for Staff..... | 53 |
| Findings and Recommendations | 55 |
| Objective 4: To assess the gaps in AATT’s Covid-19 strategy..... | 58 |
| Financial Allocations..... | 58 |

| | |
|---|----|
| Findings and Recommendations | 61 |
| Recommendations of Stakeholders | 62 |
| Caribbean Airlines | 62 |
| Customs and Excise Division | 63 |
| Estate Police Association of Trinidad and Tobago (EPATT) | 64 |
| Appendices | 66 |
| Appendix I | 67 |
| Caribbean Airlines Covid-19 Airport Policy | 67 |
| Appendix II | 70 |
| List of CARICOM/ Regional Forums..... | 70 |
| Appendix III | 72 |
| Reference Documents used to develop AATT Policies | 72 |
| Appendix IV | 75 |
| Key Processes and Procedures utilised by the AATT | 75 |
| Appendix V | 78 |
| New Technology Implemented for COVID-19 | 78 |
| Appendix VI | 80 |
| AATT Accreditation Requirements..... | 80 |
| Appendix VII | 84 |
| AATT Organisational Chart | 84 |
| Appendix VIII | 88 |
| Minutes..... | 88 |
| Appendix IX | 94 |
| Verbatim Notes | 94 |

LIST OF TABLES

| | |
|--|----|
| Table 1: Communication Strategies Utilised by AATT to Engage Stakeholders..... | 36 |
| Table 2: Summary of Funding Allocated to the AATT in Fiscal 2020 | 58 |
| Table 3: Breakdown of Costs in Implementing the AATT’s Covid-19 Response strategy | 59 |
| Table 4: Budgetary allocations and releases assigned to AATT for the past three (3) fiscal years. | 60 |

LIST OF APPENDICES

| APPENDIX NO. | DETAILS | PAGE NO. |
|---------------|---|----------|
| Appendix I | Caribbean Airlines’ Covid-19 Airport Policy | 62 |
| Appendix II | List of CARICOM/ Regional Forums | 65 |
| Appendix III | Reference Documents used to develop AATT Policies | 67 |
| Appendix IV | Key Processes and Procedures utilised by the AATT | 70 |
| Appendix V | New Technology Implemented for COVID-19 | 73 |
| Appendix VI | AATT Accreditation Requirements | 75 |
| Appendix VII | AATT Organisational Chart | 79 |
| Appendix VIII | Minutes | 83 |
| Appendix IX | Verbatim Notes | 89 |

EXECUTIVE SUMMARY

1.1 At its 2nd meeting held on Thursday 26th November, 2020, the Committee resolved to inquire into the Health and Safety practices and arrangements of the Airports Authority of Trinidad and Tobago (AATT) in light of COVID-19 restrictions and agreed that the following four (4) objectives would guide the inquiry:

- i. **To assess the health and safety policies, systems and protocols implemented by the AATT to mitigate the risks associated with operating the country's two (2) international airports.**
- ii. **To assess the risk management strategies employed by the AATT in the implementation of its Covid-19 plans.**
- iii. **To examine the adequacy of AATT's human resources to implement the identified Covid-19 policies, systems and protocols.**
- iv. **To assess the gaps in AATT's Covid-19 strategy.**

1.2. To this end, the Committee identified several governmental and non-government stakeholders it wished to engage to acquire a holistic perspective on the issues under consideration. Further to this, on Wednesday 6th January, 2021, the Committee convened a public hearing with the primary stakeholders involved including the AATT, Ministry of Works and Transport (MOWT) and the Ministry of Health (MOH). The input of all other stakeholders was obtained in writing.

1.3. Some of the issues which were highlighted during the course of the inquiry included:

- a. **The efficacy and effectiveness of the Health and Safety Practices utilised by the AATT;**
- b. **The necessary adjustments to infrastructure at the national airports;**

- c. The financial, operational and infrastructural limitations which are militating against the successful implementation of health and safety measures aimed at counteracting Covid-19;**
- d. The need for additional screening and testing protocols at the airports to deal with incoming international commercial flights given the advent of new variants of Covid-19;**
- e. The need for security arrangements to be maintained at the national airports notwithstanding the reduction in passenger traffic;**
- f. The communication strategy adopted by the AATT to engage its stakeholders during the pandemic;**
- g. The crucial need for multi-agency collaboration in developing strategies to combat Covid-19;**
- h. The importance of managing risks associated with operating a port of entry during a pandemic involving an infectious disease;**
- i. The Business Continuity Strategies utilised by the AATT;**
- j. The effects of financial constraints on the implementation of the health and safety protocols by the AATT;**
- k. The role of the central government in supporting the efforts of the AATT to effectively execute its mandate during the pandemic.**

1.4. From observations made during this inquiry, the Committee has proffered recommendations which it believes will appropriately address the operational shortcomings and challenges identified based on the evidence received. A summary of these recommendations follows this Executive Summary.

1.5. We anticipate that the Parliament, MOH and the MoWT and other stakeholders would give due consideration to the findings and recommendations contained in this Report with a view to ensuring that the airports are adequately prepared to provide clients and stakeholders with a safe and user-friendly air transportation experience. The

1st Report on an Inquiry into the Health and Safety practices and arrangements of the Airports Authority of Trinidad and Tobago (AATT) in light of COVID-19 restrictions.

Committee looks forward to reviewing the line Ministry's response to this Report, which becomes due, sixty (60) days after it is presented to the Houses of Parliament.

SUMMARY OF RECOMMENDATIONS

The key recommendations proposed by the Committee are as follows:

- i. That the AATT should continue to sustain and modify (where necessary) its health and safety practices to effectively treat with the imperatives created by the Covid-19 pandemic. These health and safety arrangements must be carefully crafted based on the standards, protocols and guidelines issued by local and international regulatory bodies. At this time (June 2021), preliminary plans and strategies for the post “lock-down” period should already be formulated and under consideration by the Board of the Authority.**

- ii. The AATT must ensure that the manpower, equipment and supplies required to execute the regular sanitization of surfaces and spaces are procured and efficiently deployed. The real test of how successfully the authority has translated its documented sanitization protocols and policies into positive action, is imminent.**

- iii. The layout of Staff rooms/lounges and other staff accommodation of Border Control Agencies (Immigration and Customs and Excise) should be appropriately modified to facilitate proper social distancing.**

- iv. The infrastructure of the ANR Robinson airport presents a unique challenge in terms of the screening and regulation of passengers. The AATT’s management team must challenge itself to develop innovative and cost-effective methods for achieving this goal as substantial infrastructural modifications to the current terminal may not be feasible, given Central Government’s plans to construct a new terminal building.**

- v. The AATT must explore and determine additional opportunities to introduce**

automated passenger services. Priority should be given to the introduction and use of Health Passports and Digital Passport readers.

- vi. All incoming and outgoing baggage associated with regional and international flights should be appropriately sanitized before they are collected by passengers. To this end, electrostatic fogging machines can be utilized.**
- vii. Given the infectious nature of emerging variants of the Covid-19 virus including the Delta, Gamma, Alpha and most recently Delta Plus variants, the mandatory use of advanced PPE by front line staff of the AATT, and the routine testing of AATT staff should be considered. The implementation of full body sanitization facilities should also be seriously considered.**
- viii. That the Ministry of Health afford the Border Control Agencies priority access to vaccination.**
- ix. The continuation of simulation exercises by the AATT and its stakeholders involving different scenarios, including high risk health and safety scenarios, as it prepares for the re-opening of international borders and future pathogenic threats.**
- x. The Ministry of National Security (Immigration Division) and the Ministry of Health should collaborate to ensure that all international passengers destined for Trinidad and Tobago are subjected to the necessary health screening at the airports. This must also apply to passengers who are in transit to offshore facilities.**
- xi. That the AATT work closely with its line Ministry to secure the necessary additional funds to sustain and improve its Covid-19 health and safety**

protocols. The Ministry is required to provide the Parliament with an update on this matter in its Ministerial Response to this report.

- xii. The AATT must modify its risk management strategies in anticipation of a limited or full resumption of international air travel.**
- xiii. With the aid of social media and other cost-effective media platforms, the AATT should enhance its public information and sensitization campaigns with the aim of boosting the confidence of passengers and reassuring them that our international airports are safe and compliant with local and international standards.**
- xiv. To encourage constructive feedback on the efficacy of the AATT's Covid-19 protocols, appropriate client feedback systems should be implemented. These may include social media surveys, pop-up surveys while accessing the airport's WiFi network, electronic 'Suggestion Boxes' or survey kiosks.**
- xv. The AATT must continuously review and modify its risk management plans and strategies in order to effectively respond to the changing demands generated by Covid-19. We imagine that no two airports are the same, so specific risk assessment of each international airport must be routinely undertaken.**
- xvi. Consideration should be given to improving the sanitization of air cargo where practicable.**
- xvii. The MOH and THA should move with alacrity in filling all the posts of Port Health Officers and deploying these officers at all major ports of entry. The presence of variants of the Covid-19 virus underscores the critical need for qualified health personnel to be on active duty at ports of entry. In its**

response to this Report, the MOH is asked to provide the Parliament with a brief report on the deployment and impact of hiring additional Port Health Officers.

- xviii. **Given that staff of multiple state agencies operate at the airport, the AATT must ensure that its stakeholder communication strategy is robust and responsive. This will assist in minimizing misunderstandings and ambiguities of job roles and functions specifically as it relates to the execution of Health and Safety protocols.**
- xix. **That the AATT continue to employ innovative cost curtailment measures. We anticipate that regular discussions with creditors and debtors are being executed by the management team.**
- xx. **It is inevitable that international flights will resume as the impact of the pandemic subsides. Therefore, it is incumbent on the line Ministry and Ministry of Finance to source funds (as far as is practicable) to finance the crucial infrastructural projects which have been deemed necessary for enhancing health and safety standards.**
- xxi. **The AATT must work closely with the relevant line Ministries to secure additional allocations to execute short-term infrastructural modifications which have been deemed necessary to fortify its Covid-19 response. In the interim, the necessary project planning activities should be well advanced including risk mitigation techniques to minimize or prevent cost-over-runs and project delays.**
- xxii. **The Committee recommends that the AATT engage with its stakeholders with a view to ensuring that, where applicable, there is a reduction in staff presence at the airport. A clear communication strategy should be utilised on**

days that increased flights and activities are expected. Communication must be consistent and clear with all stakeholders regarding their roles and functions in streamlining the Covid-19 protocols.

INTRODUCTION

Background¹

Regulatory Framework

- 2.1. The Airports Authority of Trinidad and Tobago (“the Authority”) is a statutory body established by the Airports Authority Act, chapter 49:02 (No. 49 of 1979²). The line ministry responsible for the Authority is the Ministry of Works and Transport.

- 2.2. The mandate of the Authority is “to develop and manage its airport estates, including the development, maintenance and improvement of its facilities, so as to ensure the availability of efficient, secure and safe aviation services and commercial viability.” The Authority is responsible for the management and operation of both the Piarco International Airport (POS) and the ANR Robinson International Airport (TAB).

Strategic Focus

- 2.3. The Authority is focused on:
 - Improving infrastructure, operational efficiency and performance on our estates to facilitate and attract new business;
 - Maximizing aeronautical and non-aeronautical revenues through superior business processes, systems, tools and people;
 - Achieving excellence in customer service and stakeholder relations;
 - Upgrading airport safety, security and operations to the highest standards through enhanced systems and processes;

² https://rgd.legalaffairs.gov.tt/laws2/Alphabetical_List/lawspdfs/49.02.pdf

- Ensuring the highest, most transparent and effective corporate governance system; and
- Continuous improvement by developing strategic Human Resource Management Systems and processes leading to a performance - driven culture.

Composition of the Board

2.4. The following are the members of the Executive Management Team³ at the AATT:

| | | |
|-------|------------------------------|---|
| i. | Mr. Hayden Newton | General Manager |
| ii. | Col. Albert Griffith | Deputy General Manager- Security |
| iii. | Mr. Emmanuel Baah | Deputy General Manager – Estate Planning and Business Development |
| iv. | Mr. Kurt A.G. Menal | Deputy General Manager- Airport Operations |
| v. | Ms. Pamela Scotland-Benjamin | Deputy General Manager- Airport Operations |
| vi. | Ms. Shannon Rudd | Corporate Secretary |
| vii. | Carmela Wallace-Shanklin | Financial Controller |
| viii. | Zola Joseph | Corporate Communications Manager |
| ix. | Joanna Friday | Marketing Manager (Ag.) |

³ http://www.tntairports.com/NEW/board_members.html

Inquiry Rationale

2.5. As a measure to curtail the spread of Covid-19, on March 21st, 2020, the Government of Trinidad and Tobago announced its decision to close the nation’s borders to all international travel. While travellers have the option to apply for special exemptions to enter and exit the country, as of October 19, 2020, the borders remain closed. However, domestic flights have continued on a reduced schedule. Though the date for re-opening the borders is not yet known, sound health and safety protocols along with other operational modifications will be among the prerequisites for the resumption of international and regional flight services. As such the Committee determined that it would be timely to conduct an examination of the arrangements, systems and procedures which are being applied by the AATT during this period and in anticipation of the partial or full reopening of the borders.

Methodology for obtaining evidence

2.6. On Wednesday January 6th, 2021, a public hearing was held virtually via Zoom Video Conferencing program with representatives of the AATT, the MOWT and the MOH at which time the Committee interviewed the officials on issues relevant to the inquiry objectives. The respective entities were represented as follows:

Airports Authority of Trinidad and Tobago (AATT)

| | |
|-------------------------------|--|
| Mr. Hayden Newton | General Manager |
| Mr. Kurt Menal | Deputy General Manager- Operations |
| Mrs. Pamela Scotland-Benjamin | Deputy General Manager- Operations (Tobago) |
| Mr. Albert Griffith | Deputy General Manager- Security |

Ms. Carmela Wallace

Financial Controller

Ministry of Health

Dr. Roshan Parasram

Chief Medical Officer

Dr. Osafo Fraser

County Medical Officer of Health
- St. George East

Dr. Tiffany Hoyte

County Medical Officer of Health
- Tobago

Ministry of Works and Transport

Ms. Dhanmattee Ramdath

Permanent Secretary (Ag.)

Mr. Rabindranath Heeralal

Director of Environmental Health
and Safety

- 2.7. The Minutes and Verbatim Notes relevant to the Committee's public hearing with the AATT, the MOWT and the MOH, are attached as Appendix VIII and Appendix IX respectively.

Summary of Evidence Together with Findings and Recommendations

Objective 1: To assess the health and safety policies, systems and protocols implemented by the AATT to mitigate the risks associated with operating the country's two (2) international airports.

Oversight

3.1.1. The Ministry of Works and Transport (MOWT) is the line Ministry with responsibility for the oversight of the Airports Authority of Trinidad and Tobago (AATT). By written submission dated December 16th, 2020, the MOWT indicated that it undertakes this mandate in accordance with the requirements set out in the following:

- The Airports Authority of Trinidad and Tobago Act, Chap 49:02;
- The Exchequer and Audit Act, Chap. 69:01 and accompanying Financial Regulations;
- The Central Tenders Board Act, Chap 71:91;
- The State Enterprises Performance Monitoring Manual; and
- Various Call Circulars and other guidance materials issued by the Ministry of Finance.

3.1.2. The MOWT closely monitors the performance of the AATT and the progress of its capital projects via monthly, quarterly and annual reports and statements. The documents:

- Monthly Public Sector Investment Programme (PSIP) Project Status Reports;
- Monthly Project Implementation Schedules;
- Monthly Statements of Expenditure;

- Quarterly Financial Statements;
- Annual Administrative Reports;
- Annual Achievement Reports; and
- Annual Audited Financial Statements

3.1.3. During the public hearing, Mr Hayden Newton, General Manager of the Airports Authority of Trinidad and Tobago (AATT) stated that *“the International Civil Aviation Organisation is the organisation responsible for the harmonization of aviation internationally. But locally the organisation that is responsible in terms of ensuring that we follow the guidelines or the standards and the recommended practices of ICAO is really the Trinidad and Tobago Civil Aviation Organisation, that is the regulator, and they regulate the environment, they regulate – they provide the regulations which are part of our national laws upon which the Airports Authority is, in fact, governed and the Airports Authority continues to operate”*.

3.1.4. The Committee also determined that it would be useful to acquire the input of the Trinidad and Tobago Civil Aviation Authority (TTCAA), given its regulatory mandate for civil aviation practices in Trinidad and Tobago. However, in response to the Committee’s request for written comments, the TTCAA advised that the organisation will be unable to contribution to the inquiry. By letter dated January 21, 2021 TTCAA advised the Committee that the matters which were under the Committee’s consideration were outside of its remit and suggested that the issues would be more appropriately addressed by the Ministry of Health as the lead agency responsible for guiding and advising on the management of infectious diseases such as Covid-19.

Health and Safety Protocols and Policies Utilised by the AATT

3.1.5. The AATT in its written submission dated December 15th, 2020 stated that it has documented several plans and policies to effectively treat with Covid-19, i.e.

- i. AATT Health and Safety Standard Operating Procedures (SOP) for Business Continuity following COVID-19 Lockdown;
- ii. AATT Covid-19 Preparedness and Response Plan – Piarco International Airport within which are the following procedures:
 - a) Procedures for conducting thermal screening;
 - b) Piarco International Airport Cleaning and Disinfection Plan;
 - c) A.N.R. Robinson International Airport Cleaning and Disinfection Plan.

Copies of the foregoing documents were included in the AATT's submission.

3.1.6. According to the AATT, all Covid-19 plans and policies have been developed in accordance with local and international regulations as set out by the following institutions:

- i. Ministry of Health (MOH);
- ii. World Health Organisation (WHO);
- iii. Pan American Health Organisation;
- iv. International Civil Aviation Organisation (ICAO);
- v. Airports Council International (ACI);
- vi. International Air Transport Authority (IATA).

3.1.7. Additional documents utilized by the AATT may be found in **Appendix III**.

3.1.8. According to the AATT's submission, the closure of the national borders along with regulated arrivals and departures prompted the development of mitigation strategies and measures based on international best practices and supplemented by the MOH's guidelines. Therefore, commensurate health and safety protocols were established for Arrivals, Departures, Ticket Purchases, Food and Beverage Service Areas, Duty Free and Gift Shops.

3.1.9. In its written submission the MOWT stated that it was aware of the additional measures the AATT had undertaken in response to the threat of Covid-19:

- a. Procurement of Preventative Materials, Chemicals and Equipment as it pertains to risk and exposure.
- b. Maintenance of Personal Protective Equipment (PPE) stock for a minimum of thirty (30) days, which include
 - o Face Masks;
 - o Face Shields;
 - o Gloves;
 - o Safety Glasses; and
 - o Disposable Coveralls.
- c. The Implementation of a Training and Awareness Plan to ensure that all employees and stakeholders are trained on the measures being implemented at the AATT and the respective terminals. Conjunctively, a communication plan is to be utilised to provide employees and stakeholders with Covid-19 information. Efforts to provide a hygienic environment for travel is to be further communicated to the general public via social media platforms.
- d. Physical Distancing Measures at both airports such as Sneeze Guards, Floor markers (1500) and seat markers (1200) and signs advising passengers of social distancing measures and the mandatory need for a mask.
- e. Further establishment of Preventative Measures for the Passenger Journey.

3.1.10. The practices outlined are in keeping with international standards as prescribed by Airports Council International (ACI) and aligned with the International Civil Aviation Organisation (ICAO) and in collaboration with the International Air Transportation Association (IATA). Therefore, the MOWT is confident that the

AATT is sufficiently prepared in its Covid-19 response and the application of the required Health and Safety Protocols, underscoring the AATT's attainment of the ACI health accreditation.

Gaps in the AATT Operations as identified by Caribbean Airlines Limited (CAL)

3.1.11. In seeking to obtain a holistic perspective on the efficacy of the AATT's Covid-19 response, the Committee sought the feedback of key users of the airport facilities. To this end, CAL was able to identify some real and potential gaps in the AATT's response. They are as follows:

- i. In the current operations, there are at times personnel resource issues for the early morning Air Bridge services, specifically in relation to the first flight departing at 5.45a.m;
- ii. Sanitising stations are sometimes not refilled in a timely manner;
- iii. Sanitising stations for the Airside Operations are inadequate;
- iv. At times the pre-recorded messages which are made on the Main Public Address System in the Airport as reminders to passengers on the Covid-19 protocols are distorted and difficult to understand;
- v. Due to the infrastructural set up of the ANR Robinson Airport which is an open compound without specific entry/exit points, more supervision of the passengers for queue-control (to ensure crowd control) is required in light of the increased number of customers on the Air Bridge flights;
- vi. The introduction of electronic passport readers at the entry point to the Departure Gates so that passengers could scan their own passports and minimize personal contact.

Health and Safety Protocols and Practices of key entities operating at the International Airports

Health and Safety Protocols of Domestic Airlines

3.1.12. The Committee considered that it would be instructive to capture the feedback from Caribbean Airlines Limited with a view to obtaining an understanding of the Health and Safety strategies that were being dispensed by the national airline to sustain its operations, all be at a reduced level. In its written submission the airline advised the committee of the following new measures that that it has implemented since the advent of COVID-19 in support of the AATT Health and Safety practices:

- a. **Social Media** - Caribbean Airlines uses its social media forum to advise and encourage customers on the use of mobile, web check-in and the self-service kiosks in order to minimize contact with agents at the check in counters;
- b. **Media Releases** - Several media releases, as well as, customer advisories were posted advocating the mandatory use of facemasks. Recurrent reminders are done on social media;
- c. **Supply of PPE to CAL Staff** - PPE has been provisioned for all Caribbean Airlines Ground Operations personnel and flight crew;
- d. **Signage** - Caribbean Airlines has posted signage at the terminal and gate departure area advising Customers on social distancing requirements and the mandatory use of facemasks;
- e. **CAL electronic monitor screen for Air Bridge Pax** - The operation of a CAL electronic monitor screen is in place at both the Piarco and ANR International airports for the acceptance of standby passengers on the Air bridge flights. This eliminates the accumulation of passengers at the check-in counters.

- f. **Airline Schedule Requirements to allow for sanitising** - As per AATT request, the Air Bridge flight schedule is published creating a forty-five (45) minute separation between flights to allow for sanitising and disinfecting procedures following each flight.

