

FACILITATOR GUIDE

Case Scenario 1: Exit Screening at Airport

**Implementing exit screening at an airport of a country,
with initial cases of Ebola Virus Disease transmission**

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**Developed in association with WHO Collaborating Centre for the International Health
Regulations: points of entry at University of Thessaly, Greece**



Core capacities and event management at points of entry

The case study in core capacities (as required in Annex 1b of the International Health Regulations (IHR) (2005) and event management at points of entry (PoE) has been developed by WHO to be used in the training of personnel involved in the preparedness and response to events of Ebola Virus Disease (EVD) at points of entry, which have been characterised as a public health emergency of international concern (PHEIC). This case study is one of three scenarios addressing health measures implemented when implementing exit screening at airport of a country with initial cases of EVD transmission and when a case of EVD occurs on board an aircraft or a ship arriving from a country with Ebola Virus Disease transmission to a non-affected country.

Learning objectives

On completion of the exercise, trainees will be better able to:

- Describe the main components of a contingency plan implemented at a PoE according to IHR annex 1b, in the case of event of EVD
- Identify the capacities that must be in place at a PoE in order to prevent the exit of EVD cases from an affected country or to detect EVD cases among travellers on board affected conveyances arriving at a PoE.
- Explain the specific requirements for communication and collaboration needed between different authorities and stakeholders and with the health competent authority at the point of entry and the IHR National Focal Point, the national surveillance systems, the WHO and the points of entry in other countries.
- Understand the value of the health documents including the Health Part of the Aircraft General Declaration, the Maritime Declaration of Health and the Ship Sanitation Certificate.
- Decide on and implement health measures that are commensurate with the risk, avoiding unnecessary interference with international traffic and trade, including EVD event management onboard conveyances.
- Practice infection control measures for EVD when applying health measures as part of the exit screening of travellers from affected countries.

Important note

The scenario-based exercises are examples and should be taken as such. Suggested modifications and/or proposal for alternate exercises are very welcome.

Material

1. International Health Regulations (2005).
2. International Health Regulations (2005). Assessment tool for core capacity requirements at designated airports, ports and ground crossings.
3. WHO Interim Guidance for Ebola Event Management at Points of Entry. September 2014.
4. International health regulations (2005): a guide for public health emergency contingency planning at designated points of entry. 2012.
5. Global Alert and Response (GAR). WHO guidance for the steps to put on and to remove personal protective equipment
(http://www.who.int/csr/resources/publications/ebola/filovirus_infection_control/en/)
6. WHO Statement on travel and transport in relation to EVD outbreak management. 18 August 2014.
7. WHO Ebola Virus Disease (EVD or Ebola) Exit Screening at Points of Departure DRAFT: November 3, 2014.

Instructions to the trainees

These exercises will help you think about different aspects of travel and transport under the IHR, related to PoE, including:

- (i) core capacities required at PoE
 - (ii) health documents;
 - (iii) elements of event management; and
 - (iv) communication and reporting (intra- and inter- national, multi-sectoral).
- You will be split into groups of three to six persons.
 - You will receive a case-based exercise. The case is divided in three scenarios. Each scenario consists of several parts. For each part, you will have to answer one or more questions.
 - The facilitators will debrief outstanding issues that arise in the group discussions.
 - The timing for the exercise is 160 minutes.

Instructions to the Facilitators

The case study is a component of the Events Management Training program and addresses the principles covered in available WHO e-learning and the face-to-face course. Facilitators will distribute the relevant material listed above and the hard copies of the case study in parts to trainees. One trainee of the group will read each part and the following question. Then trainees will be engaged in a discussion of the answer. Trainees will be encouraged to cross reference to the WHO guidance documents. After the group has answered the question satisfactorily, another trainee will read the next question.

Background

At the first meeting on August 6, 2014, the IHR Emergency Committee made the following recommendation for States with Ebola transmission:

States should conduct exit screening of all persons at international airports, seaports and major land crossings, for unexplained febrile illness consistent with potential Ebola infection. The exit screening should consist of, at a minimum, a questionnaire, a temperature measurement and, if there is a fever, an assessment of the risk that the fever is caused by EVD. Any person with an illness consistent with EVD should not be allowed to travel unless the travel is part of an appropriate medical evacuation.

There should be no international travel of Ebola contacts or cases, unless the travel is part of an appropriate medical evacuation. To minimize the risk of international spread of EVD:

- Confirmed cases should immediately be isolated and treated in an Ebola Treatment Centre with no national or international travel until 2 Ebola-specific diagnostic tests conducted at least 48 hours apart are negative;
- Contacts (which do not include properly protected health workers and laboratory staff who have had no unprotected exposure) should be monitored daily, with restricted national travel and no international travel until 21 days after exposure;
- Probable and suspect cases should immediately be isolated and their travel should be restricted in accordance with their classification as either a confirmed case or contact.

PART A

On 1st of September 2014, the first three laboratory-confirmed cases of EVD have been detected in Country A among members of one family. Despite the attempts of the health authorities to contain the disease and to identify and quarantine all contacts of the initial cases, 30 days later the number of cases has increased to 100 laboratory-confirmed cases. Twenty of them were contacts of the initial cases, while the others were not contacts of the initial cases and contacted the disease through other exposures (contact with other cases, or after eating fruit bat soup). Since in-country transmission has been documented, authorities decided to implement the WHO temporary recommendations for exit screening for all travelers leaving from Country A.