3.1.13. The international authorities that informed CAL's Covid-19 Airport Policy are as follows:

- IATA - Safely Re-opening Borders, A Practical Guide;
- ICACO - Covid-19 Recommended Practice and the ICAO Council Aviation Recovery Task Force (CART) Take Off.

3.1.14. A summary of CAL's Covid-19 Airport Policy may be found in **Appendix I**.

3.1.15. At present Caribbean Airlines is also working with IATA on the implementation of the following measures to add to CAL's COVID-19 Airport Policy:

- a. Health Passport for passengers;
- b. Electronic Passport readers for use at the Airports.

Health and Safety Protocols of the Immigration Division

3.1.16. In its written submission dated April 7th, 2021, the Immigration Division stated that it remains guided by the MOH on its Covid-19 protocols. However, as part of its specific measures to mitigate the spread of Covid-19, passengers and flight crew were not allowed to traverse the Immigration Hall. Alternatively, arriving passengers were screened by Port Health Officials and were diverted to quarantine facilities if/when required. On December 1st 2020, however, this was discontinued and arriving passengers and flight crew were allowed to use the Immigration Hall, with continued screening by Port Health Officials. As such, the Immigration Division received Personal Protective Equipment (PPE) and hand

sanitizers from the AATT, for use by employees. The Immigration Hall was outfitted with additional sanitising stations, signage, and notices. The Hall is also sanitised every two hours or as required after every flight.

3.1.17. In its written submission, it was stated that the Chief Immigration Officer was advised that Immigration Officers were medium to low risk of being infected by the Covid-19 virus whilst in the performance of their duty. This risk category was justified by establishing that Immigration Officers operate behind enclosed workstations or booths, which is a barrier between the officer and arriving passenger.

3.1.18. Paradoxically, there was an article published by the Guardian Newspaper⁴ dated March 1st, 2021, which stated that two more immigration officers have tested positive for COVID-19 pushing the total to 13 and triggering an immediate suspension of the two remaining shifts rostered to man the Piarco International Airport. Another 84 immigration officers ceased working and proceed on quarantine pending covid-19 testing.

Health and Safety Protocols of the Customs and Excise Division

3.1.19. As at February 18th 2021, the Customs and Excise Division has ensured that its staff was adequately supplied with proper PPE such as KN95 masks, reusable cloth masks, disposable gloves, hand sanitisers and disinfect, to deal with arriving passengers. Additionally, coveralls were being sourced. Customs personnel have been supplied with thermometers to test the temperatures of visitors prior to entering the customs area.

⁴ <https://www.guardian.co.tt/news/more-immigration-officers-go-for-covid-tests-today-as-cases-climb-6.2.1295672.3af1ba817b>

3.1.20. Protective screens have also been installed in areas where officers are required to interact with other persons, although, at present, the number of persons entering the Piarco Airport has been significantly reduced.

International Recognition

3.1.21. According to the MOH's submission dated December 18, 2020, on October 14, 2020 the AATT received the prestigious Airport Health Accreditation from the Airport Council International (ACI) on October 14, 2020 for the period October 2020 – October 2021. The award was given after an assessment of the readiness of their airports in the advent of COVID-19, details of the specific requirements which had to be satisfied to obtain this accreditation are outlined in Appendix VI.

3.1.22. According to the AATT, the assessment entailed the completion of a questionnaire, followed by a series of online interviews conducted by an assessor with the Authority's team. Items requiring clarification were re-submitted and a verification exercise was conducted before award of the accreditation. The physical infrastructure of the airports was evaluated through the submission of photographs, video, procedures, manuals or policies. The questionnaire indicates where photographs and documentation will be most useful as supporting evidence. Additional evidence was solicited in interviews as required.

3.1.23. To obtain additional insights into how this accreditation was achieved, the Committee questioned stakeholders on the contributions they made (if any) to the accreditation process. In this regard, CAL advised that it was not formally requested by the AATT to participate in the accreditation process, however its operational policies and actual operations for the Air Bridge and repatriation flights were used by the AATT and the Airports Council International in the assessment. CAL's policies included the following:

- Airport Operation Plan;
- Covid-19 Operating Policy; and
- CAL's Air bridge and Repatriation Flights Operations.

3.1.24. According to the AATT, the accreditation will be valid for one calendar year and will expire in October 2021. During the year, airports are expected to complete ongoing self-assessment and quality assurance. ACI may perform a further review during the year to monitor continuing adherence to best practice.

Infrastructural Modifications

3.1.25. **Electrostatic fogging machines** have been acquired for both airports and the required staff members have been assigned to operate these machines. Additionally, the baggage claim area has been outfitted with floor markers to facilitate social distancing.

3.1.26. According to the Customs and Excise Division, hand sanitising units have been installed in the terminal, which has been an adequate measure against Covid-19 given the restrictions on incoming flights. However, the Customs and Excise recommended that the re-opening of the borders will require additional sanitisation stations to be installed throughout the precincts of the airports.

3.1.27. According to CAL, there was a stakeholder meeting with AATT which discussed recommended strategies to maintain social distancing during interactions with customers. As such, the following infrastructural arrangements have been adapted in keeping with CAL's recommendations:

- **Sneeze guards** have been mounted at the check-in counters at both the Piarco International and ANR Robinson International airports;
- **Floor markers** are used for the demarcation of the distancing requirement at the terminal, boarding gates, immigration, and baggage retrieval areas;

- **Seating for customers** are made unusable to comply with the distancing requirements. These are placarded with seat markers;
- **Self-service check in kiosks** are available to provide a contact free check in for passengers at the terminal;
- **Gate readers** are used to allow passengers to scan their own boarding passes.

Challenges in Implementing Protocols

3.1.28. According to the AATT submission, there are additional protocols, strategies and systems which if implemented will enhance its response to COVID-19, however financial, human resource and spatial constraints, have hindered their implementation. These are as follows:

- a. Health screening of persons entering the ANR Robinson International Airport. Achieving this is hindered by the open design of that Airport;
- b. Accommodating large numbers of passengers within the facilities, while adhering to physical distancing guidelines of 6ft spacing is challenging given the space constraints of the terminals at both airports. (WHO recommends that a physical distance of three to six feet is sufficient);
- c. Increased isolation and assessment space are required by Port Health at ANRRIA to enhance current capacity for processing suspected cases;
- d. Additional wall mounted thermal scanners for faster throughput of passengers at Piarco International Airport (PIA) and a reduction in the possibility of congestion;
- e. Technology for self-service facilities – e.g. baggage tag printers, at self-check-in kiosks to minimise person to person contact; and
- f. Automated border control systems and technologies to be facilitated by the Ministry of National Security.

- 3.1.29. The AATT stated that Health screening (temperature checks) of persons entering ANRRRIA is challenging due to its open design. Therefore, to install controls for persons accessing the terminal, by enclosing the space through various means, will come at a significant financial cost. Personnel needed to conduct health screening at the points of entry into the terminal are also not currently available.
- 3.1.30. Increasing the assessment and/or isolation space available for Port Health at ANRRRIA to enhance current capacity for processing suspected cases is also significantly challenging due to the limited space available for use, before the Immigration Arrival Hall. The Port Health Division will be required to examine other available options for the screening of arriving passengers.
- 3.1.31. Additionally, ANRRRIA (PIA Domestic Departures) is challenged with the inability to comfortably and safely accommodate passengers from more than one (1) flight at its arrival and departure halls while observing the physical distancing requirements due to space constraints.
- 3.1.32. The **Estate Police Association of Trinidad and Tobago**, in its submission dated January 22nd, 2021, stated that it was satisfied with the screening and scanning arrangements at the Piarco International Airport, however, the arrangements utilised at the ANR Robinson airport are concerning. However, the Association highlighted that there was a lack of screening at the access point to the check-in area and the concessionary.

Covid-19 Testing Requirements for travel

- 3.1.33. The requirement for passengers to provide the airline with a negative Polymerase Chain Reaction (PCR) test result 72 hours before departing for Trinidad and Tobago has significantly reduced the chances of Covid-19 transmission through

airline travel. However, the presence of new strains of the virus underscores the need for additional health and safety protocols.

Security Arrangements at the Airports

3.1.34. There has been increased monitoring and surveillance, specifically at the ANRRIA, to ensure that there is compliance with Covid-19 protocols such as mask wearing and social distancing.

3.1.35. According to the Estate Police Association of Trinidad and Tobago (EPATT), notwithstanding the reduction in international flights security personnel are required to be present on the Airport Estate to perform duties on a twenty-four (24) hour basis. This continued vigilance was justified to subvert any real or potential risk to the safety and security of the airport and its parameters.

Sanitisation

New Sanitisation Methods for Cargo

3.1.36. Specific protocols were implemented for sanitizing cargo areas. According to the written submission of the Customs and Excise Division (C&E), dated February 18th, 2021, the carousel belts, scanner conveyor belts and examination counters within the Customs arrival hall are disinfected with a chemical called “Micro Chem Plus”.

3.1.37. According to the C & E there are no measures in place to sanitise the bags of arriving passengers, however appropriate social distancing measures are in place for passengers to retrieve their luggage. During the public hearing on January 6th, 2021, it was stated that staff are assigned to ensure that these measures are adhered to by incoming passengers. Furthermore, a sanitisation team is stationed at the baggage room for the duration of an incoming flight to ensure that spaces are sanitised at appropriate intervals.

External Suppliers

3.1.38. According to CAL's submission, external suppliers accessing the AATT premises to access CAL offices must comply with the AATT Terminal requirements that are in place, which include temperature checks and mandatory mask usage. This has proven to be an effective measure within the Piarco Airport due to the existence of one controlled entry and exit point, however the airline noted that enforcing similar arrangements at the ANR Robinson Airport was a significant challenge due to the open layout.

Quarantine Measures

3.1.39. The **Port Isolation Rooms** were used at the initial stages of the pandemic to interview passengers arriving from high risk countries. However, following the closure of the borders the Isolation Room is used less frequently. Moreover, the MOH stated that as at January 6th, 2021 there were no arriving passengers with Covid-19 symptoms.

3.1.40. In instances where a positive case is identified, the MOH will utilise the flight manifest to identify and contact passengers who are deemed to have been at the greatest risk of exposure due to immediate or close contact to the infected passenger. More specifically, passengers seated two rows in front of and behind the positive passenger are considered high risk.

3.1.41. All other passengers will be closely monitored for fourteen (14) days. In cases where the positive passenger may have moved around the plane, all passengers will need to be quarantined. An extended quarantine period may be necessary to mitigate against a new strains of the virus.

3.1.42. According to the AATT's written submission, passengers suspected to be COVID-19 positive will immediately be escorted to the Port Health Isolation/ Assessment

room. Suspected positive cases shall usually be transported via ambulance or other vehicle designated by the relevant health authority, and transfer shall occur on the airside.

Stakeholder Engagement

3.1.43. According to the written submission of the AATT, the Authority engaged in a consultative process to develop the protocols utilised with the following stakeholders:

- The Ministry of Health (MOH);
- The Tobago House of Assembly (THA), Division of Health, Wellness and Family Development;
- Airlines;
- Government Agencies (Immigration Division, Customs and Excise Division etc.);
- Airport Concessionaires;
- Employees and employee representatives;
- Trinidad and Tobago Civil Aviation Authority (TTCAA); and
- The Authority also maintains its relationships with the Ministry of Tourism, Trinidad Tourism Limited and the Tobago Tourism Agency to ensure compatibility of all measures with national plans for tourism development.

3.1.44. Since the closure of the borders on March 23rd 2020, site visits, in collaboration with the MOH, were conducted to determine the necessary course of action. Plans were presented to each stakeholder group prior to implementation. It was further stated that regular meetings were conducted online to ensure that appropriate mitigation measures were adopted and in alignment with recommended guidelines related to the Covid-19 virus.

3.1.45. The following Table presents a summary of the feedback obtained from stakeholders in relation to the communication practices adopted by the AATT since the advent of the pandemic.

TABLE 1: COMMUNICATION STRATEGIES UTILISED BY AATT TO ENGAGE STAKEHOLDERS

| ENTITY | COMMUNICATION STRATEGY |
|---|---|
| Customs and Excise Division | The AATT engaged through emails, telephone calls and virtual meetings. |
| Estate Police Association of Trinidad and Tobago | Social media and the telecommunications network were used to inform the traveling public, stakeholders, management and staff. Virtual and In-person Meetings were also held. |
| Caribbean Airlines Limited | Stakeholder Meetings were held with CAL, Airlines Association, Ground Handling Companies, Immigration, Customs and the Port Health Authority. Additionally, an open door policy was introduced to facilitate open communication with stakeholders. |
| Immigration Division | The AATT has maintained effective constant communication with the Immigration Division. |
| Trade Unions | The AATT engaged the unions in matters of sanitisation measures and provision of PPE and COVID related measures since March 2020. |

Multi-agency Collaboration

3.1.46. Naturally, the Ministry of Health is the leading agency guiding the Covid-19 response at the Airports. Specifically, the Office of the County Medical Officer of Health (CMOH) St. George East and Tobago, and the Port Health Division of the Ministry, who are charged with implementing border health security measures at the airports. The Authority has formed intricate partnerships with these agencies so that they are involved in every aspect of the Covid-19 response and operational planning at the airports.

3.1.47. Furthermore, according to the MOH's submission dated December 18, 2020, the AATT is a member of the Cabinet appointed Multi-Sectoral Committee to treat with Covid-19 and other emerging infectious diseases. The AATT is also a member of the subcommittee related to the re-opening of the borders for non-essential travel. The main areas of collaboration consist of advice on border control to ensure that international organisations such as the International Air Transport Association (IATA) are kept abreast of policies relating to the reopening of the borders.

Findings and Recommendations

Based on the evidence set out in this section, the Committee concluded as follows:

- i. In developing its documented plans and policies in response to the Health and Safety threat presented by Covid-19, the AATT consulted guidelines and procedures established by international bodies, namely the ICAO, as a guiding principle for its operations which has assisted it in navigating the ongoing pandemic. These international standards complimented the national policies which are being dispensed by the Ministry of Health.
- ii. The working arrangements for Airport Security personnel have been sustained

notwithstanding the considerable reduction in passenger traffic since properly securing the precincts of the airport remains a priority.

- iii. The open structure of the ANR Robinson airport provides a challenge in curtailing unwanted interactions among passengers. Conversely, some experts may argue that the open air configuration of the airport may be less conducive to the circulation of airborne pathogens. Whatever the case, the Committee expects that the officials of the relevant authorities will consider scientific, ergonomic, architectural design factors when determining the most suitable infrastructural modifications for the country's airports.
- iv. It was evident that efforts have been made to install the necessary sanitizing equipment throughout the airport terminal, particular at the Piarco International Airport. However, feedback from key stakeholders highlighted the need for the installation of additional automated passenger processing technologies such as check-in kiosks.
- v. The arrival protocols for passengers are in keeping with international standards. However, the infiltration of new strains of covid-19 necessitates more stringent screening protocols for incoming passengers.
- vi. The assessment of the AATT's health and safety protocols is being conducted with minimal passenger traffic at the airports. Therefore, the true effectiveness of these measures may only be reflected when there is an increase in passenger traffic. As such, reopening of the border must be accompanied by a commensurate increase in the necessary Health and Safety arrangements.
- vii. Evidently, the efficient regulation of all entrance and egress sites throughout the airport compound is an essential prerequisite for safeguarding the integrity of

the Health and safety protocols that are being applied at our airports.

- viii. The inherent risk of working in a high passenger traffic environment was realized with the exposure of several Immigration Officers to Covid-19 and the death of two (2) AATT employee's due to Covid-19. Although, the precise place at which these employees contracted the disease could have been outside the airport, these scenarios may justify the need for more extensive or advance risk mitigation strategies to be applied by front line border control agencies such as Immigration, C&E and Estate Constables.
- ix. The Inter-agency collaborations and robust stakeholder communication practices of AATT are commendable and should be sustained.
- x. The AATT's obtainment of the accreditation from the ACI, is a notable achievement. The swift implementation of Covid-19 protocols at the national airports is definitely an accomplishment. However, the extent of the true efficacy of these protocols may only be seen when the borders are reopened.

Recommendations

Based on the evidence received and further to the foregoing findings, the Committee respectfully recommends as follows:

- i. **That the AATT should continue to sustain and modify (where necessary) its health and safety practices to effectively treat with the imperatives created by the Covid-19 pandemic. These H&S arrangements must be carefully crafted based on the standards, protocols and guidelines issued by local and international regulatory bodies. At this time (June 2021), preliminary plans and strategies for the post "lock-down" period should already be formulated and under consideration by the Board of the Authority.**

- ii. **The AATT must ensure that the manpower, equipment and supplies required to execute the regular sanitization of surfaces and spaces are procured and efficiently deployed. The real test of how successfully the authority has translated its documented sanitization protocols and policies into positive action is imminent.**

- iii. **The layout of Staff rooms/lounges and other staff accommodation of Border Control Agencies (Immigration and Customs and Excise) should be appropriately modified to facilitate proper social distancing.**

- iv. **The AATT and the Ministry of Transport are asked to provide the Parliament with:
 - a) **an overview of feasible infrastructural modifications that can be made to the Piarco and ANR Robinson International Airports to facilitate greater compliance with Covid-19 protocols;**

 - b) **a policy position on the operationalisation of the passport scanning kiosks (automated border control system) at the Piarco International Airport as a means of reducing the amount of time passengers spend in the immigration Hall.****

- v. **The infrastructure of the ANR Robinson airport presents a unique challenge in terms of the screening and regulation of passengers. The AATT's management team must challenge itself to develop innovative and cost-effective methods for achieving this goal as substantial infrastructural modifications to the current terminal is not be feasible, given Central Government's plans to construct a new terminal building.**

- vi. **The AATT must explore and determine additional opportunities to introduce automated passenger services. Priority should be given to the introduction**

and use of Health Passports and Digital Passport readers.

- vii. All incoming and outgoing baggage associated with regional and international flights should be appropriately sanitized before they are collected by passengers. To this end, electrostatic fogging machines can be utilized.**

- viii. Given the infectious nature of emerging variants of the Covid-19 virus including the Delta, Gamma, Alpha and most recently Delta Plus variants, the mandatory use of advanced PPE by front line staff of the AATT and the routine testing of AATT staff should be considered. The implementation of full body sanitization facilities should also be seriously considered.**

- ix. The Committee strongly recommends that the Ministry of Health afford the Border Control Agencies priority access to vaccination.**

- x. The continuation of simulation exercises by the AATT and its stakeholders involving different scenarios, including high risk health and safety scenarios as it prepares for the re-opening of international borders and future pathogenic threats.**

- xi. The Ministry of National Security (Immigration Division) and the Ministry of Health should collaborate to ensure that all international passengers destined for Trinidad and Tobago are subjected to the necessary health screening at the airports. This must also apply to passengers who are in transit to offshore facilities.**

The Committee endorses the following recommendations presented by Estate Police Association of Trinidad and Tobago towards the improvement of the AATT's Covid-19 Response Plan:

- **Thermal Scanning and sanitising equipment and procedures for all external gates and terminal building access points;**
- **Restricting the number of entry points at Piarco International Airport by securing certain doors or bypass of the thermal screening and sanitising process;**
- **The provision of equipment for the sanitizing of areas such as dormitories, security vehicles and other high traffic/ high touch areas;**
- **Various levels/ barriers of temperature screening and hand sanitisation throughout the terminal building and office areas;**
- **Face shield and face mask for all officers;**
- **A policy to treat with suspected Covid-19 cases.**

Objective 2: To assess the risk management strategies employed by the AATT in the implementation of its Covid-19 plans.

3.2.1. Airports present a significant threat as it relates to the transmission of infectious diseases due to the continuous flow of passengers from various parts of the world. Potential risk factors associated with airports, as listed in the MOH submission, are as follows:

- Large volumes of persons routinely transiting airports makes contact tracing complex;
- The constant interface between staff and persons originating from high risk countries;
- Minimising transmission risk with large groups in small enclosed spaces;
- Physical limitations reduce chances of social distancing; and
- Airports operate on a 24/7 basis which impacts on the downtime needed to sanitise and clean general areas.

Risk Management Strategies

3.2.2. The AATT has developed Risk Management Strategies for the following:

Operational Risk

- i. Temperature screening for all airport staff;
- ii. Provision of appropriate PPE to all personnel;
- iii. Early detection and referral for assessment of sick personnel;
- iv. Staggering of shifts with non-contact handover procedures;
- v. Frequent sanitization of shared spaces and equipment;
- vi. Minimum stock levels for one month maintained for all PPE and, cleaning and disinfecting supplies; and
- vii. Health Safety and Environment Department, Supervisors and Managers ensure business continuity and that SOPs are adhered to.

Financial Risk

Liquidity

- i. Monitoring of Liquidity Ratios through revised cash forecasting by developing both short term and 5-year plans.
- ii. Controlling cash by scheduling of payments to creditors and for project payments.
- iii. Revising Capital Expenditure Plans.
- iv. Controlling expenses by:
 - a. Undertaking mission critical maintenance projects only.
 - b. Reducing personnel expenditure by removal of all overtime and enforcing vacation reduction planning in accordance with targets.
- v. Secure Funding
 - a. Request of funding from the Central Government for recurrent expenditure as revenues fell by 88% to 95%.
 - b. Requesting extended credit periods from suppliers/contractors.
- vi. Stakeholder meetings with employees'/trade unions, tenants, suppliers and contractors.
- vii. Reorganization of processes, procedures and structures through the development of business continuity plans and revised scenario plans.
- viii. Continued and intensified focus on non-aviation related revenue through increased advocacy.

Protocols observed for Covid-19 Positive Staff

3.2.3. The procedures for staff members who have tested positive for COVID-19 is described hereunder:

- Sanitization of all areas and contact tracing is immediately initiated upon detection of a suspected case of COVID-19 among staff on duty.

- Staff is immediately referred to the relevant health facility, and the Health, Safety and Environment Department makes direct contact with the relevant CMOH or their designate to ensure that appropriate measures are applied and track the health assessment of the employee.
- Contacts are instructed to self-isolate if there is risk of transmission.
- Off duty staff who test positive are granted the necessary leave, as verified by the Ministry of Health/Division of Health, Family and Wellness, and require a certificate of medical fitness from these health authorities before they are allowed to return for duty.
- Contact tracing among staff is conducted as necessary following telephone interviews with the employee who has tested positive.

Managing Risk through Communication Strategies

3.2.4. The AATT strategy for communicating protocols to the following groups are as follows:

Travelers

- i. Media Releases, flyers, postings and promotional videos on its corporate website, social media and traditional media are used to advise the public of changes in requirements and current protocols at the airports. At the airports, signage, public address announcements, rotating displays on flight information display screens, journey maps and verbal reminders from staff are in place to ensure that passengers adhere to the Authority's COVID-19 measures. There are also partnerships with the respective tourism agencies to inform travelers on requirements via their online platforms.

Staff

- ii. Protocols were initially communicated to staff through online training, meetings and circulation of policy documents. Protocols are reinforced through briefings, communique and verbal reminders from Health and

Safety staff, Managers and Supervisors. Information is also posted on the staff intranet.

Service Providers/Suppliers

- iii. Service providers, suppliers and external contractors are supplied with guidance on the measures they will be expected to adhere to, as a condition for their access to the airports. This guidance has been updated to include COVID-19 requirements. Tenants of the airports were also advised of COVID-19 requirements via meetings and the distribution of the AATT's Standard Operating Procedures (SOP) for Business Continuity.

Assessing Risks to Covid-19 Strategies

3.2.5. The procedures employed by the AATT in assessing risks to its COVID-19 strategies and Action Plan were as follows:

- i. Identification of hazards associated with the strategies identified in the plan
- ii. Identification of risks and assessment of the probabilities for contracting the virus.
- iii. Identification of relevant mitigating measures and contingency plans.

3.2.6. These risks are continuously monitored by the management team and adjustments in procedures are made accordingly.

3.2.7. Additionally, the AATT conducted a readiness assessment through implementation, continuous monitoring, gap analysis and evaluation. The AATT has done several observation exercises and online meetings discussing various scenarios as it relates to the movement of passengers through the terminal to ensure that physical distancing is maintained and congestion is avoided.

3.2.8. The processing of repatriation flights and domestic flights through the terminal building has allowed for the evaluation of the processes in collaboration with all stakeholders (border control agencies, airlines and other airport personnel). The AHA accreditation process also provided verification of the implemented protocols against an international standard.

3.2.9. Additionally, further drills and simulations were conducted through a 'table-top' exercise on the COVID-19 guidelines. The findings of this exercise were as follows:

- The current systems and procedures were adequate for immediate operationalisation, however the AATT will await the Ministry of Health's guidelines for entry requirements upon re-opening of the borders;
- The provision of adequate staffing by all entities (airlines, border control agencies, ground handlers) with input into the travel process is critical to ensuring a smooth processing of passengers;
- There is a challenge with space limitations for facilitating social distancing in keeping with a minimum of 6ft in various parts of the terminal;
- A combined effort is required from all agencies to manage queuing and ensure physical distancing requirements are maintained to avoid congestion; and
- Assistance is needed for arriving passengers with limited mobility to be lifted on to the transportation buses through co-ordination with the Ministry of National Security.

Contingency Plans

3.2.10. Several contingency plans exist for non-complaint travelers, contact tracing, outbreak of Covid-19 among staff. They are as follows:

Non-Compliant Travelers

- i. Non-compliant travellers are not permitted to enter the Airports. All airport users are required to uphold Public Health Ordinances that are enforceable by law. Arriving passengers are also subject to the conditions outlined by the Ministry of National Security for their entry, which are enforceable by the Trinidad and Tobago Police Service (TTPS).

Contact Tracing

- ii. Contact tracing is performed by the relevant health authorities.

Covid-19 Outbreak among Staff

- iii. In the event of a staff outbreak requiring the isolation of a number of employees, qualified and trained personnel in the areas where gaps may exist, will be reassigned from Piarco International Airport (PIA) to ANR Robinson International Airport (ANRRRIA) or vice versa, to perform operationally critical tasks and to ensure business continuity. In the event that there is insufficient staff, the Authority's procurement policy provides for the emergency engagement of contractors for services such as custodial maintenance.
- iv. During the preparation of this report, the Committee noted that two (2) employees of the ANR Robinson International Airport died from Covid-19 on May 26th and May 28th respectively⁵. In response, it was reported that that AATT arranged rapid Covid tests for all employees of the Airport and requested that the Ministry of Health place airport employees on the list of high priority persons to be vaccinated⁶.

⁵ [Security officer, cop die from virus | Local News | trinidadexpress.com](#)

⁶ <https://newsday.co.tt/2021/06/01/covid19-tests-for-tobago-airport-staff/>

Findings and Recommendations

Based on the evidence set out in this section, the Committee concluded the following:

- i. In relation to mitigating financial risks, the AATT applied some commendable strategies. However, counteracting an 85% to 95% decline in revenue is a daunting challenge. We trust that the AATT was able to successfully negotiate the necessary payment deferrals with its creditors.
- ii. Further to (i) above, the AATT is expected to work with its line Ministry to secure additional funds which are urgently required to support and sustain its Covid-19 response strategies at the Piarco and ANR Robinson Airports.
- iii. The risk management strategies of the AATT appeared to have been effective thus far in the context of a significant reduction in passenger traffic and related activities at the airports. Arguably such operations have taken place in a controlled environment which is characterized by a significant curtailment of international travel. Consequently, the AATT will be required to modify its risks management strategies in anticipation of a limited or full resumption of international air travel.
- iv. With specific reference to the ANR Robinson Airport, contingency measures including managing the number of incoming and outgoing flights and passenger traffic transiting through the terminal is a more plausible response in contrast with undertaking major infrastructural modifications given that there are plans to construct a new airport terminal in Tobago.
- v. Given the instances of Covid-19 outbreaks among staff, namely the Immigration Division, a more rigorous enforcement of sanitizing and social distancing measures is required in order to maintain the operability of the national airports. An outbreak of a larger magnitude may significantly compromise the operational efficiency of the airport.

Recommendations

Based on the evidence received and further to the foregoing findings, the Committee respectfully recommends as follows:

- i. That the AATT work closely with its line Ministry to secure the necessary additional funds to sustain and improve its Covid-19 health and safety protocols. The Ministry is required to provide the Parliament with an update on this matter in its Ministerial Response to this report.**

- ii. The AATT must modify its risks management strategies in anticipation of a limited or full resumption of international air travel.**

- iii. With the aid of social media and other cost effective media platforms, AATT should enhance its public information and sensitization campaigns with the aim of boosting the confidence of passengers and reassuring them that our international airports are safe and compliant with local and international standards.**

- iv. Given that our airports remain opened and still facilitate a limited number of flights, it is imperative that the necessary precautionary measures be taken to protect staff, flight crew and other users. Therefore, consideration should be given to introducing routine screening of AATT staff via e-surveys and rapid covid-19 testing. This can be instituted with the support of the Ministry of Health.**

- v. To encourage constructive feedback on the efficacy of the AATT's Covid-19 protocols, appropriate client feedback systems should be implemented. These may include social media surveys, pop-up surveys while accessing the airport's WiFi network, electronic 'Suggestion Boxes' or survey kiosks.**

- vi. The AATT must continuously review and modify its risk management plans and strategies in order to effectively respond to the changing demands generated by Covid-19. We imagine that no two airports are the same, so specific risk assessment of each international airport must be routinely undertaken.**

Objective 3: To examine the adequacy of AATT's human resources to implement the identified Covid-19 policies, systems and protocols.

Human Resource Challenges within the AATT

3.3.1. Although the operations at both International Airports have been considerably reduced, there has been a limited sustainment of cargo flights, domestic flights and repatriation flights which requires an adequate deployment of staff. It was reported that as at December 10, 2020 the AATT employed 784 persons.

3.3.2. A detailed organizational chart for the AATT can be found in Appendix VII.

Vacancies

3.3.3. According to the AATT's submission, additional posts were not required to assist in the implementation of Covid-19 policies, however, due to financial constraints which thwarted the hiring of staff, existing job functions were adjusted to encompass these additional duties. The job modifications were intended to facilitate the following:

- Increased frequency of sanitizing in compliance with standard operating procedures, policies and public health ordinances;
- Use of new sanitization technology e.g. electrostatic foggers;
- Temperature screening of all persons accessing the airport estates for any purpose;
- Monitoring for adherence to COVID-19 guidelines in the terminals e.g. compliance with social distancing; and
- Increased use of Information and Communication Technologies.

3.3.4. Staffing of Port Health personnel at the Airports is the responsibility of the Ministry of Health and the Division of Health, Wellness and Family Development of the THA. However, Health Control Officers, who were originally attached to

the Vector Control Division of the MOH, were commissioned to assist at the national airports. There are twenty-one (21) Health Control Officers at the Piarco International Airport who work on a rotational basis, while the A.N.R Robinson International Airport has fourteen (14) Health Control Officers employed through the Service Commissions Department.

- 3.3.5. To alleviate the work of the Health Control Officers, the position of Port Health Officer was created and 18 of 50 advertised posts were filled as at January 6th 2021. The creation of this post will allow Health Control Officers to return to the Vector Control Division to provide human resource support in that division. Fourteen (14) additional Health Control Officers are to be hired on contract.

Human Resource Challenges with Airport Stakeholders

- 3.3.6. The C&E Division reported that there is an insufficient number of ground handling staff which delays the offloading of passenger baggage. Additionally, insufficient signage leading to the Customs arrival hall has posed a significant challenge as key health and safety protocols such as social distancing and mandatory mask wearing are not reinforced. This can inadvertently place Customs staff at risk due to the negligent practices of passengers. This is further precipitated by a lack of manpower resources to reinforce these measures.

Training for Staff.

- 3.3.7. According to the AATT's submission, the Authority held training/sensitisation sessions on the use of Personal Protective Equipment, Temperature Screening, Passenger Screening, Sanitization Measures, use of sanitization equipment and the organisation's COVID-19 Standard Operating Procedures and Health and Safety Measures. Training/ sensitization sessions were also facilitated both externally and internally. External training was provided by PAHO, CARPHA,

the Ministry of Health and sanitation equipment suppliers. Internal training was also conducted by relevant qualified AATT staff.

3.3.8. The instructional methodologies included instructor led in-person training as well as remote learning via online training modalities. Instructional strategies included:

- Direct Instruction;
- Questions and Answers;
- Demonstrations (Equipment use, Handwashing, Proper removal of Face Masks and Gloves);
- Scenario based role playing.

3.3.9. The methodologies for assessment of the training involved: -

- Question and answer sessions;
- On-the-job assessment;
- Coaching and mentoring.

3.3.10. There is continuous monitoring and evaluation to measure the efficacy of training programmes towards continued compliance with recommended guidelines.

3.3.11. According to the EPA's submission, representatives of the MOH and the AATT's Health and Safety Department conducted training for all Estate Police Constables at the Piarco and ANR Robinson Airports on the proper use and handling of PPEs. The AATT Health and Safety Department also conducted sensitization sessions with the Estate Constables regarding the mode of transmission of Covid-19 and mitigation measures. Further training was provided in the proper use and care of the Infrared Thermometer handheld devices.

Findings and Recommendations

Based on the evidence set out in this section the Committee concluded as follows:

- i. The assignment of additional duties to existing AATT staff circumvented the need to recruit additional staff in non-crucial areas. The Committee considers this an appropriate response given the significant decline in AATT's revenues. However, good industrial relations practice dictates that such decisions must be taken in consultation with the relevant trade unions.
- ii. The assignment of alternative staff from different divisions of the MoH to assist at the national airports is commendable and demonstrates some adaptability by the MOH.
- iii. Given the mandatory requirement for health screening professionals at the airport, the MOH must be commended for creating and filling the post of Port Health Officers. However, given that staff of multiple state agencies operate at the airport, the AATT must ensure that any misunderstandings and ambiguities of job roles are eliminated as additional human resources are introduced to the airport spaces.
- iv. Covid-19 has challenged us to reimagine and reconfigure how work is executed. The Committee noted that the AATT has properly documented its strategies for sustaining its operations during the pandemic through its Business Continuity Plan. As the managers of essential services, the AATT will be expected to examine and capitalize on the opportunities presented by Covid-19 to appropriately modify its work processes, systems and procedures with a view to providing a safe and welcoming environment for all stakeholders who interface with our airports.
- v. Operational capacity should be commensurate with the expected volume of work expected at the airport, to firstly reduce the presence of additional staff who may not be

needed physically at the airport. This can be done in conjunction with the staff rotations and Work-From-Home arrangements.

Recommendations

Based on the evidence received and further to the foregoing findings, the Committee respectfully recommends the following:

- i. To assist with reducing the probability of transmission of Covid-19 among staff, the AATT is encouraged to implement additional and advanced health and safety protocols to protect its employees on both islands. Although investigations into the precise place at which the deceased employees contracted Covid-19 is ongoing, their deaths should be a catalyst to reinforce and improve routine and preventative health and safety arrangements at both international airports. Executing this recommendation may involve:**
 - a. Enhancing sanitization schedules;**
 - b. Implementing a system of routine testing for staff assigned to high contact spaces;**
 - c. Training and sensitization sessions for staff;**
 - d. Priority vaccination for staff.**

- ii. Consideration should be given to improving the sanitization of air cargo where practicable.**

- iii. The MOH and THA should move with alacrity in filling all the posts of Port Health Officers and deploying these officers at all major ports of entry. The presence of variants of the Covid-19 virus, underscores the critical need for qualified health personnel to be on active duty at ports of entry. In its response to this Report, the MOH is asked to provide the Parliament with a brief report on the deployment and impact of hiring additional Port Health Officers.**

- iv. However, given that staff of multiple state agencies operate at the airport, the AATT must ensure that its stakeholder communication strategy is robust and responsive. This will assist in minimizing misunderstandings and ambiguities of job roles and functions specifically as it relates to the execution of Health and safety protocols.**

Objective 4: To assess the gaps in AATT’s Covid-19 strategy.

Financial Allocations

3.4.1. The status of the funds allocated to the AATT for fiscal 2020 is summarized in the Table below.

TABLE 2: SUMMARY OF FUNDING ALLOCATED TO THE AATT IN FISCAL 2020

| FUND | Revised Allocation | Releases Requested | Releases Received | Actual Expenditure |
|--|---------------------------|---------------------------|--------------------------|---------------------------|
| Consolidated Fund - Recurrent Expenditure** | \$65,548,629 | \$65,548,292 | \$65,548,292 | \$65,545,861 |
| Consolidated Fund - Capital Projects | \$35,223,059 | \$35,223,059 | \$23,757,174 | \$23,757,172 |
| 1. Airfield Pavement Rehabilitation - ANRRRIA | \$15,676,941 | \$15,538,549 | \$9,932,945 | \$9,932,944 |
| 2. Repairs to Perimeter Fence - Piarco | | | | |
| Sub-Total PSIP | \$50,900,000 | \$50,761,608 | \$33,690,119 | \$33,690,116 |
| Total | \$116,448,629 | \$116,309,900 | \$99,238,411 | \$99,235,977 |

**Funds are allocated only for principle and interest payments on government- guaranteed loans taken for the purpose of airport development projects at the Piarco and ANR Robinson International Airports (PIA and ANRRRIA)

TABLE 3: BREAKDOWN OF COSTS IN IMPLEMENTING THE AATT'S STRATEGY

| # | Description re: Measures | Projected Cost October 2020 to September 2021 |
|-----------------------------|---|---|
| 1. | Amount provided for communication of Airport procedures via advisories, signs, sensitization videos, press advertisements and other communiques. | \$ 120,000 |
| 2. | Estimate for cost of uniform measures implemented globally for airports i.e. demarcation for social distancing, electrostatic or UV-disinfection of luggage/ security trays, hand sanitizer stations, sanitisation measures re seating areas/ deplaned passengers/ common use areas | \$ 1,273,000 |
| 3. | Protective Masks for Staff | \$ 339,157 |
| 4. | Sanitization products, Sanitizers, dispenser refills, gloves, disposable coveralls, cleaning supplies | \$ 2,329,713 |
| Total Projected Expenditure | | \$ 4,061,870 |

TABLE 4: BUDGETARY ALLOCATIONS AND RELEASES ASSIGNED TO AATT FOR THE PAST THREE (3) FISCAL YEARS.

| Airports Authority of T&T | | | | |
|---------------------------------|---------------|-----------------------|---|---------------------------------------|
| Government Subventions Received | | | | |
| FISCAL YEAR | PSIP Received | Recurrent Expenditure | Current Transfers and Subsidies (Other Transfers) | Total Government Subventions Received |
| | Amount TT\$M | Amount TT\$M | Amount TT\$M | Amount TT\$M |
| Fiscal Year 2017-2018 | NIL | NIL | 168.9 | 168.9 |
| Fiscal Year 2018-2019 | 1.6 | NIL | 130.2 | 131.8 |
| Fiscal Year 2019-2020 | 33.7 | NIL | 65.5 | 99.2 |

3.4.2. It was stated by the MOWT in its written submission, that no additional funding was provided to the AATT to meet its COVID-19 health and safety requirements. It was underscored that the MOWT is only authorized to process payments for projects/ activities that have been approved by either the MAPD or the Cabinet, through the MAPD’s project screening process.

3.4.3. According to the MOWT, the inactivity of the airlines has impacted the revenue streams of the AATT, therefore, the MOWT will be seeking Cabinet Approval for additional funding to cover the AATT’s current expenditure as no additional funding was provided to AATT to meet its Covid 19 health and safety requirements. However, the Ministry did not provide a timeframe for securing the additional funding for the AATT.

- 3.4.4. The Committee noted that the AATT granted CAL a rent deferral for a period of six (6) months effective May 2020, CAL will continue to engage the AATT on further concessions.

Findings and Recommendations

Based on the evidence set out in this section, the Committee concluded the following:

- i. There are critical infrastructural projects which must be executed to enhance the Health and Safety conditions of the national airports. The Committee is cognizant that prior to the pandemic, resources intended for airport development were being directed at the proposed new ANR Robinson Terminal Building project. Notwithstanding, the health and safety imperatives generated by Covid-19 demand that urgent attention be given to the immediate infrastructural needs of the existing terminals.
- ii. As was noted earlier in this report attempting to sustain operations with a 85% to 95% decline in revenue is a daunting challenge. However, as an essential service, operating on a reduced scale, the AATT does not have the option of fully suspending its operations. Therefore, the AATT is encouraged to continue to adapt and innovative in order to sustain its operations while minimizing cost.

Recommendations

Based on the evidence received and further to the foregoing findings, the Committee respectfully recommends as follows:

- i. **The Committee strongly recommends that the AATT continue to employ innovative cost curtailment measures. We anticipate that regular discussions with creditors and debtors are being executed by the management team.**

It is inevitable that international flights will resume as the impact of the pandemic subsides. Therefore, it is incumbent on the line Ministry and Ministry of Finance to source funds (as far as is practicable) to finance the crucial infrastructural projects which have been deemed necessary for enhancing health and safety standards.

- ii. AATT must work closely with the relevant line Ministries to secure additional allocations to execute short-term infrastructural modifications which have been deemed necessary to fortify its Covid-19 response. In the interim, the necessary project planning activities should be well advanced including risk mitigation techniques to minimize or prevent cost-over-runs and project delays.**

Recommendations

- i. The Committee recommends that the AATT engaged with its stakeholders with a view to ensuring that, where applicable, there is a reduction in staff presence at the airport. A clear communications strategy should be utilised on days that increased flights and activities are expected. Communication must be consistent and clear with all stakeholders regarding their roles and functions in streamlining the Covid-19 protocols.**

Recommendations of Stakeholders

Caribbean Airlines

3.4.5. In its written submission the CAL proffered several recommendations to alleviate the shortcomings stated. Therefore, it is recommended that: -

- Address the personnel resource issues for the early morning Air Bridge services either through increased personnel or extended shifts;
- Refill Sanitizing stations more frequently and consistently.
- Increase the number of Sanitizing stations for the Airside Operations.

- Ensure that the pre-recorded messages as reminders on the Covid-19 protocols are clear and checked frequently.
- Increase the supervision of the passengers who are checking in on the Air Bridge flights.
- Introduce electronic passport readers at the entry point to the Departure Gates to minimize contact.

Customs and Excise Division

3.4.6. In its written submission the C&E Division proffered several recommendations to alleviate the shortcomings stated. Therefore, it is recommended that: -

- The AATT have frequent stakeholder meetings involving frequent stakeholder meetings involving all government agencies based at the airport. Namely Customs, Immigration, Port Health and Plant Quarantine where resolution may be discussed on several issues.
- Passengers can be given the ability to purchase duty free items while onboard through the creation of use of an app. Preorder, prepackaged items can be collected upon arrival.
- The timely dissemination of all flight arrival information, especially private flights, to all related government agencies in a timely manner.
- Strategic placement of adequate and proper signage, foot markers and hand sanitizing units within the duty free area up to the point of exit from the Customs arrival hall.
- The need for a team for the sanitization of the trolleys after each passenger use.
- The AATT needs to work with the Port Health Division to ensure that sufficient personnel are placed at the exit of the Customs arrival hall to ensure all arriving passengers maintain all Covid-19 protocols until they depart the building.

Estate Police Association of Trinidad and Tobago (EPATT)

3.4.7. According to the EPATT, there should be an established controlled point of entry for the ANR International Airport, to effectively implement Covid 19 protocols. There is a need for additional temperature scanning and sanitizing processing at the check in area and some concession providers. With the inclusion of sanitizing stations at all access points inclusive of persons accessing the Airport Air Side via vehicles.

The Committee respectfully submits the foregoing for the consideration of the Parliament.

Dr. Varma Deyalsingh
Chairman

Mr. Esmond Forde, MP
Vice-Chairman

Mrs. Lisa Morris-Julien, MP
Member

Mrs. Ayanna Webster-Roy, MP
Member

Mr. Nigel De Freitas
Member

Ms. Khadijah Ameen
Member

Mrs. Renuka Sagramsingh-Sooklal
Member

Ms. Jayanti Lutchmedial
Member

Dated June 28, 2021

Appendices

Appendix I

Caribbean Airlines Covid-19 Airport Policy

Terminal Operations

- a. Mandatory use of facemasks for all passengers.
- b. Mandatory use of gloves and facemasks for all check in staff.
- c. Compliance with social distancing requirements by ensuring passengers comply with instructions from Customer Service Representatives to be guided by the floor markers
- d. Use of self- service kiosk for check -in
- e. Health screening questionnaire at check in, as guided by the Health authorities.

Gate Operations

- a. Boarding process is staggered using ten persons at a time, commencing from the last rows of the aircraft to the forward rows.

Inflight

- a. Cabin crew to be in full PPE (face shields, protective gowns, and gloves).
- b. To maintain a contactless environment no on-board sales and meal service have been discontinued on board the flight.
- c. Periodic announcements on board by the flight crew to guide the staggered use of washrooms.
- d. Frequent sanitization of washrooms by flight crew during the flight.
- e. Signage detailing compliance requirements for use of mask is posted on the seat backs. This is also supported by on board announcements by the flight crew.
- f. If a customer is showing any flu symptoms on board, the procedures for sick passengers on board shall be adopted. Contact is made with Ground Operations and the necessary protocols activated with the various agencies.

Disembarkation

- a.** Disembarkation is managed through on-board announcements guiding passengers to remain seated until their row number is called. This takes places from the forward seat rows to the last seat rows.

Appendix II

List of CARICOM/ Regional Forums

List of CARICOM/ Regional Forums held to discuss the strategies to minimise the risk factors associated with COVID -19.

1. 8th Special Emergency Meeting of the Conference of Heads of Government of the Caribbean Community (attended by the Honourable Prime Minister of Trinidad and Tobago, the Honourable Minister of Health and the Chief Medical Officer)
2. The 28th Meeting of the Chief Medical Officers;
3. The 39th Meeting of the Council for Human and Social Development (COHSOD) (attended by the Honourable Minister of Health and Director, International Co-operation Desk);
4. Other Special Emergency Meetings for COVID-19 response which include the CMO Ad hoc meetings, CARPHA's Ad Hoc Meetings;
5. CARPHA's CMOs Whatsapp Group to keep informed; and
6. CARICOM issues numerous Notes Verbales with updates.

Appendix III

Reference Documents used to develop AATT Policies.

The following reference documents were used in the development of the AATT's Covid-19 protocols:

- PUBLIC HEALTH [2019 NOVEL CORONAVIRUS (2019-nCov)] (NO 27) REGULATIONS
- Occupational Health and Safety Act, Chapter 88:08
- Ministry of Health Guidelines for Re-opening of Businesses, Facilities and Institutions
- Ministry of Health Guidelines for the Repatriation of Nationals during the Community Spread Phase of COVID-19 in Trinidad and Tobago from Medium/High Risk Countries
- Ministry of Health Guidelines for the Repatriation of Nationals during the Community Spread Phase of COVID-19 in Trinidad and Tobago from Low Risk Countries
- ACI Airport Health Accreditation
- ACI Europe Notes – Sanitary & COVID-19 Containment Measures at Airports
- ACI Advisory Security Screening Best Practices During COVID-19
- ACI – Aviation Operations during COVID-19 – Business Restart and Recovery
- IATA Biosecurity for Air Transport, A Roadmap for Restarting Aviation
- ICAO - Council Aviation Recovery Taskforce (CART) Airport Module
- World Health Organization - International Health Regulations (2005) Third Edition
- Airport Council International (ACI) Airport Operational Practice: examples for Managing COVID 19, 2020.

These best practices were generally categorised as:

- Management: Incident Management and Planning & Resource Analysis
- Staff: Education and Health Monitoring, Staggered Work Deployment

- Passengers: Temperature Screening, Cleaning and Sanitization, Social Distancing & Signage
- Facilities: Facility Planning, Restaurant, Cleaning and Disinfecting of Public Areas & Pest Control Measures
- Protective and Cleaning Equipment: Inventory, PPE, Supplies for Handwashing and sanitizing
- Airside Operations and Safety; Risk analysis; SMS, Impact analysis
- Security: Modified procedures in collaboration with TTCAA, Adjustment of Queues, Physical Distancing
- Information Technology: Use of contact-less solutions

Appendix IV

Key Processes and Procedures utilised by the AATT

The core processes or procedures for the following areas are outlined below:

Arrivals

Domestic arrivals deplane and enter the Domestic Arrival Hall. Floor markers are installed to demarcate appropriate physical distancing around baggage carousels, and hand sanitisers are available at the main Terminals. Passengers proceed out of the Terminal or access other services within the Terminal.

International Arrivals processes are currently under the advisement of the CMOH, St. George East and Tobago. The current infrastructure supports deplanement, immediately followed by Port Health screening. Floor markers are installed in the Immigration Halls to demarcate appropriate physical distancing in queues and hand sanitisers are available at the head of the queues before the immigration booths.

All arrivals area touchpoints are sanitised after all passengers from a flight have been processed.

Departures

Domestic departures are subject to health screening by Port Health prior to the Security Checkpoint. Security Checks are conducted using a contact-free process, with contact only required after alert from x-ray/EDX/ETD machines. Seat markers are provided to demarcate appropriate physical distancing in the seating area and floor markers are provided to demarcate appropriate distancing in boarding queues. Airlines are also required to board in small seating groups from the front of the plane to the stairs.

International departures processes are currently under the advisement of the CMOH, St. George East and Tobago. The current infrastructure supports health screening by Port Health prior to the Security Checkpoint. Security Checks are conducted using as contact-free a process as is possible, with contact only required after an alert from the x-

ray/EDX/ETD screening machines. Seat markers are provided to demarcate appropriate physical distancing in the seating area and floor markers are provided to demarcate appropriate distancing in boarding queues. Airlines are also required to board in small seating groups from the front of the plane to the stairs.

All departure area touchpoints are disinfected after all the passengers from a flight have been processed. Automatic hand sanitizer dispensers are installed at strategic locations throughout the departure areas.

Ticket Purchases

Ticket purchases are conducted at Check in Counters, and at the Caribbean Airlines (CAL) Ticket Office in Tobago. Queues are demarcated using floor markers, and sneeze guards are provided at counters. Automatic hand sanitiser dispensers are installed in the ticketing areas.

Food and Beverage Service Areas

Food and beverage service areas are under the control of the respective tenants. At minimum, the Authority ensures that the following measures are in place: floor markers installed for queueing, elimination of shared utensils and dispensers, use of disposable gloves when handling food, reduced contact ordering and payment processes and, frequent sanitisation of food service surfaces and customer touchpoints.

Duty Free and Gift Shops

Duty Free areas are under the control of the respective tenant. At minimum, the Authority ensures that the following measures are in place: floor markers installed for queueing, reduced contact ordering and payment processes, capacity limitations if applicable and, frequent sanitisation staff and customer touchpoints. Tenants have participated in Covid-19 health and safety protocols training, which was facilitated by the Authority and Port Health officials.

Appendix V

New Technology Implemented for COVID-19.

The technology that will be utilised for the COVID-19 strategy is identified as follows:

Passenger Processing:

- Automated Parking Payment Machines;
- Advanced Imaging Scanners (AIT) are used for security passenger screening before boarding the aircraft;
- Mobile boarding pass readers at departure gates and some security checkpoints;
- Self-Check-in Kiosks (bag tag capability) and
- Thermal scanners.

Sanitisation/Disinfection:

The Authority acquired electrostatic fogging machines which are utilised at both airports to disinfect and sanitize areas for a faster turnover of sanitisation.

Communication and Training:

- Online meeting platforms
- Learning Management System

Airline partnerships:

- Caribbean Airlines' mobile application and screens are used to reduce crowding of stand-by passengers.

Appendix VI

AATT Accreditation Requirements

The specific requirements to obtain the accreditation involved the fulfilment of criteria as it relates to:

The Terminal Building

- The development of a cleaning and disinfection plan including details of the frequency of cleaning and checklists to record sanitization;
- Inventory and stock system to ensure adequate supply of cleaning chemicals;
- Types of chemicals used for cleaning and disinfection;
- Training of staff on procedures;
- PPE provided for cleaning staff;
- Air conditioning and ventilation maintenance;
- Physical distancing measures in place e.g. floor markers and seat markers; and
- Communication of requirements to passengers.

Passenger Protection

- Provision of hand sanitizer stations and relevant signage;
- Requirements for wearing of masks or other face coverings;
- Identification of equipment used for health screening and responsible persons for carrying out temperature checks;
- Any restrictions for persons entering the terminal building;
- Procedures for persons who do not pass screening requirements; and
- Measures in place to mitigate against congestion while conducting screening.

Check-in Area

- Passenger flow monitoring;
- Use of transparent protective screens;
- Methods of passenger communication;
- Self-service options; and
- Disinfection schedules.

Security Screening

- Physical distancing at checkpoints;
- Signage and information;
- Procedures for contactless visual and automated inspections of boarding passes;
- Procedures for bag searches and manual searches;
- PPE for Security personnel; and
- Frequency of disinfection and cleaning at checkpoints.

Terminal Airside Area

- Boarding procedures;
- Physical distancing for queuing and seating;
- Luggage restrictions;
- Self-boarding technologies;
- Protective transparent separators;
- Frequency of cleaning and disinfection; and
- Concessionaire compliance with physical distancing.

Arrivals and Customs/Immigration Area

- Engagement with border control agencies;
- Contactless processes;
- Use of health declarations;
- Secondary assessment areas;
- Thermal screening;
- Procedures for arriving passengers;
- Social distancing;
- Frequency of cleaning and disinfection; and
- Physical distancing measures.

Baggage Claim Area

- Measurement of baggage loading times;
- Assignment of baggage carousels;
- Frequency of cleaning and disinfection;
- Use of protective transparent separators;
- Lost baggage procedures; and
- Physical distancing measures.

Exit to Landside Area

- Restrictions to persons accessing the area;
- Physical distancing; and
- The frequency of cleaning and disinfection.

Staff, Operations and Training

- Protective measures for staff;
- Training;
- Health related procedures;
- Monitoring;
- Shift handovers;
- Staff facilities adapted for physical distancing; and
- Staff communication.

Alignment and Collaboration

- Established COVID-19 co-ordination team;
- Collaboration with stakeholders; and
- Communication with the public.

Appendix VII

AATT Organisational Chart

Breakdown of staff per Department as at December 11, 2020:



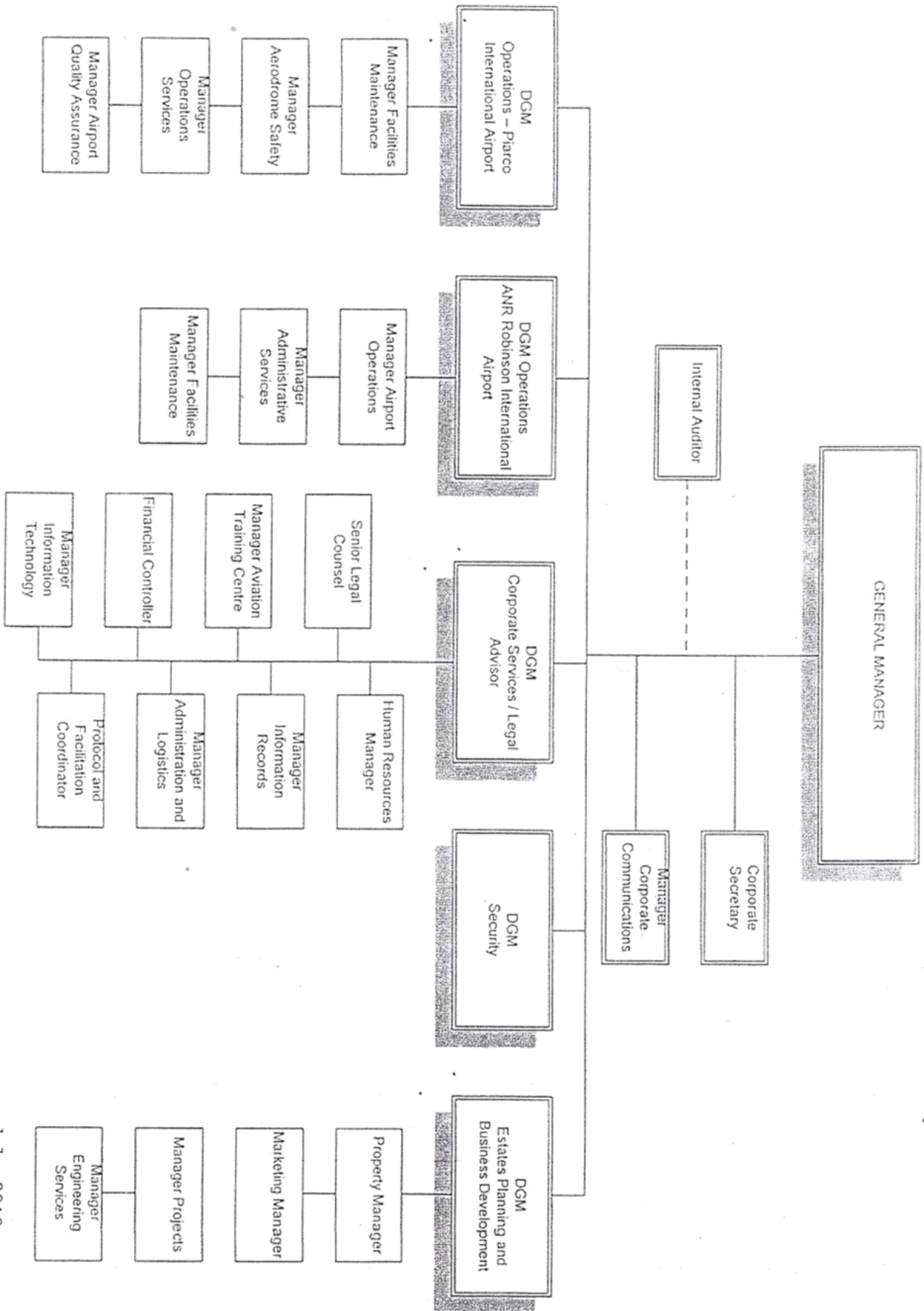
AIRPORTS AUTHORITY OF TRINIDAD AND TOBAGO
STAFFING BY DEPARTMENTS
(AS AT 11TH DECEMBER, 2020)

| DEPARTMENT | TOTAL AMOUNT OF STAFF | SEPARATION BY CATEGORY | | | | |
|--|-----------------------|------------------------|--------|----------|------------|--------|
| | | SECURITY | ADMIN. | CONTRACT | MANAGEMENT | CASUAL |
| General Manager's Office | | | | | | |
| General Manager's Office | 5 | 0 | 4 | 0 | 1 | 0 |
| Procurement | 8 | 0 | 5 | 2 | 1 | 0 |
| Corporate Communications | 6 | 0 | 4 | 1 | 1 | 0 |
| Protocol | 13 | 0 | 13 | 0 | 0 | 0 |
| Legal | 6 | 0 | 3 | 2 | 1 | 0 |
| Corporate Secretary | | | | | | |
| Corporate Secretary's Office | 3 | 0 | 1 | 1 | 1 | 0 |
| Internal Audit | | | | | | |
| Internal Audit | 4 | 0 | 3 | 0 | 1 | 0 |
| Airport Operations - Piarco | | | | | | |
| Airport Operations | 81 | 4 | 75 | 0 | 2 | 0 |
| Aviation Training Centre | 5 | 1 | 3 | 0 | 1 | 0 |
| Health, Safety and the Environment | 7 | 0 | 7 | 0 | 0 | 0 |
| Quality Assurance (Custodial Maintenance) | 89 | 0 | 31 | 0 | 1 | 57 |
| ANR Robinson International Airport | | | | | | |
| Administration-ANR Robinson Intl Airport | 12 | 0 | 11 | 0 | 1 | 0 |
| Airport Operations-ANR Robinson Intl Airport | 30 | 0 | 27 | 0 | 3 | 0 |
| Facilities Maintenance-ANR Robinson Intl Airport | 20 | 0 | 18 | 1 | 1 | 0 |
| Security | | | | | | |
| Security | 391 | 365 | 21 | 3 | 2 | 0 |

1st Report on an Inquiry into the Health and Safety practices and arrangements of the Airports Authority of Trinidad and Tobago (AATT) in light of COVID-19 restrictions.

| | | | | | | | |
|--|------------|--|------------|------------|-----------|-----------|-----------|
| Estates Planning & Business Development | | | | | | | |
| Engineering | 8 | | 1 | 4 | 2 | 1 | 0 |
| Estates Planning & Business Development | 1 | | 0 | 0 | 0 | 1 | 0 |
| Marketing | 5 | | 0 | 3 | 1 | 1 | 0 |
| Project Management | 5 | | 0 | 2 | 2 | 1 | 0 |
| Property | 5 | | 0 | 4 | 0 | 1 | 0 |
| Facilities Maintenance | 102 | | 0 | 63 | 2 | 1 | 36 |
| Strategic Human Resources | | | | | | | |
| Human Resources | 13 | | 0 | 11 | 0 | 2 | 0 |
| Corporate Services | | | | | | | |
| Finance | 32 | | 0 | 29 | 2 | 1 | 0 |
| Information & Records | 14 | | 0 | 13 | 0 | 1 | 0 |
| Information Technology | 12 | | 0 | 11 | 0 | 1 | 0 |
| TOTAL | 877 | | 371 | 366 | 19 | 28 | 93 |

AIRPORT AUTHORITY OF TRINIDAD AND TOBAGO
ORGANISATIONAL STRUCTURE



Appendix VIII

Minutes

**MINUTES OF THE THIRD MEETING OF THE JOINT SELECT COMMITTEE
APPOINTED TO INQUIRE INTO AND REPORT ON LOCAL AUTHORITIES,
SERVICE COMMISSIONS STATUTORY AUTHORITIES (INCLUDING THE THA)
HELD ON WEDNESDAY, JANUARY 6, 2021**

This meeting was held virtually via Zoom

PRESENT

Members

| | |
|---------------------------------|----------------|
| Dr. Varma Deyalsingh | Chairman |
| Mr. Esmond Forde, MP | Vice- Chairman |
| Mrs. Lisa Morris - Julian, MP | Member |
| Ms. Khadijah Ameen, MP | Member |
| Mr. Nigel De Freitas | Member |
| Mrs. Renuka Sagramsingh-Sooklal | Member |
| Ms. Jayanti Lutchmedial | Member |
| Mrs. Ayanna Webster - Roy, MP | Member |

Secretariat

| | |
|---------------------|-----------------------------|
| Mr. Julien Ogilvie | Secretary |
| Ms. Khisha Peterkin | Assistant Secretary |
| Ms. Terriann Baker | Graduate Research Assistant |
| Ms. Nicole Brown | Graduate Research Assistant |

THE FOLLOWING PERSONS WERE ALSO PRESENT:

Airports Authority of Trinidad and Tobago (AATT)

| | |
|-------------------------------|---|
| Mr. Hayden Newton | General Manager |
| Mr. Kurt Menal | Deputy General Manager- Operations |
| Mrs. Pamela Scotland-Benjamin | Deputy General Manager-Operations (Tobago) |
| Mr. Albert Griffith | Deputy General Manager-Security |
| Ms. Carmela Wallace | Financial Controller |

Ministry of Health

| | |
|--|--|
| Dr. Roshan Parasram | Chief Medical Officer |
| Dr. Osafo Fraser | County Medical Officer of Health – St. George East |
| Dr. Tiffany Hoyte Tobago | County Medical Officer of Health - |
| Ministry of Works and Transport | |
| Ms. Dhanmattee Ramdath | Permanent Secretary (Ag.) |
| Mr. Rabindranath Heeralal | Director of Environmental Health and Safety |

INTRODUCTION

1.1 The Chairman called the meeting to order at 9:38 a.m.

The meeting was suspended at 10:01 a.m.

PUBLIC HEARING

- 6.1 The Chairman reconvened the meeting at 10:25 a.m. and welcomed both the listening and viewing audience.
- 6.2 The Chairman highlighted the objectives of the inquiry and introductions were made.
- 6.3 The Chairman then invited the lead official of each delegation to make a brief opening statement.
- 6.4 The following are the main issues highlighted during discussions with the **Airports Authority of Trinidad and Tobago (AATT)** (*for further details, please see the Verbatim Notes*):
- i. Though the borders are closed, Trinidad and Tobago's airports are still operational for cargo flights, domestic and repatriation flights. This requires staff to report to work as usual;
 - ii. Increased surveillance of the A.N.R Robinson Airport has been implemented to enforce compliance with Covid-19 protocols such as mask-wearing and social distancing among patrons;

- iii. Caribbean Airlines staff assigned to repatriation flights are based in Trinidad and Tobago;
- iv. The Trinidad and Tobago Civil Aviation Authority is the organisation responsible for monitoring the AATT's compliance with international regulations and protocols;
- v. Electrostatic fogging machines have been acquired for both airports. AATT staff are responsible for operating these machines;
- vi. Since December 1, 2020, the processing of repatriated passengers has moved from the tarmac to the terminal building. The passengers are processed at the Immigration and Customs Departments. Those who require state quarantine are transported by the Ministry of National Security via bus from the airport. All areas utilised by incoming passengers are sanitised after each flight;
- vii. The baggage claim area has been outfitted with floor markers;
- viii. At present, the majority of repatriated passengers arrive via Caribbean Airlines while some arrive via chartered flights;
- ix. There are specific protocols implemented for sanitising cargo areas;
- x. Critical projects for 2021 will focus on the AATT's Covid-19 health and safety response.

The following are the main issues highlighted during discussions with the **Ministry of Health (MOH)**:

- i. The presence of a new strain of Covid-19 may prompt increased health and safety protocols at the airport;
- ii. Frontline staff within the airport, including Port Health officers, Immigration Officers and Customs Officers, will be amongst the priority recipients for the Covid-19 vaccine;
- iii. An extended quarantine period may be necessary to mitigate against the new strain of the virus entering Trinidad and Tobago via international travel;
- iv. In the event of a confirmed Covid-19 case, the MOH considers passengers seated in the two rows in front of and behind the suspected case and those seated beside the individual as close contacts;

- v. The MOH will liaise with the relevant airline(s) for the flight manifest to make contact with those passengers deemed to have been at greatest risk of exposure;
- vi. With reference to point (iv), the MOH monitors all other passengers on that flight for 14 days. They would not be considered at a high risk of infection if they were not seated close to the positive case. In the event that the COVID-19-positive case moved significantly around the aircraft, all passengers on that flight would need to be quarantined;
- vii. The mandatory negative PCR test result 72 hours before departing for Trinidad and Tobago has lowered the chances of COVID-19 transmission via airline travel.
- viii. New monitoring methods for returning nationals such as tracking bracelets and mobile tracking applications are being considered.
- ix. The MOH created the position of Port Health Officer and filled 18 of the 50 advertised posts. These officers will be responsible for both the airports and seaports. They will replace the older Health Control Officers, who will now return to the Vector Control Division and fill the vacant positions.
- x. There are twenty-one (21) Health Control Officers at the Piarco International Airport who work on a rotational basis spread across three (3) shifts per day.
- xi. Fourteen (14) Health Control Officers under the Service Commissions are presently employed at the A.N.R. Robinson International Airport. An additional fourteen (14) Port Health Control Officers will be hired on contract.
- xii. Since the closure of the borders, the Port Isolation Room has not been used as there have been no arriving passengers with Covid-19 symptoms.
- xiii. In the initial stages of the pandemic, the isolation room was used to interview passengers arriving from high risk countries.

The main issue highlighted during discussions with the **Ministry of Works and Transport (MOWT)** is:

- i. In the absence of revenue associated with regular passenger traffic, the MOWT will be seeking Cabinet Approval for additional funding to cover AATT's recurrent expenditure.

ADJOURNMENT

8.1 The Chairman thanked Members and adjourned the meeting.

8.2 The meeting was adjourned at 12:37 p.m.

I certify that the Minutes are true and correct.

Chairman

Secretary

January 25, 2021

Appendix IX

Verbatim Notes

VERBATIM NOTES OF THE FIRST VIRTUAL MEETING OF THE JOINT SELECT COMMITTEE ON LOCAL AUTHORITIES, SERVICE COMMISSIONS AND STATUTORY AUTHORITIES (INCLUDING THE THA) HELD, (IN PUBLIC), ON WEDNESDAY, JANUARY 06, 2021 AT 10.25 A.M.

PRESENT

| | |
|----------------------------------|-----------------------------|
| Dr. Varma Deyalsingh | Chairman |
| Mr. Esmond Forde | Member |
| Mrs. Lisa Morris-Julien | Member |
| Mrs. Ayanna Webster-Roy | Member |
| Ms. Khadijah Ameen | Member |
| Mrs. Renuka Sagrarsingh-Sooklall | Member |
| Mr. Nigel de Freitas | Member |
| Ms. Jayanti Lutchmedial | Member |
| Mr. Julien Ogilvie | Secretary |
| Ms. Khisha Peterkin | Assistant Secretary |
| Ms. Terriann Baker | Graduate Research Assistant |
| Ms. Nicole Brown | Graduate Research Assistant |

AIRPORTS AUTHORITY OF TRINIDAD AND TOBAGO

| | |
|-------------------------------|--|
| Mr. Hayden Newton | General Manager |
| Mr. Kurt Menal | Deputy General Manager Operations |
| Mrs. Pamela Scotland-Benjamin | Deputy General Manager Operations (Tobago) |
| Col. Albert Griffith | Deputy General Manager Security |
| Ms. Carmela Wallace-Shanklin | Financial Comptroller |

MINISTRY OF WORKS AND TRANSPORT

Ms. Dhanmattee Ramdath

Permanent Secretary (Ag.) Mr.
Rabindranath Heerala
Director of Environmental
Health and Safety

MINISTRY OF HEALTH

Dr. Roshan Parasram

Chief Medical Officer

Dr. Osafo Fraser

County Medical Officer of Health -
St. George East

Dr. Tiffany Hoyte

County Medical Officer of Health -
Tobago

Mr. Chairman: Good morning, members, good morning, viewing public, good morning, members of my Committee and members of the esteemed bodies that we invited here today. Today, I must welcome you all and wish you all a very productive and a prosperous New Year, because I think this is the first meeting a joint select committee is having in this new year. And I would like to welcome, you know, you to the first virtual public hearing of the Joint Select Committee on Local Authorities, Services Commissions and Statutory Authorities (including the THA) of the Twelfth Parliament.

And I would like to just mention to members, please, you know, there are certain guidelines for a virtual meeting. Please remember that you would ensure that you mute your microphone when you are not speaking to keep the background noise to a minimum; adjust your cameras, you know, so we could clearly see you visible and also ensure that your cell phone or any electronic device would not disturb the proceedings.

And members of the listening and viewing audience, you are invited to post or send comments via the Parliament's various social media platforms: Facebook page, *ParlView*, Parliament's YouTube Channel and Twitter. So as you send those questions or any comments, the Secretariat here will be able to pull it and bring it

into the meeting so we will get a wider participation from the members of the public.

At this stage, I would like to introduce myself. I am Dr. Varma Deyalsingh, an Independent Senator and Chair of this Committee. It is a pleasure to welcome members of the Airports Authority of Trinidad and Tobago, the Ministry of Works and Transport and the Ministry of Health. And, at this stage, I would like if the members of Airports Authority could please introduce themselves for the viewing public. Would Mr. Hayden Newton, General Manager, start please? Any members of the Airports Authority, could you please introduce yourselves?

[Introductions made]

Mr. Chairman: Thank you for being here. Are there any other members of your committee present? Okay. That is it. Okay. Could we now go to the Ministry of Works and Transport, and starting with Ms. Dhanmattee Ramdath, the Permanent Secretary?

[Introductions made]

Mr. Chairman: Thank you and welcome. Ministry of Health, could I have introductions, starting with Dr. Parasram, our esteemed CMO?

[Introductions made]

Mr. Chairman: Thank you for being here. And now I would like to introduce members of my team, starting with Mrs. Lisa Morris-Julien. Mr. Esmond Forde?

Mr. Forde: Hi, good morning colleagues.

Mr. Chairman: Morning.

Mr. Forde: Esmond Forde, member of the Committee. Welcome and happy New Year to all.

Mr. Chairman: And Mr. Forde, for the members, is also the Deputy Chair. So welcome, Mr. Forde. Would Mrs. Ayanna Webster-Roy introduce, please?

Mrs. Webster-Roy: Hi, good morning everyone. Happy New Year. Ayanna

Webster-Roy, member.

Mr. Chairman: Morning, thank you. Ms. Khadijah Ameen.

Ms. Ameen: Good morning everyone, my name is Khadijah Ameen, member of the Committee.

Mr. Chairman: Thank you. Mr. Nigel de Freitas?

Mr. de Freitas: Good morning everyone, happy New Year, Member Nigel.

Mr. Chairman: Thank you, Mr. de Freitas, the Vice-President of the Senate, and also, Mrs. Jayanti Lutchmedial.

Mrs. Lutchmedial: Hi, good morning everyone, Jayanti Lutchmedial. Thank you everyone for being here and happy New Year to everyone.

Mrs. Morris-Julien: Chairman, Mrs. Lisa Morris-Julien just saying good morning. I could not find the—

Mr. Chairman: Hi, morning, morning. Nice to see you. So, thank you team for being here and thank you members of the—

Mrs. Sagrarsingh-Sooklal: Chairman, if I might respectfully interject, you forgot a member.

Mr. Chairman: I am sorry, I am sorry. [*Laughter*] Minister in the Ministry of the Attorney General. [*Crosstalk*] So Mrs. Renuka Sagrarsingh-Sooklal, could you tell us, you know.

Mrs. Sagrarsingh-Sooklal: Yes, Chairman. A pleasant good morning to all. Through you, Chairman, I would also like to take the opportunity to wish my colleagues a very happy New Year and also to personally thank the most esteemed team that appears before our Committee today. No doubt, each of these organizations has played a crucial part in protecting our country, thus far, from this dreadful pandemic. So, through you Chairman, I would also like to send my special thank you to the team for protecting us thus far. Thank you, Chair.

Mr. Chairman: Thank you. I think we got the Chairman of the AATT wanted to

also mention something. You had your hand raised.

Mr. Newton: Chairman, I just want to indicate that there is another member of my team who was not introduced. My Comptroller is also here, Ms. Carmela Wallace-Shanklin.

Mr. Chairman: Okay. Could we get a visual if possible? If not, we will just indicate.

Ms. Wallace-Shanklin: Hi, good morning.

Mr. Chairman: Good morning.

Ms. Wallace-Shanklin: I am Carmela Wallace-Shanklin, the Financial Comptroller of the Airports Authority. Happy New Year and God bless to everyone.

Mr. Chairman: Thank you for being here this morning. So, at this stage, I would like to just mention the objectives of this enquiry. It is really four things we are looking at:

- (1) To assess the health and safety policies, systems and protocols implemented by the AATT to mitigate the risk associated with operating the country's two international airports;
- (2) To assess the risk management strategies employed by the AATT in the implementation of its COVID-19 plans;
- (3) To examine the adequacy of the AATT's human resources to implement the identified COVID-19 policies, systems and protocols;
and
- (4) To assess the gaps in the AATT's COVID-19 strategy.

So, I think, we all realize that this Committee plays a very important part in what is going on globally. We have seen the COVID response in our country, in the sense that we had great challenges. And, so far, we are very fortunate to have on board the CMO and the Minister of Health who did a very excellent job in curtailing and

controlling this spread of this pathogen.

However, with the new mutation of this COVID virus, it now leaves to us to wonder, are we in for a greater challenge that, you know, we will be facing?

Because since it reared its head in South Africa, four months ago, and the UK now is actually having a very tough time with this new strain which spreads very rapidly, I think the CMO would agree with me that if this comes to our country, we would have a major, major challenge in terms of the strain to our health system.

So the Airports Authority plays a very crucial role in preventing the spread of this in our country, and this is why our purpose today is to get any sort of

shortcomings, any sort of ways that we can serve to beef up the activities to help the activities in the Airports Authority, because what the Ministry of Health has done so far, their success, a failure at the ports could, you know, lead to some disaster. So, I now would like to ask members of the various committees to give some brief opening remarks, and I would like to start with Mr. Hayden Newton, the General Manager of AATT, please.

Mr. Newton: Thank you, Chairman and members. We want to, in fact, thank you for inviting us to this enquiry. We think it is very important. The Airports Authority remains firmly set on our path towards contributing to the stimulation of the national economy, and through promoting diverse and innovated aviation business and fulfilling our mandate to provide safe and secure aviation services at both our airports estates. When the COVID-19 pandemic emerged in 2020, the Authority was presented with a challenge that impacted the aviation business and the aviation sector uniquely. But we have seen these kinds of things before, in terms of the situation that occurred with respect to things such as H1N1, SARS, MERS and Ebola. Of course, this challenge is a different type of challenge. But the fact is that given that we have seen challenges in terms of pathogens which affected aviation in the past, the Airports Authority would have had certain

systems in place, guided by the Ministry of Health, in terms of dealing with these kinds of challenges.

The airport environment is a complex ecosystem with the need for fervent coordination and collaboration with stakeholders being very important. The Authority thus solidified its partnership with our key stakeholders and engaged in a rigorous consultative process to develop COVID-19 response strategies.

The aviation business is fundamentally one of risk management. With this new threat, we have been guided, primarily, by the Ministry of Health and have employed a layered approach to safety and robust risk mitigation systems that involved physical distancing protocols, increased cleaning and sanitization and stringent protective measures for employees and travellers to name a few.

The Authority also operates within a strict local and international regulatory environment and framework, and it is further guided by the industry standards and recommended procedures of the international bodies. Added to this, we have relied heavily on the expertise of international organizations such as, the Airports Council International, the International Civil Aviation Organization and a network of other affiliated or worldwide organizations to ensure that we have implemented best practices in airports management in Trinidad and Tobago as it relates to this issue of the COVID-19 pathogen.

Our efforts have been recognized by the ACI, the Airports Council International, as both our airports have received international airport health accreditation which signifies that our airport safety programmes and health safety protocols are in line with the International Civil Aviation Organization's requirements and recommendations. Our COVID-19 measures are aimed to keep all our stakeholders safe at our facilities. We strive to safeguard public trust and confidence in our health and safety mechanisms. Our COVID-19 response has been a delicate balancing act of implementing health and safety strategy while at the same time

ensuring a seamless and as efficient as possible passenger's journey.

Now, despite the official closure of our borders in March 2020, we still continue to facilitate cargo operations, domestic travel and arriving and departing international repatriation flights. This has allowed us to continually assess and test our measures. The situation remains fluid. As it evolves, we continue to adjust and re-evaluate our systems. In the midst of it, the Authority has had to respond to several voices. We have had to adequately respond to the voices of our employees, our unions, our regulators, government agencies, concessionaires, airlines, suppliers, business partners and, of course, the travelling public.

The agility of the organization has enabled us to respond positively and to ensure continuous operations. Chairman, the Authority stands ready to answer your questions, and we look forward to the recommendation of this esteemed committee to assist us in dealing with this challenge. Thank you.

Mr. Chairman: Thank you, Mr. Hayden. I guess we have gotten some of our answers already from that discourse but, at least, we will need to go in more to look in the background, any sort of questions people will have or concerns. Because, as you understand, there is a very important role you play now in protecting our country. I would like now to go on to some opening remarks from Ms. Dhanmattee Ramdath, the Acting Permanent Secretary in the Ministry of Works and Transport.

Ms. Ramdath: Thank you, Chair, and permit me to welcome my colleagues from the Ministry of Health as well, and I feel privileged that we are the first to the virtual meeting that we are having for the Joint Select Committee. So, thank you. As a general rule, the Ministry of Works and Transport executes its mandate to maintain oversight of the operations of the Airports Authority of Trinidad and Tobago in accordance with the guidelines iterated in the State Enterprises Performance Manual. Further, it should be noted that the Authority is required to

operate within its relevant legislative framework, that is, the Airports Authority of Trinidad and Tobago Act, Chap. 49:02, which dictates the planning and operations of the organization.

Since the onset of the COVID-19 global pandemic and the subsequent closure of the international borders as a preventative mechanism to curb the spread of the virus, the Ministry has closely collaborated with the Airports Authority in respect of its funding requirements and other statutory approvals required for the continuity of the latter's business operations.

While the Ministry is keenly aware of the financial challenges that this unprecedented public health emergency has presented to the Airports Authority and, by extension the country, the perseverance of the authority's management and staff as highlighted in Mr. Newton's opening remarks, in responding to the health and safety guidelines, remains an impressive feat. In particular, the Ministry notes with great pride, the Authority's remarkable achievement of the Airports Council International accreditation of the country's two international airports in respect of the COVID-19 response and the application of the required health and safety protocols. This achievement is particularly important, given that it is the first of its kind for the Caribbean region. The Ministry's team and I, thank you for this opportunity to present at today's session and look forward to addressing any questions you may have. Thank you.

Mr. Chairman: Thank you, Ma'am, for that discourse there, and clearing up the pieces of legislation which govern your overview of the Airports Authority. At this stage, I would like to welcome and also ask the Chief Medical Officer, Dr. Roshan Parasram, who I must also congratulate for having the *Express* Individual of the Year Award. A very, very worthy person to get that award. You have been in the hearts and minds of a lot of persons, and I would like you please, if you can introduce and say a few opening remarks, please.

Dr. Parasram: Thank you again, Chair and members. First of all, on behalf of the Ministry's team, we welcome the opportunity, again, to be part of this enquiry into health and safety practices and arrangements at the Airports Authority, both in Trinidad and Tobago. I think key to public health, in terms of the country, as you started the discussion on the new strain, in particular, is that one, the airports in both islands not serve as a hub for harbourage of the pathogen, meaning stringent sanitization and hygiene and all other public health measures should be abided by, including wearing of masks, while both passengers and staff utilize the airports. In some countries around the world, we have persons not wearing masks, not providing that level of safety and security for both the passengers and the staff at the airports, and we see it as a key objective of both the Airports Authority and the Ministry of Health and other agencies to ensure that persons do not actually contract the virus while they enter and leave the airport.

Critically, as well, one of the functions of public health at the airport is to detect cases of suspected infection early, and a lot of health education and promotion has gone along to try to do that; both to the passengers and the staff, again, to protect the staff by ensuring the necessary PPE is available to staff and the Ministry of Health provides the necessary training for those individuals on the staff of Airports Authority as the need be, to ensure that they wear their PPE appropriately and, at all times, they know how to follow the public health measures.

Recognizing early that the airport is critical for our function, although it has been closed on March 23rd we, of course, took a number of steps. So, as the Committee may be aware, there was the establishment of a multi-sectoral committee to deal with COVID 19 and other dangerous infections in Trinidad and Tobago in the first quarter of 2019. Out of that committee, we established on July 3rd, I believe, a subcommittee that deals specifically with the reopening of the Trinidad and Tobago borders. Now, on the subcommittee, we have a number of members—quite

a number of members from the Ministry of Health. We had it chaired by the Principal Medical Officer of Epidemiology, at the time. We had Dr. Hinds who is the lead Epidemiologist, Dr. Fraser, Dr. Hoyte who is with us today from Tobago and we had a legal representative from the Ministry. From other departments, we thought communication would play a significant role and we had representatives from both the ICT division of the Ministry as well as the Ministry of Communications. Civil aviation, of course, was represented, Immigration Division, Caribbean Airlines—two representatives, the defence force, the police service and, of course, the Airports Authority of Trinidad and Tobago.

The subcommittee was set up with a view to, of course, ensure that the necessary PPE was available to the staff at the airport and training. The signage and quarantine forms were in place very early on in the epidemic. The quarantine arrangements that were put in place as Mr. Newton would have indicated for the repatriation of nationals were in place, and all protocols were being followed to decrease the risk of importation of COVID-19 and, of course the new strain as we go forward, and any other necessary recommendations, meaning, any structures that needed to be put in place, both in port health and outside, for example, the setting up of the infrared cameras that would have required to be put in very early on in the epidemic to determine if febrile passengers were coming in.

So, I think we set up that committee earlier on recognizing that if and when we reopen—and, again, I mean really, really, I think this committee that is set up to look into the health and safety practices is crucial, and we will give our full support, and we hope that today's proceedings will insightfully bring more meaning to what we have already started at the Airports Authority and the Ministry of Health, as well as the Ministry of Works and Transport to actually push ahead with our plans going into 2021. Thank you, Chair.

Mr. Chairman: Thank you, Dr. Parasram. You had mentioned some concerns

that, you know, the challenges faced to get persons to actually comply with the guidelines, and I think this is a challenge that was, you know, expressed also by the Minister of Health and our Prime Minister, certain persons not obeying. Now, Dr. Parasram, with this new strain of the virus that is around, if we were thinking about opening our borders in a certain time frame, would that now further, you know, that opening date? Did you have any date in mind at any time? Did your subcommittee consider any date, and now with this strain would that now push back the opening of the borders?

Dr. Parasram: Yes. So the subcommittee would have had a sort of rolling date to consider. I think early on we had all thought by September or thereabouts, in the world, that the pandemic would be declining significantly in various countries, and what we thought is that we should have taken a standard approach, meaning, for countries that would have been listed by WHO as having no cases or sporadic cases, we could have had possibly opening of the borders to those countries in the first instance, where we would have said in the requirement that you have to be in that territory for 14 days or more before coming to Trinidad, meaning, that you would have been in a low-risk territory, thereby allowing a phased reopening of the border to occur.

Now, with recent—what has happened with the new strain is that, of course, we have seen a spike in many countries in the UK, Canada as well as Australia and across Europe, which really has put a little bit of a damper on the way we were planning to reopen the border. Of course, the decision ultimately lies with the Prime Minister and the Cabinet, but we would make our recommendations based, of course, on looking at the new strain. What we know so far from the research is that it seems to be more than 50 per cent more infectious in nature which, of course, means that it can spread from one person to the next much more quickly, and we have seen large countries, First World countries, being overrun very

quickly by the new strain, example being the UK in particular. In the south part of England, their hospitals are now overrun. They are over 100 per cent capacity. So, again, it seems like we are starting over somewhat in the beginning of this new year. We are looking at the new strain and having significant concerns, much like what we had last year when we saw this thing evolving in China.

So our concern is renewed again in 2021 that, you know, we really have to take it one step at a time, look at what is happening with the spread internationally. And, again, our first aim at this point is to contain the virus, this new strain as well, keeping it out of the country, hence the reason we had always maintained a state or state-supervised quarantine period. I know we have at the Ministry come under a lot of scrutiny for doing so and persons would have wanted to go home, but we have always maintained—the possibility of a new strain always was at the back of our minds, and now we are seeing with this new strain having increased infectivity, that it is a real concern and we will maintain our quarantine position for now, look to see where else it is spreading and, of course, advise the Prime Minister and the other members as to what next steps would be taken with regard to quarantine and the airport.

Mr. Chairman: Dr. Parasram, since this strain is so easily—well, could spread so easily, I am thinking—and since we have already established some members of the public are not very, you know, aware of the danger and simply do not even bother about the protocols. Now, presently, there is the seven-day policy where you stay in a state quarantine and you allow seven days at home. Will you want to revise that and put a 14-day quarantine in a state institution where you now will be able to have a greater scrutiny at those individuals and, you know, not knowing which one will, if they go home, they may breach that home order?

Dr. Parasram: Right, so certainly. We have already revised it, as you know, for the UK. So persons coming in from the United Kingdom, at this time, or anybody

spending—who would have been 14 days prior in the UK, now have to revert back to 14 days in a state or state-supervised facility to give us that added level of assurance that they are being monitored in a facility and there is decreased risk of spread of the new strain. However, in recent times, we have learnt that almost 38 countries around the world have now recorded the new strain. So, of course, there has to be a revision in the way we do the quarantine for other countries as well, and it is a matter for discussion with the Prime Minister in the coming days.

Mr. de Freitas: Mr. Chair, might I jump in and ask a question?

Mr. Chairman: Sure, Mr. de Freitas.

Mr. de Freitas: Okay. Good morning to everyone again. The question I have is in light of this new strain, and when this entire thing started, we did not have much information on the virus itself. We were trying to gather that information in terms of, you know, how it spreads, if it is airborne, if it is not airborne. And I am hearing that this new strain is 50 per cent more infective, but it is coming at a time when we would have already implemented things like mask-wearing, sanitizing of hands and sanitizing of surfaces, and we are seeing that it is still spreading quite fast. My question is: Given the fact that this new strain has emerged and it is 50 per cent more infective, what is the Airports Authority—what can they do to sort of increase protection in relation to this new strain?

10.55 a.m.

Did you hear the question? Hello?

Mr. Menal: Yes, we did.

Mr. de Freitas: Okay, so I am just looking for an answer. What can be done, given that certain protocols have been put in place already, given that we are a year into this pandemic, now there is a new strain that is 50 per cent more infective? I am asking, what is the response of the Airports Authority, given that we still have the mask-wearing taking place, the hand sanitizing and the sanitizing of surfaces,

but now you have a strain that is more infective, and it seems to be spreading quite rapidly in other countries. What can the Airports Authority do on top of what is already being done to add more protection?

Mr. Newton: Thank you. The Airports Authority's response would be—all our responsiveness to this COVID-19 has been guided by the Ministry of Health in terms of those specific—because they are the experts. So far we have put in place a rigorous situation in terms of sanitizing and that kind of thing, but all of that has been guided by the Ministry of Health.

We will, in fact, as a part of the normal consolidative/collaborative process, be guided. And we are liaising with the Ministry of Health to determine if we, in fact, have to be much more vigorous in terms of knowing what specifically we have to do, because our business really is in terms of aviation. The issue in terms of the communicable diseases and those kinds of things, we are guided by the Ministry of Health. So we will fall back on the Ministry of Health in terms of assisting us, in terms of making sure that we are able to deal with this additional challenge.

Mr. de Freitas: So let me ask Dr. Parasram now: Given the fact that it seems that this new variant is 50 per cent more infective, what else can be done on top of what is already being done for the past year to sort of help in relation to what we are seeing worldwide?

Dr. Parasram: So, within the airports itself, basically we have to ensure that the systems we have in place are functioning effectively, meaning sanitization is happening, you have the social distancing, the way we treat with passengers trying to get them in and out of the airport in a very quick time, has to happen. However, what we do not know as yet is what is leading to the increased infectivity. Whether it is increased potential for aerosolization, whether it is some change in the virus that is causing persons to now be able to pick it up more readily from fomites, which are inanimate objects. So research has to be done to determine if any of

those parameters have changed with this new strain. Suggestively early on maybe not, but again only time will tell into the next couple of weeks.

If, of course, just theoretically you find it is now aerosolized for example, what it would mean is that the type of mask that we are wearing will not be as effective. So we would recommend a higher level of mask in terms of filtration. So we would probably have to recommend N-95 masks to persons who are in high risk. We have not got that research and evidence to suggest that we should do so at this point, so we continue with the surgical mask and the other mask for non-clinical staff, but if we get that data then, of course, we will amend to suit.

Similarly in terms of the surfaces, using our alcohol-based sanitization as well as possibly bleach as an alternative seems to be adequate for now. Again, it just means that we need to have to be a little more rigorous making sure that what needs to be done is being done appropriately. Checks and balances for example, in terms of the operations, making sure there is a checklist that someone, a supervisor, will ensure that a service is sanitized every hour or thereabouts, or even more frequently, depending on the use. So the vigilance has to be somewhat increased, I would suspect, at the airport and the quarantine that Dr. Deyalsingh had asked about is most critical.

Because even after—I mean, you are in transit through an airport for a very short period of time. You come out, what happens after is where we are going to catch the virus in terms of changing. So possibly looking at a lengthening quarantine, back to the 14 days is our best bet in containment through the ports of entry; at least the legitimate ports of entry for now.

Mr. Chairman: Dr. Parasram, I want to just ask a question. Do you also recommend like an eye shield for persons going on aeroplanes or even working in the environment, as well as the mask?

Dr. Parasram: So again, we recommend persons in high risk environments, in

hospitals for example, to wear both levels of protection, because there is an increased risk of aerosolization of the virus coming into the air, therefore there is an increased risk of it getting into your system through the mucosal membrane of your eye. So we would recommend sometimes in hospital you would find people wearing a shield plus a surgical mask in those instances, or a shield plus an N-95 mask is essential for persons, for example, when they do intubation of patients and those sorts of things.

At this point, again, the data is that it will add another level of protection for the individual. So if persons wish to do so, that is fine, to project their eyes, but again it is something early on we are seeing with the new strain, when we get research to see what is happening and why it is more infective, then we would be in a better position to guide further. For this existing strain, we do not recommend it at this point in time unless you are in a very high-risk environment.

Mr. Chairman: Sure. I was just thinking if you are coming in an aeroplane, with that enclosed environment, even though they have the Hepper system of filtration, you know, the normal goggles that you can get, I think some people had mentioned may offer that. So this is something I think your committee may have to look into. One other question I have to ask though—there is the idea of the aviation staff. Now they are going to be dealing with an influx of passengers, and there is the body called I-A-T-A which suggested that aviation workers also be considered for first vaccination. Has anybody made any sort of recommendation to you to consider that?

Dr. Parasram: So yes. The persons that will get a first vaccination are the health care workers and other frontline workers. When we say who the frontline workers are we are looking at people, for example, in all the port health, immigration, customs. So all persons that work in a port, persons in the defence force, persons in the police service, persons in the fire service as well as, of course, all health care

workers, meaning not only physicians and nurses, but anyone who works in a health care institution or in a geriatric home, plus those who are over 60 years of age, anybody in the general population as well as those who have non-communicable diseases. So those would be our phase one.

I think the Minister would have alluded to a Part I, a phase one in a recent press conference looking at the high-risk groups which is health care workers and frontline, plus those over 60.

Mr. Chairman: Thank you, CMO. I recognize member Webster-Roy.

Mrs. Webster-Roy: Thank you, again good morning. Let me first of all commend all our agencies for the excellent work thus far. My question is for Mr. Newton of the Airports Authority. Traversing between Trinidad and Tobago I would notice that while we are in the departure lounge people would practise physical distancing, people would wear their masks. However, in the environs of airports, particularly in Tobago, when we have periods of high travel, persons are not practising physical distancing, persons have their mask on, but it is on their chin or on their forehead, not covering their nose and their mouth. What I would like to know, is the Airports Authority going to increase the number of officers on rotation to ensure we have persons follow the protocols and the guidelines, and to ensure proper order at the airport, especially within the environs of the airport? Thanks.

Mr. Newton: Thank you very much, member. The staff of Airports Authority has noted some of the same things that you have noted, in terms of what—given the increase in the domestic flights. The situation as we said is fluid and we recognize that that has started to happen. So what we will be putting in place is an increase in terms of the amount of customer service staff and also security staff, in terms of their going among the crowd, going among the people to make sure that we follow the social distancing requirements, because we have seen it. We have been

monitoring it through the CCTV cameras. We have been monitoring it on the ground, and we recognize that we have to make some adjustments there, because with the additional domestic flights, we have seen the tendency for people not to be following the social distancing requirements and the mask requirements as indicated by the Ministry of Health. So we will be increasing the vigilance in terms of the amount of people on the ground to make sure that this is done.

Mrs. Webster-Roy: Thank you. How soon do we expect to see that happening?

Mr. Newton: Well, it has actually started. We saw situations over the weekend in terms of Tobago in particular, and as a consequence of that we have started to, in fact, ensure that we have more people on the ground. So it has actually started right now.

Mrs. Webster-Roy: Thank you.

Ms. Lutchmedial: Chair, can I just jump in for a second for a question. I am not sure if it is the airport or Ministry of Health would be best placed to answer this, but in the submission from Airports Authority, it spoke about contact tracing. It was focused primarily on employees working at the airport, but I just wanted to find out, if we are to reopen and/or even if we were to increase the number of flights coming in for repatriation and so on, do you think there is sufficient contact tracing with respect to persons coming through, so that if you pick up a positive case you can follow up with the contact tracing?

The second part of the question, what about international contact tracing? Let us just say, in a very simple way, we find out that someone working at the Caribbean Airlines counter in JFK or something tests positive. It would have been someone who might have interacted with everyone coming on a particular flight. Is there something in place for that information to very quickly get to us here, and for the Ministry of Health to get into contact tracing, to get on it, especially now with this new strain and how we are hearing that it is so much more infectious and can

spread so much more quickly? So that was the two questions. I do not know who would be able to address that.

Dr. Parasram: Chair, I think it lies with the Ministry of Health. So if I may, as the International Health Regulation Focal Point, to answer your second question first, with regard to picking up international disease of concern from another country and recognize it in Trinidad, what happens is there is collaboration two ways. One, through the International Health Regulation Focal Points of both countries, they normally should inform the receiving country, usually by email or phone call, of any event of concern. So if someone with COVID-19, for example, comes from Canada to Trinidad, they would inform us by email and by phone call through our PAHO partners, as well as directly as the International Health Regulation Focal Point, and then we pick that up.

We reciprocate as well. If somebody goes to another territory who is suspected COVID or confirmed COVID thereafter, we inform them as well. In terms of the contact tracing that occurs in the airport, I wanted Dr. Fraser to go into a little bit of the operating procedures in the event that we do get a positive or a suspect case, how does he disseminate that to his colleagues at the various counties for them to continue the contact tracing outward, as we go forward. So if, Dr. Fraser—

Ms. Lutchmedial: Just before Dr. Fraser—Dr. Parasram, when you said “we” and we would be informed, this entire process takes place through the Ministry of Health?

Dr. Parasram: I am informed. I am the IHR focal point, so I am informed directly as an individual. What happens is that the IHR network is a network of, not necessarily CMOs, but each country under PAHO has to recommend two PAHO and WHO aid person, an actual person, that is the International Health Regulation Focal Point, has a phone, a phone number. What they do to ensure that the system is working is they actually do random calls throughout the year, twice or three

times, and they do random emails as well. They used to do faxes when fax was something that was used, and you have to respond. They actually log your time for response. They log if you respond. So it is a global network of focal points that communicate with each other real-time when events occur in different territories. So I am the focal point for Trinidad and Tobago, so I get notified directly when something occurs.

Ms. Lutchmedial: And given the COVID and what is happening now, do you have systems in place for yourself as an individual being the focal point and your Ministry or your department by extension, to quickly disseminate that information back to persons like Airports Authority and the other—

Dr. Parasram: So when I get information of that nature that requires Airports Authority to be alerted, what we normally do is through the CMOH at St. George East, who is Dr. Fraser, I would send everything to him and he liaises with the airport in Trinidad, and of course Dr. Hoyte for Tobago would do the same in Tobago. So maybe Dr. Fraser could take us through what happens if we get a possible case, and then you can get a clearer view of what is happening. Dr. Fraser.

Dr. Fraser: Thank you, CMO. I just want to focus the question upon the area of contact tracing of a positive case. [*Background noise*] I apologize for the background noise. All the cases that come on the flight, the information that we need as contact tracers pertains to those people who are immediately surrounding the case, and that information is usually given to us by the airlines through the manifest. They would indicate to us who have been sitting closest to the individual, and it is usually two rows in front, two rows behind and to the side. Those people are considered in the very first instances, those highest of risk and most exposed to the case.

Those people would generally fill out information that is collected by immigration authority, and then we would get that information from them indicating where they

live, telephone numbers and everything pertaining to them, so that we can then follow through contact tracing.

You would imagine that if someone comes into the country, the people around them would be living in disparate places/parts of Trinidad, and we have a very good collaboration with all of the CMOHs who are responsible for the different counties. So once our office, St. George East office, responsible for port health in Piarco, once we get that information we are able to quickly disseminate that to all of the CMOHs and then they would do more detailed contact tracing in their particular areas with those people who are living in the county.

We have had to do this several times from since March to now, and the system works very, very, very well. We get lots of collaboration from the airlines and the Airports Authority, and the CMOH network is very tight knit which allows for fast movement of information.

The other passengers who are on the flight, while they are not the ones immediately exposed and considered by all of the authorities, IATA, IKO, WHO, PAHO, those persons are not generally considered at high risk, once we are able to determine that the passenger, whether he or she, once they were contained into one section of the plane, did not have a very extensive time moving up and down all over the aircraft, once we are able to determine that, well then those passengers who are sitting outside of the zone that I mentioned are not considered the highest of risk, but we still do keep an eye on them and monitor for any changes over the next 14 days thereafter.

Ms. Lutchmedial: Just—I mean, from a practical standpoint though, what you mentioned there about the other passengers on the plane, is that something that is practical for you all to assess, whether—if you pick up that someone who came in on a flight, tests positive, even though they have the negative PCR test and what not, let us say they pick up that they tested positive three days after entering the

country, can you really—I am just asking in practical terms, is it likely that you could determine how much they might have moved around on a plane three, four days before and how much interaction they would have had, and how many times they used the bathroom and how many other people used that same bathroom on the plane? I mean, is that really something that is—

Dr. Fraser: Yes. So usually, I mean, I know you are using three days as an example, but just for—contact tracing usually starts two days before the person has arrived. So if it three days the persons on the plane would not have been considered part of the infectious cycle.

But let us say the person arrived and we discovered two days later that they were indeed positive, you are right, there is a challenge, but we do get lots of very good information both from the client themselves and from the CAL flight attendants who would have been on the plane observing them. And like I said, we have had to do this several times.

If we do have a situation where—and actually we have never really had a situation where the individual was found to be positive and had a very extensive time up and down the plane, but if we do we would have to by necessity include everyone there in the quarantining process. We fortunately never really had to do that, but if we did that is exactly what we would have to do.

Ms. Lutchmedial: Do you think with the new strain and how more likely or how much more rapidly it is spreading, that those procedures you have outlined there would need any changes?

Dr. Fraser: Well, the good about what is happening now is that to come to Trinidad you have to come with a negative PCR, so your chances of being positive on a plane when coming to Trinidad is really, really very slim. And so that requirement for a negative PCR to fly helps to mitigate people flying positive on the plane.

In the likelihood or the unlikely case that we do have someone who we discover days later is positive, well then we would still have to do the extensive contact tracing required. But the current policy of ensuring people fly with a negative PCR is really helping to mitigate positive people on planes while they are flying.

Ms. Lutchmedial: I see, okay. Thank you very much doctor.

Mr. Chairman: So, doctor, if you have a negative test, you could still catch it within that short window period. If somebody has a fever, they take Panadol tablets, would that not hide that whole process, and the thermal scanners may not really pick it up? Is that a possibility that can happen?

Dr. Fraser: Yes. So if you have a negative PCR three days before you arrive, to pick up the virus within those three days you are not going to be able to be infectious within a day of arrival. So your negative PCR three days before is actually very protective for us. So even if you picked up the virus a day before, for you to become infectious, it has to go through the incubation period. That incubation period is usually between two to 14 days, and only then are you able to pass the virus on. So you are generally flying negative or non-infectious on the way once you have a negative PCR at date.

Mr. Chairman: So, doctor, we can catch them in the period where we are locking down? I think that is the safe period, the 14-day period we would catch those individuals.

Dr. Fraser: Correct, correct.

Mr. Chairman: One other question I had, Doc, the staff of the CAL airlines who are coming here, are they screened in the countries that they are leaving to come in, or do they also have to undergo this same testing before they come to Trinidad?

Dr. Fraser: Sorry, I did not get that question.

Mr. Chairman: The airline staff, for instance CAL airline staff, do they also have to take the test before they could board that plane to deal with passengers to come

to our country? Should that be directed to you or to the CAL medical protocol guidelines? I am not sure if it is directed to you, or if you know the answer if you can guide us.

Dr. Fraser: Generally—well, and I would defer a more detailed answer to the CAL people, but just a general situation that obtains right now is that the CAL staff usually originate locally, and they would be the ones to fly up and down. So they are not generally coming from—at least the CAL staff I can speak for, they are not coming from the US as working staff. So the staff that brings the clients down on the plane, that staff would have originated in Trinidad, flown, picked up, turn around and brought people back. So those people would have been originating from local—

Mr. Chairman: Thank you, Doc. Member Forde, you have a question?

Mr. Forde: Thank you. Morning again colleagues, morning to the listening public. Again I would like to firstly congratulate the CMO, Dr. Roshan Parasram and his team. You know, we see Dr. Parasram daily, but I know there is a team behind him doing yeoman service to ensure that we remain safe in Trinidad and Tobago.

My first question, Dr. Parasram, deals with the new strain. An individual, I think it was a 20-year-old individual got the virus in Colorado, USA, and when they did some contact tracing, they said that he did no travel. Could you just shed some light on the possibility of how he could have gotten that new strain, especially in light that he did no travel and it was in the United States?

Dr. Parasram: So when the new strain was picked up in the UK, I mean there are theories that, of course, the UK started to do sub-typing and picked it up first, simply because they were looking for it. Again, it was picked up and was thought to be in circulation since September of 2020, which is a fairly long period of time. We are looking at September, four months from the time that it was picked up to the time that we expect that it would have been in circulation.

After that first case was picked up in the UK, of course we have noted a number of other countries going all the way up to 38 countries now being infected or having confirmed cases of this same strain, and what it suggests that it would be in other territories, including the US, and would have been there for some length of time before they picked up their initial case.

So, for example, in Colorado the way that person would have gotten that particular strain is obviously they would have gotten it without travel from someone else in Colorado who would have had the strain. Generally speaking, sub-typing—genetic sub-typing is one. It is a resource-heavy process, it is expensive to do, to actually go down to that level of typing, as opposed to doing a PCR test. So it is costly, and it is not something that you would do on a large proportion of the population, but you are checking for a sub-type availability. So it is not like every PCR you do you are going to sub-type. So they would have had cases, of course, I am sure that they have other cases in many other parts of the world we have not picked up as yet, because the sub-typing is not being done.

Jamaica being the latest that would have picked up four or five cases in recent times from UK passengers, but again UK travelers were allowed to come and go from Jamaica and other parts of the Caribbean for quite a long time, from September to now. So I think it is only a matter of time before those territories have positive cases coming back as well.

Mr. Forde: Is it to say, Doc, that the possibility of we having that new strain in Trinidad, what could be the percentage you would put to that as we speak?

Dr. Parasram: Well, I mean, I answered this question a couple of weeks ago, and the answer—anything is possible. We have a border that has a good—the way we have our quarantine set up is that everyone who comes through the legitimate borders are being quarantined, they are being tested, but, of course, as we all know there are people coming through outside of our legal borders.

So we have actually approached the Caribbean Public Health Agency to ask them to do some tests for the positives that come out of the migrant population as well, to see if that particular part of the world has been so infected. Of course, our risk would go according to who comes to our country at this point.

We are hoping that our mitigation strategies at the port so far have been good enough, and because our borders have remained closed as opposed to our other Caricom neighbours, that we were able to keep this particular strain out so far. We are through the study with CARPHA, continuing to do sampling of, one, repatriated individuals who turn out to be positive, especially from UK and other territories that have confirmed the virus, as well as we have added to that just early today some sampling from the migrant population that have been positive as well.

Mr. Forde: Dr. Parasram again, third question: Presently what is the figure, the amount of applications we have of individuals who would like to come back home? What is that figure, average figure?

Dr. Parasram: I think that figure is really held by National Security. So the Ministry of Health is not aware of that figure unless we are told by National Security. What happens is once an exemption is granted that person's name along with their details are sent to us with the flight details, and we arrange for their quarantine either at a state site or a state-supervised site.

That normally happens a couple of days before the person actually comes into the country, we have that information at hand. So we only have the information of the exemptions granted. The Ministry of National Security would have full details of all the persons that would have applied for exemptions, and they would have the entire list and they would then of course send the ones that have been granted the exemptions to the Ministry of Health to process for quarantine.

Mr. Forde: Actually why I asked that question, Doc, I wanted to make it in relation to our population figure, give and take 1.3 or 1.4 million persons, and to

quote you, and I quote, “If and when we reopen...”, and I know that statement is in relation to our borders. Then we know that we will be hearing a lot of noise, a lot of negative comments with regard to the Government of Trinidad and Tobago having the borders still closed. But I think if we listen to the international news we are now seeing where a lot of those countries that opened up let us say, “too early”, are now reclosing their borders. We remain closed from then, March to now, and we continue to remain closed.

I would like to look at it in context of the amount of individuals that want to come home, the possibility of bringing not only the Coronavirus, but the new strain of the Coronavirus to our borders, in light of the safety of our 1.3 or 1.4million individuals.

Again, as you said you will be guided by the science, and also this new strain is 50 per cent more infectious. So, again, borders being closed, and I know that the Ministry of National Security along with your Ministry, also with the Ministry of Health are being guided to ensure that we bring in these persons on a scheduled basis. I am totally in agreement with the possibility of the borders remaining closed, subject to the science that your department continues to supply to the Government of Trinidad and Tobago.

So, again, excellent job. We need to ensure that our population remains safe in lieu of the individuals that, yes, want to come home. We know it is a difficult time, we know it is a tough period but, again, we need to look at the bigger picture to ensure that Trinidad and Tobago remains safe. I do not know if you want to shed any comment on that, Doc.

11.25 a.m.

Mr. Chairman: Well I agree with you, member, that we are in an excellent position and I think we are the envy of a lot of countries the way we have handled this so far. But, you see, if the borders are going to be reopened, we will now be

facing not just the Ministry of Health having their lockdown and the protocols, but remember the Airports Authority would have a part to play with Immigration, Customs and a lot of other entities would be involved. And so it really depends on the fact that how—do we have confidence in the Airports Authority to have that mandate if we are going to open the borders, you know, any time soon that—are we comfortable with the position they are in, in terms of how they are performing? Now I realize that—so I realize that—recently I always love to hear good things about Trinidad and Tobago, and I realize recently the Airports Authority they were actually praised and having, you know, by the ACI, the Airport Council International, where they were the first nation in the region to achieve accreditation at our two airports. So I felt good about that.

But then seeing this recent release from the Airports Authority, I question now, if we had, we got so much of accolades in region, and I am proud—Trinidad and Tobagonian that I am, so proud of this. But then when I look at this report that we have here in submissions, I saw the Ministry of Health's submissions say that there were still gaps existing, and I also realized that even there were gaps in the ANR Robinson airport in terms of the infrastructure, in terms of staffing. So, you know, I question, yes the report is there but the gaps are there, and it is major gaps I am thinking that we have to, you know, work at filling.

So my take on this is, I heard member de Freitas' question, who really will now step up the game with this new virus? And I really got the impression that the Airports Authority was saying, it is really up to the Ministry of Health. So therefore, you know, but there are other parameters within that airport that the health services may give recommendation but it falls under Immigration and Customs at different areas.

And I would like to find out something though. You see, if health is giving the guidelines, Trinidad and Tobago we have been a signatory to the agency of the

United Nations, the CAO, where we had albeit—with this, being a signatory, we had actually stated that we would go along with their guidelines to promote safe and orderly development of international civil aviation throughout the world. And this organization actually would, the ICAO would set the standards, the regulation, the standards necessary for aviation safety, security, efficiency, capacity, environmental protection. And that so I am trying to find out now, who—and I think they are 193 member states—who would have the greater authority now? The Ministry of Health is here, they have guidelines but if these ICAO guidelines are there and it runs different from our guidelines, I mean, would the Ministry give into their guidelines? Or should the ICAO be the body that oversees the whole operation of the airport?

And I am even questioning the fact that, you know, even if the Airports Authority has things in place, and there are certain guidelines called CART guidelines, and the CART guidelines, the Council's Aviation Recovery Task Force, they have eight areas where they have checks. And the eight areas are baggage claim area, dismemberment and arrival areas, terminal air-side area, terminal, gate, equipment, security screening, terminal building, general check-in area, exit, the landside area. So there are certain pillars there, eight areas that we must ensure that it is running efficiently.

So I would like to ask the member, you know, the members of the Airports Authority, do you have—does the AATT have a documented plan for the implementation of the specific guidance to address the eight elements of the airport module of the CART programme?

Mr. Newton: Thank you, Chairman. I just want to—I will pass the response to one of my deputy general managers who was actively involved with the accreditation, health accreditation programme which is incidentally in accordance with the International Civil Aviation Organization's CART recommendations. But before I

pass it to him, I just want to indicate perhaps how the regime in which we operate. The International Civil Aviation Organization is the organization responsible for the harmonization of aviation internationally. But locally the organization that is responsible in terms of ensuring that we follow the guidelines or the standards and the recommended practices of ICAO is really the Trinidad and Tobago Civil Aviation Organization, that is the regulator, and they regulate the environment, they regulate—they provide the regulations which are part of our national laws upon which the Airports Authority is, in fact, governed and the Airports Authority continues to operate.

The CART guidelines that was—had been indicated, CART meaning the Council's Aviation Recovery Task Force recommendations of the ICAO was crucial in terms of us being accredited. It was crucial that by ICAO to ensure that we were in compliance the CART guidelines. What I will do is that I will ask my deputy general manager to provide some further information in terms of, with the process and what went on in terms of this accreditation programme. Thank you.

Mr. Menal: Thank you. Good morning, again, Chair. Actually even before we go there I would like to point out the fact that the Trinidad and Tobago Civil Aviation Authority, given the new health requirements, would have set up a mechanism to provide oversight of the measures that are implemented by the Airports Authority of Trinidad and Tobago at Piarco and the ANR Robinson International Airport. In terms of the ACI airport health accreditation programme, we would have gone through a rigorous assessment process in accordance with the requirements of the ICAO CART and the ACI recommendations. There would have been significant interaction between the AATT team at both airports and the team at ACI. Of course we would have to verify the measures in place, and that was done through interviews, submission of documents, manuals, et cetera. We even had to go as far as presenting photographic evidence and images of our infrastructure.

ACI further goes on during the year, the year that the accreditation is valid for, to provide oversight of our processes through, again, interviews, because as you are aware they would not be able travel to our country at this point. So, again, we need to reiterate that it was a vigorous process that we went through and it is ongoing. We are always under the oversight of ACI and by extension ICAO.

Mr. Chairman: So, Sir, do you have sort of audit plans such as the frequency of audits and areas of non-compliance and, you know, closing actions? You see, what I am seeing is that, we set up things and I see, you see, sometimes we set up very good mechanisms, very good systems, and then if there is no checks and balances, if there are no checks on it—so do you have a sort of auditing system that you go back now to see, hey, we are still on the right path?

Mr. Menal: Great question. Actually as part of the process we had to prove that we had a quality control or a quality assurance mechanism as part of it. So through our health, safety and environment department, the officers continually provide oversight and audit inspects the processes, both the passenger process throughout the entire journey, the journey map and the movement of the persons throughout the terminal. We have the developed checklists in accordance with our manuals and the recommendations of the international organizations; and that is continuous.

Mr. Chairman: So then does the Civil Aviation Authority come on board to do those checks also, to basically oversee your organization?

Mr. Menal: All right. So theirs would be an addition, another layer of oversight. So the oversight that I initially spoke of was our internal oversight to prove to ACI and ICAO that we remain in accordance with their standards.

Mr. Chairman: I got a question from members of the public and so I want to be a little devil's advocate now. Right? First of all, the quarantine period, if you see somebody coming in and you have to quarantine for 14 days, whose responsibility is it at? Is it the Airports Authority? Or is it the Ministry of Health to ensure that

individual goes under quarantine? It is either you can answer that or the Ministry of Health. Because what I am trying to get at is, if there is a breach, who could we point fingers at? It is your authority? Is it the Civil Aviation Authority? Is it the Ministry of Health?

Dr. Parasram: So it is the Ministry of Health. I am the quarantine authority for Trinidad, and I delegate authority to the CMOHs to do that function. So we will issue forms upon arrival, quarantine forms whether it be for seven days, 14 days, state the place that you have to be quarantined. If there is a breach, we would inform the police and they would do the enforcement part of it. So it is under health under the Quarantine Act.

Mr. Chairman: CMO, I would like to just elaborate a situation that I was made aware of. I do not—I could not verify it, and probably the Airports Authority’s team could assess. It was—someone had sent me a text where—with the situation where a private jet came in, and certain members got out from that jet, they were tested temperature wise, they were put in a bus, and then helicopter, they were helicoptered, they went to a rig. And that rig itself actually was in the news recently as being one of the rigs that COVID went haywire. Now is it that there was a breach in protocol in that instance? Is it that, you know, those nationals who came in from Houston, are they—you know, we are trying to— You know, the query was, is it certain people could get away with this thing? Or was it a lapse? Or did the policy develop after that instance?

Dr. Parasram: So in terms of the oil and gas sector throughout the epidemic, there was a different form of quarantine. A lot of them were coming from outside, so they did their quarantine in their country of origin. They did a PCR usually before they went, before they start their quarantine at day one or day two of their quarantine in that country. They would then do a PCR in recent times, 72 hours prior to coming to Trinidad. So their 14-day quarantine would have been done in

the country of origin. They would have flown directly here and then, of course, straight from here onto the rig, making sure that they were negative. So that is for people coming from outside.

For people coming from inside Trinidad, our locals going onto a rig, the procedure is they should have, of course, a PCR before going onto the rig, and they should have some period of quarantine. In the phase when we had little or no transmission, they were doing seven days, prior to that they were doing 14 days, in some cases at one of the hotels throughout the island. So they were paying for—the oil companies, were paying for persons to stay there, they do their PCR and then they go out to the rig. So there was protection of the rig in that regard, because the rig, of course, as we saw with the incident with Perenco is a high-risk environment similar to cruise ships, so we have to treat it as an entity onto itself, and we were ensuring persons going onto the rig, and, of course, persons exiting from the rig and coming back onto land did not have any risk of transmitting the virus back to the community when they went home.

So there were checks and balances on both sides of the equation for oil and gas, slightly different from what was happening otherwise but remembering that these persons would have come straight from their territory, done their quarantine, no spent any time on land in Trinidad and go straight to the rigs having had their negative smears.

Mr. Chairman: So if a citizen tries to the institute the same guidelines saying that they get a negative test abroad, they quarantined for 14 days and you are sure that they are quarantined for 14 days by some checks over there and they want to come to their homes. You see, if somebody comes in now and say that, they may figure that they are getting some inequality of treatment. Now, I understand the rigs and the oil industry has to run. But in terms of the question that was posed from this person, you know, again, and even with the new strain of the COVID we may have

to get other stringent method to, you know, to prevent something like that happening in the future.

Dr. Parasram: So yeah. So I think it is a matter of cost. As you know the State bears the cost of the quarantine in Trinidad and Tobago. So when someone comes in, and we are the ones through the CMOHs that will actually monitor patients by having health care workers on those sites, so we are assured that those persons are being monitored and, of course, the necessary swabbing is done if you pick up signs and symptoms. There is no assurance otherwise for a national coming back into Trinidad beyond, you know, if quarantine is being done at those sites and, again, the price has to be borne by the individual.

So we had arrangements through the oil and gas industry where they would have paid for their employees, so that was a separate, as I said, separate sort of stream, and it was ensured that at all stages that those persons, even as they came off the aircraft, they were not allowed to mix and mingle in the country. So the key to it is, of course, maintaining the quarantine, and there will be changes to the quarantine length, the time for quarantine, where you can quarantine as it evolves. For now, I think, based on the new strain we need to be as stringent as we possibly can to prevent it coming into Trinidad and Tobago. So that is where we are gauging, taking our gauge for the quarantine time and period and where it should be spent at this point. But, of course, as the days and months progress we can look at alternate mechanisms, whether it be at home.

We have already explored with national security the possibility to doing voluntary wearing of bracelets which are used in another territory, I believe, Cayman Islands, already using bracelets to ensure that when you send someone into home quarantine that they actually, if they breach the quarantine, a message goes to their police force and they can ensure that you stay at home. So our biggest concern with sending people home at this point is people abiding by the

stay-at-home order. If we can get bracelets in stream, we can assure that they stay at one residence and that the quarantine will be better held at home, then we can possibly look at that decision further. But with the new strain, I think, the best bet to contain will be to have them in a state or a state-supervised facility.

Mr. Chairman: One question, again, Mr. CMO. If, being devil's advocate, if a vice-president comes in a private jet and is shipped away to a different destination, do you have the authority to stop that?

Dr. Parasram: So anyone that comes into Trinidad and Tobago will have to do two things. They will have to be granted an exemption from the Minister of National Security, and in which case the exemption is granted they would—Ministry of National Security would normally engage Health to find out the conditions of the exemption, and the conditions under which exemption should be granted.

For example, if that particular case you said, we will say, that this persons has to undergo 14-days quarantine. They will place a notice on the exemption that says, you have to undergo state quarantine or state-supervised quarantine for 14 days and that will be done. There is no circumstance where someone coming in and staying in Trinidad will not have a quarantine as even from a high-risk or medium-risk country. Low-risk countries people are allowed to quarantine but they are allowed to do so at home. Other than that, they have to—or anyone that enters the territory will have to do quarantine in a state or a state-supervised facility, and goes on the exemption when the Ministry of National Security grants it, so they know what is happening before they come.

Mr. Chairman: Well, I thank you very much for that response. Because I am saying, now it is different times, now it is a more serious strain, so we have to now do things in a manner that is, you know, with a greater degree of care. I now would like to recognize Mrs. Lisa Morris-Julian who has a question.

Mrs. Morris-Julian: Through you, Chairman, and thank you. I thought this question would be to the Airports Authority and perhaps Dr. Parasram to some extent. I am—I want to find out about technology and our use of technology with regard to the screening and in particular I am thinking about our counterparts in Barbados, Dr. Parasram, where they had bracelet system, not the electronic bracelets but basically they tagged the tourists. And what was stated is that the tourists would cut off the bracelet and went and interacted hence the spread. And I am wondering, what do we have in place and in particular when I am talking about types of technology with our COVID-19 strategy, is it evolving? It is the same that we are using, for example, in schools, which is sanitization and temperature checks? And also I would like to know with contact tracing. I know we spoke about it a little but is there a team assigned for contact tracing in the airport? Is there one particular person verifying, checking? Or is this simply when you come it depends on what you say on your form? Thank you very much, Chairman.

Dr. Parasram: Okay. So let me first answer the question with Barbados. I believe Barbados was using an app, if I recall, on their phone where they can report daily symptoms and they could have done a GPS mapping to your phone; so they were using. But the technology we are exploring with regard to the bracelet, if you do cut the bracelet, a message will be sent to the police force and they will be, again, in breach of the quarantine. So even if you cut it or remove it in any form or fashion an alert will go to the police force, as well as Health so we will know that has been done. So that is the technology we want to use in terms of quarantine. What we are using currently for contact tracing is telemedicine. We have brought on stream a number of physicians and nurses and they have been placed at every county medical officer of health in Trinidad to increase the number of staff that we have to actually physically call persons. They have been given telephones as well, so we will get a full list of any positives or suspected cases, primary contacts,

secondary contacts, whether it be from the airport or outside, and they will be assigned actually to individuals and they will call them twice a day to ensure that they do checks on them, see where their location is at. And, of course, we have referred a number of those cases to the police for breach of quarantine, and those persons have been brought into the step down and they are in the process of being prosecuted under the Quarantine Act.

So the process we are using now is more telemedicine based. We are looking at the app as well to replace some of the telemedicine work where people will be able to actively send data on their wellbeing back to the Ministry, as well as of course the bracelets which will be more for security purposes. So once we have that in place we can be a little more comfortable that those who are in quarantine stay in quarantine and could be monitored all through the day and night.

Mr. Chairman: I thank you for that question, member. And I—the Barbados system had me, you know, in awe in the sense that initially we heard that they had a contactless immigration system, the online immigration arrival cards and also computerized, you know, areas that, you know, people would not have to have that contact with the immigration officers. So, you know, initially it sounds good but then looked what happened to Barbados now. They are now in a situation, and I think probably they could have learned from us in terms of our lockdown guidelines.

But would I like to ask the members of the Airports Authority. In terms of the running of the terminals itself, are there any food courts or food areas still existing? And are there any sort of improvements given to those areas?

Mr. Newton: Chairman, my deputy general manager in charge of operations, Piarco, will take that the question.

Dr. Fraser: Chairman, at Piarco International we have limited food and beverage available, for example, the takeaways. And the mechanisms we have put in place

is, the concessionaires had to prove to us that they have the measures in place. For example, the alterations through the infrastructure through the establishment to sneeze guards and the social distancing markers on the floor, and there is no eating in, of course, people are buying and take away.

Mr. Chairman: Yes. Okay. So that is comforting to know that that has been implemented. And in terms of the—I notice in your submission you said the AATT, you know, informed that you needed to purchase electrostatic—you had purchased electrostatic fogging machines—were acquired to assist with the sanitization of both airports. Could you tell me when were these machines acquired? And the cost of acquiring the machines?

Mr. Newton: Chairman, the machines were acquired in the last quarter of 2020, I think it is October/November somewhere there the machines were actually procured. The exact figure I do not have it here. We can provide it to the Committee. I do not have the figure in terms of it but the machines are available both at Piarco and ANR in terms of usage.

Madam Chairman: So you have two machines available presently?

Mr. Newton: Yes.

Mr. Chairman: Yes. Thank you. Because I noticed that, you know, so I am glad that Tobago was included in that because I have noticed that in the submissions that, you know—

Mr. Newton: Chairman.

Mr. Chairman: Yeah. Sure.

Mr. Newton: Chairman, one thing. We actually have more than two machines. We have four machines—six machines, four at Piarco and two at the ANR Robinson.

Mr. Chairman: Okay. Sure. So those machines, who are in charge of those machines? Is it the Ministry of Health will do their electrostatic fogging? Or is it the Airports Authority staff?

Mr. Newton: It is Airports Authority staff. We have personnel who have been trained by the provider to use these machines, and it is the Airports Authority's custodial maintenance staff that is involved in terms of utilizing those machines.

Mr. Chairman: And was the Ministry of Health involved in this procedure to acquire those machines? Because I am seeing that the Ministry of Health also has their health officers there, the port health officers, who do spraying. So I am looking at, you know, you have the Ministry of Health having those persons on board, and now you have this electrostatic fogging machines being bought. Is it a duplication? Or did you—yeah. So could you clarify the role of the Ministry of Health's involvement in your purchased?

Mr. Newton: Okay. Well, I am not aware that the Ministry of Health is involved with any kind of spraying in the airport it is the Airports Authority staff that is responsible for the issue of maintenance and that kind of thing. So the use of the machines is clearly the Airports Authority staff.

We were guided by the protocols from the Ministry of Health and also international best practices in terms of purchasing those particular machines to be used. Why? It breaks down—it prevents the need for having to use things such as going and wipe down surfaces and stuff like that. It is much easier to be used and it much safer and the sanitizing is done in a much more efficient manner utilizing the electrostatic, the fogging machines.

Mr. Chairman: Well yes, I agree that you are keeping up with times and it is actually a good investment but I am just trying to, you know, get the roles, you know, if there are duplications of roles. Because I know the public health officers, the port health officers they actually spray the aircrafts and they are in charge of giving clearance to the aircraft, the critique of the aircraft to say that it is fit to go on its way.

Dr. Parasram: So the port health officers check for what is called an aircraft

disinfection certificate. So the authority whether it is Caribbean Airlines, whoever is the airport, the owner of the fleet, for example, Caribbean Airlines or JetBlue whoever it may be, they are ones that will have to do the spaying. Normally what happens is, the control officers or the health control technicians, aside from the airport will also look when the spraying is being done, and they are supposed to sign off that the spraying is done appropriately, and that is for residual spaying of the aircraft with regard to vector control. So that happens not for sanitization but that happens for vector control activities.

Also, we do have a perifocal operator in the port health unit at the airport, and that person's sole function is really to go around the different sites at the airport to ensure that there are no vectors or no potential breeding sites for vectors of, for example, mosquitoes, in the environs of the airport and even with a certain radius around the airport, and that is again in alignment with what is recommended by the WHO in terms of IHR, that the airports are supposed to be a vector-free zones. So that is the port health function. We do not conduct any spraying at the port health unit. That is left for the airports but we have oversight over the way it is done, and that is for vector control not for sanitization.

10.55 a.m.

Mr. Chairman: So, the vector control would look at, I think—sorry, their functions in the past would look for like, rodents, roaches, mosquitoes, coming in, in terms of overseeing from certain endemic countries if certain things are coming in. But I had a concern from a worker who said that if, you know, when they put that residual spraying, and I think they may do it every three to four months with residual spraying rather than—and if they are doing that residual spraying, would the contamination at aircraft after somehow lessen the residual spraying that is there, and instead of having a three to four months of residual spraying, we may now have to look at the fact that we have to probably bring it into a shorter period?

Is that anything you are looking into?

Dr. Parasram: So, the residual spraying is usually done on a certain area of the aircraft. Usually the first two to three feet on the lower part of the aircraft where their feet are, more against the side boards, those are not the areas that you would tend to sanitize. You would tend to sanitize the back of the seats as well as the areas where you have persons—the food trays, those kinds of things, the high-top surfaces. So there should not be an overlap between where the residual spray is applied versus where the sanitization is occurring. So, it is two different areas, and I do not think it should have any significant change in the way that the residual spraying is applied. It is approved by World Health Organization Pesticide Evaluation Scheme for certain areas of use and it is also approved for use within a certain time frame because you cannot do it more often than is stipulated as it may cause untoward effects. So, we do not want to do it too often as well. Just a word of caution, of course with the sanitization, to be mindful that we do not sanitize the areas that are residually sprayed.

Mr. Chairman: Dr. Parasram, could you tell me about the amount of health care workers that are currently stationed at the airports on a daily basis?

Dr. Parasram: Yes, that staff is roughly about 24 people, but that staff falls under Dr. Fraser, so he could give the exact number. But before he goes, what we are trying to do and what the pandemic has allowed us to do, for many, many years we tried to create a new position of port health officer, and we are happy to say that we actually were able to create that new position. We created the job description and we actually went out to advertisement for 50 individuals, not only for the airport but also for the seaport, to create this cadre of staff which is suitable and specific to port health activities. Out of the 50 persons that we advertised for, we got 18 persons coming in and they would come in between—I believe a few of them may have started already between January and March of 2021, and they will replace the

older health control officers staff who will now go back to vector control and backfill some vacant positions there. So, we have that in place. Dr. Fraser, if you want to give an account of what type of staff you have currently and the numbers to the Chairman.

Dr. Fraser: Sure. Thank you, CMO. Currently, we do have a complement of 21 health control/health control officers, health control technicians, in addition to two perifocal officers and a Public Health Inspector II, who is the supervisor for all of the staff I just mentioned. The staff works shift. So there are three shifts a day, starting at 6.00 in the morning; 6.00 to 2.00, 2.00 to 10.00, and then 10.00 to 6.00 overnight, and generally you tend to have on staff about four to five persons on staff in every shift of those officers.

Mr. Chairman: Thank you, Dr. Fraser, but I have a question again. If—

Mr. de Freitas: Sorry. Mrs. Webster-Roy had her hand up.

Mrs. Webster-Roy: Hi, may I?

Mr. Chairman: You can go ahead and—

Mrs. Webster-Roy: I want to ask a question based on Dr. Fraser's response.

Mr. Chairman: Sure.

Mrs. Webster-Roy: You mentioned that you have 21 health control officers/technicians and I wanted to find out how many of those officers, if any, are assigned to our airport in Tobago please?

Dr. Fraser: No, that is just for Piarco.

Dr. Parasram: So, in terms of Tobago, I am trying to get Dr. Hoyte. I believe there was a power outage where she was stationed. She said she is not back on as yet, but failing that she does come on, there are officers assigned to Piarco and health control officers to Tobago as well. So there are health control officers, similar sort of cadre of staff. They perform that function throughout the hours of the airport as well, and they are stationed at the seaport at Scarborough. So, when

she comes back on or even afterward, we can provide you with the number of persons and the various categories that they occupy, but they are different and they are unique to Tobago.

Mrs. Webster-Roy: Okay. Thank you very much.

Mr. Chairman: I just want to draw the attention to the CMO that the Airports Authority, in its written submission, indicated that personnel needed to conduct health screening at the points of entry into the terminal is also not currently available at the ANR Robinson Airport in Tobago. Now, with the traffic of the tourists and whatnot in Tobago, has the Ministry of Health attempted to collaborate with the relevant division of the THA to address this matter?

Dr. Parasram: So, yes. Again, I know from what Dr. Hoyte has indicated to me, she has been in very close communication with the Deputy Director, I believe, of the Airports Authority in Tobago, who I believe is on, and I do not know if she wants to shed some light before Dr. Hoyte comes back on.

Mr. Chairman: Yes, sure. That would be fine.

Mrs. Scotland-Benjamin: Good morning, Chair. Good morning, Committee. I am not able to confirm the total number of officers. Dr. Hoyte would have to confirm that. But what I can say is, I am aware that a recruitment process would have started in Tobago to recruit additional officers. I am aware that the Division of Health is actually pursuing that at this time. In terms of timelines, I am not certain. But the initial response, we would have indicated in our submissions, had to do with the design of the airport and additional officers being needed to monitor and perform health screening.

Mr. Chairman: Thank you. I would like to also—

Mr. de Freitas: Dr. Hoyte wanted to respond.

Mr. Chairman: So, Dr. Hoyte, I think you wanted to respond?

Dr. Parasram: She has not returned as yet, so I am trying to get the answers from

her offline.

Mr. Forde: So, in the interim, Chairman, can I come in?

Mr. Chairman: Sure, member Forde, you can proceed.

Mr. Forde: Yes. My question is directed to the Airports Authority team. The processing of persons that come in on those flights, could you just give us briefly a lil synopsis on how the processing takes place in terms of the flight arriving, the persons coming off the airplane and, you know, where are they taken? I know the buses are on the tarmac. How is the process? Just give us a lil quick synopsis of how the process takes place? Was my question heard, Chairman?

Mr. Chairman: Yes, we heard. I heard it on my part. Yes.

Mr. Forde: Airports Authority?

Mr. Chairman: Airports Authority, did you hear?

Mr. Forde: The processing of individuals that return on the repatriated flights, just give us a lil synopsis on how the process takes place—the processing takes place.

Mr. Newton: Member, this is Hayden Newton, the General Manager. What I will do is I will put it to the Operations Manager, Piarco because he has been actively—his team has actively been involved—the Deputy General Manager Operations Manager, Piarco, their team has been actively involved in terms of that process. One of the things I want to say before I hand to him, however, is from December the 1st, 2020, we actually commenced the repatriation passengers actually coming through the terminal. Prior to that, it was a situation where the repatriation passengers were actually being barefoot on the tarmac but with the advice and concurrence of all the stakeholders, it was determined by December the 1st, that passengers are now being facilitated through the terminal itself. So, Mr. Menal, you could perhaps give some more details.

Mr. Menal: Yes. So, the situation that obtains now—

Mr. Newton: Make sure they are hearing you.

Mr. Menal: Yes. Can you hear me?

Mr. Forde: Yeah. I am hearing, I am listening.

Mr. Menal: Okay, nice. So the situation that currently obtains is that the partners—it is a collaborative approach amongst the Airports Authority, the Ministry of National Security, the Ministry of Health, and the other government entities, Immigration, Customs. The aircraft lands, the passengers, of course, come in with the requirement of having a negative—having taken a negative PCR test, they come off the aircraft and they are processed through the terminal. That decision was taken with the concurrence of the Ministry of Health and all the players; all the measures being in place and protocols being followed. They then traverse through Immigration/Customs and then out onto a waiting bus, and then they are taken to— those who are going to government quarantine are transported via the Ministry of National Security. In terms of sanitization, the areas are immediately sanitized after the full flight has cleared the area. So we would do all of the touchpoints along the passenger journey.

Mr. Forde: In terms of the luggage area, now, how are there—we would have experiences of travelling normally, you know, that rush that takes place to get your luggage and so on, how is the situation at the luggage area carried out?

Mr. Menal: Oh, the luggage area, yes. Well, in Customs again, we have the floor markers in place to ensure the social distancing. We also have people on the ground to ensure that you have adherence to the protocols. So, in the case of the repatriation flights, you would not find a rush at all.

Mr. Forde: Tell me something, again, just for my edification and just to be sure, it is only CAL flights, repatriated flights that are coming in?

Mr. Menal: Correct.

Mr. Newton: Commercially.

Mr. Menal: Commercially, yes.

Mr. Forde: Commercially. Okay. Great. And it is usually— it is usually one on any particular day?

Mr. Newton: Member, let me just add something to that. CAL is the major in terms of the repatriation flights but we do have some charters coming in with passengers too. And the numbers are not as big in terms of the repatriation flights for CAL, so there is no major gathering that takes place as they come in. With the charter, similarly, it is not large numbers, so the situation is fairly easily handled. Kurt, you could—

Mr. Forde: And again, Mr. Chairman— again, CEO of—Mr. Newton—

Mr. Newton: Yes.

Mr. Forde: And again, these flights— so, on a weekly basis, we are not talking that you all are out on the job every day at the airport?

Mr. Newton: Well, that is not true. The airport operations staff is out every day as normal because the charters, the repatriation flights, the cargo flights are very active. All right. The closure of the border has affected the question of the normal commercial flights in terms of passenger movement but really, cargo flights, when we look at the— it has been down by perhaps about 20, 30 per cent but still that is significant. All right. The normal cargo movement is taking place in terms of the airport at Piarco. At ANR, it is different. At ANR, it is largely the domestic movements but at Piarco, the active area, the ramp area is fairly active.

Mr. Forde: And as the CEO of Airports Authority, you are satisfied based on the COVID-19 protocols and regulations that have been set up by the CMO and his team, that you are satisfied that all the regulations are put in place, give and take, satisfactory, good— how would you rate the performance of your team in ensuring that you all adhered to the protocols as set out by the CMO for the guidelines at the airport?

Mr. Newton: The airport environment is, as I said, fundamentally an environment

of risk management. So, we have been engaged in risk management as a part of our normal business. The requirements that have been put in place as a consequence of the COVID-19 by the Ministry of Health, we have ensured that we have rigorously adhered as much as possible to those requirements because we understand the challenge if in fact there are any breaches. All right. So, we feel pretty confident and we want to say, again, that working with the team from Dr. Fraser, the CMOH and the team in Tobago has been a significant experience in terms of collaboration, and we feel that we would be ready to deal with any of the challenges associated with this pandemic.

Mr. Forde: Last question, Mr. Chairman. I cannot recall exactly when this situation occurred but I think it was pretty early when our borders were closed, where there was a slight security hiccup with a passenger trying to run away, or escape, or however you would like to term it. Could you just shed a lil light in terms of the possibility of things like that happening? You know, it is minimal now because—and it is a situation that did happen according to you, Mr. Chairman, where an individual tried to run away.

Mr. Newton: I cannot recall an individual trying to run away at all. I mean, my Deputy Manager in charge of security is watching me, and what is this about? Now, I cannot recall it. But member, the security level is of the highest. We continue to make sure that that mandate in terms of safe but also secure aviation service is stepped to its fullest.

Mr. Forde: Okay, fair enough. I will be satisfied with that answer.

Ms. Lutchmedial: Chairman, may I ask a question, please?

Mr. Chairman: I think member de Freitas had his hand up first. So after member de Freitas then you can go, please.

Mr. de Freitas: She may go ahead. She may go ahead. I will come in after her. That is okay.

Mr. Chairman: Okay, sure. Ladies first, so you can go ahead.

Ms. Lutchmedial: Thank you. Thank you, Nigel. I still do not know how to do the hand raising electronically. I will figure it out though. Coming back to the—what the Airports Authority mentioned about cargo. I just want to find out something: sanitization of the cargo areas— because of course, we have heard about the fact that coronavirus can live on surfaces up to—for an extended period of time and all of that. Are the electrostatic fogging machines used in the cargo handling areas? I am not talking about the baggage for normal persons but the area where you have the cargo coming in because, of course, we have food and medical supplies, and all those things coming through, what is the sanitization? Is it the same as it is for the regular parts of the airport where people are moving through or do you have special procedures in place with cargo handling?

Mr. Newton: The electrostatic foggers are used in the commercial terminal which is the passenger terminal. In terms of the cargo areas, the cargo handlers have their own processes to make sure that in fact whatever it is brought is safe. But we have oversight of the processes and we know that the processes are rigorous to ensure that any question that the pathogen coming in there is actually dealt with. But the electrostatic fogger is not used in that area.

Ms. Lutchmedial: So, you could shed some light on what— or do you have that information what the processes are like for cargo areas?

Mr. Newton: I do not have the information offhand but I could provide it to the Committee. I will have it and I will provide it to the Committee— members of the Committee.

Ms. Lutchmedial: Sure. Thank you. My second question would be with respect to—I logged off for a while, so forgive me if somebody already—I had switched devices, so forgive me if somebody mentioned this. But you talked about the port health isolation rooms, when someone is an actual suspected case, that is part of

your submission. Do you have that the data with respect to how many actual suspected cases were picked up since the border has been closed, and persons would have been placed into the port isolation room and then subsequently have to go through a more rigorous process before being released from the airport so to speak?

Mr. Newton: Well, the Airports Authority does not have that information. I do not know if the Ministry of Health could in fact indicate. I do not have that information.

Ms. Lutchmedial: The port health isolation room is under the control of the Ministry of Health?

Mr. Newton: Yes.

Ms. Lutchmedial: Okay. I do not know if anybody from Health, if the CMO or the County Medical—

Dr. Parasram: I would let Dr. Fraser answer. But first, I got the information that you all had requested from Dr. Hoyte. She said 14 health control officers under the Service Commissions are presently on the ground and 14 will be hired on contract, portal control officers. So, just to clarify before Dr. Fraser comes in, what we do with the observation room is, of course, if anyone is flagged to us as of having concern, whether we pick up somebody that has fever, one; or if someone that is declared on the health declaration as having any illness, they are taken straight into the portal room. We can determine—Dr. Fraser, if you want to come in and say whether you have any instances where we would have had a suspect COVID or a febrile case over the last few months? If you have any data.

Dr. Fraser: No. Fortunately, for us, we have not had any clinically suspect case coming in to use that room. So, people have been flying and those— we have been screening. The health declaration—*[Interruption]*. Sorry, apologies. Yes, fortunately, we have not had anyone who has not passed the screening process. So,

we have not had anyone who have come with a fever, or with symptoms and signs of suspected COVID-19. What we have had to use the room for, in the earlier part of the pandemic response when we were stopping persons coming from specific countries, we have had to use that room to conduct interviews for those persons and then to process them being repatriated back to where they had come from. But we have fortunately not had anyone who was ill and needing to use those rooms as of yet.

Dr. Parasram: If I can just add, Chair, if it is okay? The majority of cases of any infectious disease that you would pick up, especially for COVID-19, as Dr. Fraser indicated before, now having in place a 72-hour PCR, and of course airports across the world putting in place what we call “exit screening”, meaning that you really should not board an aircraft if you have any signs and symptoms of an illness. So there is heightened public health alert from all countries across the world to not allow persons who are ill to come in—come on to a plane. Chances are, I mean aside from other things that may occur, for example, a myocardial infarction on route or some sort of gastrointestinal illness that just—or other illness, dizziness or fainting, or something that may occur, hardly likely you are going to pick up those things occurring at an airport at this time.

You would more pick it up beyond that and that is why our quarantine process is very important for picking up those individuals. And we have picked up, as you know, people who have come in with their 72-hour PCR negative on day six. On day 12 when we had a 14-day, we would have picked up positives, we would have picked up people with symptoms after they went through the airport and they went to the quarantine sites, right? So, the conversion is usually not in the port of entry, usually happens afterwards. So, the airport has a role, but it is not very great in terms of picking up disease, especially as you have the 72 hours of PCR as a filter, and you have exit screening occurring across the world.

Ms. Lutchmedial: Okay. Thank you, Chair, that is all for my questions. Thank you.

Mr. de Freitas: Mr. Chairman, can I have my question now?

Mr. Chairman: Sure, Mr. de Freitas.

Mr. de Freitas: Yes, I just wanted to ask the question because we have heard of so many great protocols and safety measures being put in place for the entire morning since we have been having this enquiry. But we have also heard of other countries close to us and not so close having to respond in a certain way in spite of their best efforts. So my question is really to Dr. Parasram, that if in spite of our best efforts, this new variant makes it into the population, do you see Trinidad and Tobago having to go back into a lockdown to treat with that given its 50 per cent increase in infection rate?

Dr. Parasram: Well, I mean, we will have to deal with it as we have dealt with COVID-19 on the whole. Of course, looking at our cases what we do is we test, we contact trace, we quarantine all suspected cases of any disease, whether it be COVID-19 or anything else. If it is the new strain, we would not be able to discern whether it is the new strain or not unless we send it for genetic testing. What they will do, it will come back as COVID-19 positive on a PCR test which is what we will pick it up as. And of course, we would treat that in the same vein as we do treat everything else.

If we get into later on, maybe in the months to come, if we get into a position where other countries in Europe are, in the sense that the majority of the cases that they now have are of the new strain, where you have a change in the actual incidence of the strain then, of course, only time will tell whether we need to go further in terms of restrictions, but for now we hope that we can contain it out of Trinidad. And even if we get, God forbid, a few cases coming through, that we are able to pick them up as COVID-19 early, contact trace the contacts and ring fence

them in a way that it does not get out into the general population. So that is the strategy. Again, COVID-19 has proven to the world that there is nothing that is for sure. It will change. Something that you know today, of course, can be completely different and can be—the research will change from one hour to the next. So nothing that I say can be for certain in terms of our response will be. But we have to treat it as—we have to go from the known to the unknown, treat it as we know COVID-19 to be now. Of course, as the data comes to us, we will amend our strategies to suit but so far what we can do is test, contact trace and ring fence all the cases that we get, and that is the best we can do for now.

Mr. Chairman: Well, thank you, CMO. I want to know if any members have any further questions because we are planning to end this meeting at 12.30. But I have one question to the Airports Authority before, so members please think ahead. The Airports Authority had indicated—

Mr. de Freitas: Chair, I think member Webster-Roy had a question. [*Laughs*] She had her hand up.

Mr. Chairman: Okay, you could go ahead. Yeah, go ahead, member.

Mrs. Webster-Roy: Thank you, Chairman. My question came in from a member of the public in Tobago and it is actually a follow up to a question asked by member Forde about handling of repatriation flights. The question that came to me was, why are repatriation flights not allowed to land in Tobago first, Tobagonians allowed to disembark and do the necessary quarantine on the island?

Mr. Newton: That is a question that the Airports Authority could in fact answer. We are not a part of the decision in terms of the repatriation flights. It is really the Ministry of National Security that deals with the issue in terms of repatriation flights.

Mr. Chairman: Could CMO give us any insight into that? Do you have anything to add CMO?

Dr. Parasram: No. In terms of the—I think it is matter of—it has to do with capacity, one. And as far as I am aware from the discussions, we were dealing with Trinidad—the airport in Trinidad being the major airport for travel in the first instance, but again, as Mr. Newton said, the final determination as to which flight is allowed in is really for national security to determine. But again, when we had started seeing cases of COVID, because of the capacity in Tobago to treat COVID is a little less than in Trinidad—of course, if you are picking up cases, if you have to quarantine large groups of people, they will be better placed in Trinidad to do so. So, those sorts of—that is the sort of thinking that would have went into the decisions to use Trinidad as the primary hub for repatriation in the first instance.

Mr. Chairman: Mrs. Sagrarsingh-Sooklal, could you ask your question?

Mrs. Sagrarsingh-Sooklal: Yes, Chair. So, again, well, all morning we have heard of all these strategies that have been implemented which is, of course, commendable, but no doubt there is a cost attached to each and every one of these strategies that has thus been embarked upon. Right? My question is really relative—it is directed to the Airports Authority as it relates to cost and the management of cost of all these strategies that has since been implemented, since the advent or since at the realization of COVID in our jurisdiction. Now, in the Airports Authority submission at page 13 which, of course, the public would have to appreciate and commend the Airports Authority for, it is stated that the Airports Authority plans to control, and I will quote, because this actually was taken from their submissions, that they plan to control expenses by undertaking missions critical maintenance projects only. If the Airports Authority could perhaps shed some light on the projects that they deem as critical for 2021 as it relates to Trinidad and Tobago— Tobago separately?

Mr. Newton: Okay. Thank you, member. The mandate of this organization is to provide safe and secure aviation services. So that guided us in terms of the

question of which projects we would in fact ensure, given the limitation of our resources. Because as we are aware, the borders have been closed for 10 months, and the major sources of revenue for the Airports Authority has been moneys associated with passenger movement, flight landing. We do not have that in terms of the aeronautical revenue, as it is called. So we have had to ensure that we are financially prudent in terms of how we do things.

12.25 p.m.

Our capital expenditure as we would have submitted to the Ministry of Works and Transport in terms of project that we determine critical projects, projects that affect the issue of—this important issue of safety and security, I do not have the details in front of me but I want to in fact commit to provide to the Committee details of the project that we want to do in the next fiscal year. Certainly all of the projects are related to that question of safety, security.

Mrs. Sagrarsingh-Sooklal: Thank you, Sir.

Mr. Chairman: I would just like to follow up with that question. I noted that the Airports Authority had a total projected expenditure of around \$4,061,870. Have you—for various measures you wanted to implement like signs and signage, et cetera, have you been receiving any sort of subventions from the—releases from the relevant Ministry, Ministry of Works and Transport?

Mr. Newton: Okay. We have—the Airports Authority, just to give you a little—Chairman, are you hearing me?

Mr. Chairman: Yes, I am.

Mr. Newton: Yeah. The Airports Authority has not been in receipt of recurrent expenditure from the central government. In fact, we have not had to request recurrent expenditure within the last, perhaps, 15 years given the fact that we were operating based upon internally generated funds because the commercial liability of our aeronautical and non-aeronautical business. But given the

challenge in the last 10 months, we have made requests to the Ministry of Works and Transport for recurrent expenditure to assist us in terms of managing our finances going forward and we are advised by the Ministry that they are in fact working strenuously in terms of providing that funding to us.

Mr. Chairman: So, so far you have received no funding from the Ministry?

Mr. Newton: For recurrent expenditure, no.

Mr. Chairman: If you do receive that funding, how soon would you be saying, you know, I am ready to open, you are advising government they can open the borders because you have everything in place, you would be able to buy your thermal scanners and fix the Tobago terminal as you wanted. Could you give me an idea that you get that bill—how soon as a timeline you would be able to say you might be ready to give a suggestion?

Mr. Newton: Chairman, the thermal scanners, just to clear up, it is really the Ministry of Health. But in terms of our readiness to open, whether or not we receive the funds from the Government, the Airports Authority would be ready to open for business when the powers would be declared that the borders are open. All right? I made the point about exercising financial prudence and even in the context, and I am not saying that it is a situation financially where we would like to be, but even in the context of that, we will be ready to ensure that we will be open for business when the Government declares.

Mr. Chairman: Mr. Hayden, I commend you for that positive attitude. I really like what I am hearing from you. But I also would like the Permanent Secretary, the Acting Permanent Secretary, to please note your request and please note with this, you know, strain that we are getting in this COVID that, you know, I think she may have to try to expedite this to ensure that you—I know you said you are capable and you have a good track record and I know that you and your team would be there working towards it, but we outside cannot afford for any little

strain to get out there and we are pleading with you, to the Ministry of Works and Transport, and I am asking the PS as she is there, and she was very quiet and she probably thought we forgot her, please give us a little response, Ms. Ramdath.

Ms. Ramdath: Chair, I did not think that you forgot me. I know my gentlemen and ladies, you all are experts in the areas that you have been questioned—to respond to your questions. So I am grateful for their expertise. So, Chair, I want to share with you, yes, I recognize that there are challenges in terms of our financial sector, as well as we have little financial constraints in every sector at this time and we are working closely with the Ministry of Finance to assist us in actually prioritizing and acquiring the necessary finance that we need. The Ministry of Finance has been assisting us and we continue to work closely with them. We are in a situation where we have to prioritize what is the most urgent and source that funds, and at this time we are seeking the Cabinet’s approval to get additional funding for Airports Authority.

Mr. Chairman: Thank you, Acting PS. I am sure you have heard the concerns of the medical personnel, the concerns of the Airports Authority, the fact that we have this strain. I am sure you would now be going with a little more energy to try and see if you can get those funds to help our country, right. So thank you.

So now I would like to— if no members have any further questions, I would like now to adjourn this meeting and before I adjourn the meeting, I would like to ask members who participated from the various departments to give a few closing remarks and I would like to start with Mr. Hayden Newton.

Mr. Newton: Chairman, again, thank you very much for the opportunity to have presented our position before the Committee. One of the things, I mean, that we want to indicate is that the challenges that we have faced has allowed the Airports Authority to in fact re-examine its whole approach in terms of dealing with things. We have always understood the importance in terms of risk management,

given the nature of our industry, but we also recognize now that it has to go beyond that. It has to go to a situation of enterprise risk management, proper collaboration with all the stakeholders to make sure we deal with all the challenges and to make sure that we are sustainable as an organization. I must make the point that, it is not that everything is very great in terms of the Airports Authority. We understand that there may be a need for us to in fact review our processes, review our finances, review how we do things in terms of efficiency and we are taking the opportunity right now even in the face of the challenges to deal with those kind of— to do that kind of homework.

Once again, thank you members. Thank you for putting up with us for the last two hours in terms of our presentation. Thank you very much.

Mr. Chairman: Thank you, Mr. Hayden. You have showed us that when the going gets tough, the tough gets going. So I thank you and your team for giving us that effort. I would like Ms. Dhanmattee Ramdath, the Permanent Secretary, Ministry of Works and Transport, to please give us some closing remarks.

Ms. Ramdath: Thank you. Thank you, Chair. Thank you members of the Committee and all my colleagues from Airports Authority as well as the Ministry of Health. Today, in the last two hours we have gone through the processes and procedures and protocols that both Ministry of Health and Airports Authority would have implemented. I know in every process, procedure, we do have challenges, we do have gaps. We continue to monitor our processes and procedures to ensure that we put measures in place to alleviate those gaps. That is why I thank you. I am always grateful for these sessions. We tend to use these sessions as learning for us so that if in case we did not see maybe somebody else's point of view and we are cognizant of their views from these sessions, we learn from it and we try to improve.

So I want to thank you, Chair and your committee members. I also would

like to give—use this forum to thank the Ministry of Health because I must share with you that one of my relatives came in through the repatriation and went through the 14 days quarantine. And CMO, I need to thank your staff, your doctors, and your nurses at the UWI Campus. I am telling you they did a tremendous job in taking care of the persons who were under quarantine. So I would like to take this opportunity, Chair, to thank the Ministry of Health and their team. So thank you, again.

Mr. Chairman: Thank you, Ms. Ramdath. Now, I would like to ask Dr. Roshan Parasram, Chief Medical Officer, to give us some closing remarks.

Dr. Parasram: I think just to simply say that, thanks to the Chair and the members for shedding some light on an area that is often neglected for many, many years. I think port health and even public health in general has been a sort of neglected science. COVID-19 has brought to light, in terms of public health, what has been unseen for many years and really the resources have been coming to public health to increase our capacity, improve our structures and improve our procedures to such a great extent in a short period that COVID-19 has really greatly built— allowed us to build capacity very quickly and strengthen our systems even beyond COVID. So this Joint Select Committee I think even sheds further light on what we do at port health and the importance of port health and really thanks to the members and the Chairman for allowing the Ministry of Health to be part of it, and of course, we would take the recommendations forward to streamline our processes even further. So thank you everyone.

Mr. Chairman: Thank you, Dr. Parasram, and I am saying that you did an excellent job before and I am sure with this new flash COVID that is spreading fast, I am sure you would also, with your committee, put us in a safe position. So thank you very much.

So at this stage, I would like to adjourn this meeting and I would like to

thank the members of the AATT, Ministry of Works and Transport, the Ministry of Health for your contribution of today's proceedings. I would like to thank the Committee members who participated in this virtual hearing. I would like to thank the staff of the Parliament for their procedural and logistical support, Mr. Julien Ogilvie and Ms. Khisha Peterkin and I would also like to thank the viewing and listening audience and also those who actually participated by sending questions while this procedure was going on. So I now declare this meeting adjourned. Good day.

12.37 p.m.: *Meeting adjourned.*