Question 1 (5 minutes)

- Which airports should implement exit screening?**
- What are the key elements of exit screening?**
- Describe primary and secondary screening?**

Suggested answer

References:

WHO Ebola Virus Disease (EVD or Ebola) Exit Screening at Points of Departure DRAFT: November 6, 2014.
ACI Airport preparedness guidelines for outbreaks of communicable disease (<http://www.aci.aero/>)

- Exit screening should be implemented in all international airports of Country A.*
- Exit screening is a public health intervention used to identify persons with possible symptoms of or risk of exposure to Ebola virus disease (Ebola) and to prevent them from further travel. Screening measures are based upon risk and can be adapted for airports, land border crossings and sea points of departure.*
- Primary Screening – Identify travellers with signs, symptoms, or risk of exposure to Ebola*
Secondary Screening – Further assessment of identified travellers to determine if travel restriction or referral for medical evaluation is needed

Question 2 (10 minutes)

Who should be involved in the planning arrangements for exit screening at the PoE?

Suggested answer

References:

- *WHO Ebola Virus Disease (EVD or Ebola) Exit Screening at Points of Departure DRAFT: November 6, 2014.*

Stakeholders and responsible parties include, but are not limited to: government entities with jurisdiction such as customs and immigration, public health authorities, airport or port operators, conveyance operators, and security personnel.

These entities will lead the implementation of the exit screening process and manage available resources.

Prior to the implementation of an exit screening process, a standard operating procedure (SOP) should be developed in consultation with the stakeholders and responsible parties.

The legal authorities for implementing exit screening including the necessary authority to issue travel restrictions should be considered while developing the SOP. Plans should be developed with regard to local, national, and international public health, customs and border protection, and travel entities. States should reference the IHR Core Capacity assessments completed as part of the implementation of IHR at points of entry.

PART B

Country A has only one international airport. A meeting is organized with representatives from legal authorities, customs, border protection, travel entities, immigration, public health and civil aviation authorities, airport operators, conveyance operators, and security personnel, with the aim to create SOPs for the implementation of the exit screening process.

Moreover, a communication strategy for exit screening has been decided. This includes an extensive public health communications campaign to educate the traveling public and the travel industry. These messages provide important health information about the outbreak as well as the intent to screen travellers for the signs of disease and risk of exposure to EVD. Specifically, messages include the following:

- Travellers who are sick should consider postponing travel;
- Travellers should plan to arrive early at the travel facility and expect delays related to public health screening;
- Travellers will be required to complete a Traveller Public Health Declaration for each member of the travel party, and these questionnaires will be reviewed prior to clearance to board;
- Temperature measurement will be required in addition to normal security provisions;
- Boarding may be denied based on public health criteria.

Question 3 (10 minutes)

What information should be communicated to travellers in regards to the characteristics and the prevention of spread of EVD?

Suggested answer

References:

- *WHO Travel and Transport Risk Assessment, September 10, 2014*
- *WHO Ebola Virus Disease (EVD or Ebola) Exit Screening at Points of Departure DRAFT: November 6, 2014.*

Content of the WHO published template for communication to travelers:

- *Ebola Virus Disease is rare.*
- *Infection is by contact with blood or body fluids of an infected person or an animal infected or by contact with contaminated objects.*
- *Symptoms include fever, weakness, muscle pain, headache and sore throat. This is followed by vomiting, diarrhoea, rash, and in some cases, bleeding.*
- *Cases of Ebola have recently been confirmed in XXX and YYY.*
- *Persons who come into direct contact with body fluids of an infected person or animal are at risk.*
- *There is no licensed vaccine.*
- *Practice careful hygiene.*
- *Avoid all contact with blood and body fluids of Ebola infected people or animals.*
- *Do not handle items that may have come in contact with an infected person's blood or body fluids.*
- *If you stayed in the areas where Ebola cases have been recently reported seek medical attention if you feel sick (fever, headache, achiness, sore throat, diarrhoea, vomiting, stomach pain, rash, or red eyes).*

Question 4 (10 minutes)

In which location at the airport exit screening should take place?

Suggested answer

References:

- *WHO Ebola Virus Disease (EVD or Ebola) Exit Screening at Points of Departure November 6, 2014.*

Identification of terminals and location at PoE for exit screening

As part of the development of the SOP, a needs assessment should be conducted to determine which departure terminals (specially the international departures) at points of entry warrant the establishment of exit screening, the best location to conduct the primary and secondary screening, staffing and training needs, and necessary supplies including non-contact thermometers, personal protective equipment (PPE), and development and printing of materials.

*As a general principle, travellers should be subject to exit screening control as early as possible following arrival at the airport or port facility and **in conjunction with existing security procedures**.*

There are several options that may be considered, depending on the facility.

- Exit screening should be conducted in front of or near the passenger security screening checkpoint at departure.*
- If the terminal facilities have passenger security screening checkpoints at the entry points (prior to check-in and bag-drop), exit screening should be conducted at this point.*

PART C

A Primary Screening plan is designed, which include the SOP for primary screening, staffing needs, supply needs for temperature screening, training of personnel, development and translation of the Traveller Public Health Declaration, data management needs and protocols and development of communication campaign to educate community leaders, travellers and travel industry about the outbreak and the exit screening process.

The staff, after completing training on the SOPs and on the use of equipment and PPE, proceed to the implementation of primary screening.

Question 5 (15 minutes)

What are the needs of primary screening for:

- a. Staff?
- b. Supplies including equipment for temperature measurement and PPE?
- c. Training of personnel?

Suggested answer

References:

- *WHO Ebola Virus Disease (EVD or Ebola) Exit Screening at Points of Departure DRAFT: November 6, 2014.*
- a. *Staff*
 - *screening personnel*
 - *security*
 - *others, e.g., data management, interpreters for specific languages*
 - b. *Supplies including equipment for temperature measurement (non-contact thermometers) and necessary supplies including personal protective equipment (PPE), and development and printing of materials.*
 - c. *Training of personnel on:*
 - *primary screening procedures*
 - *use of non-contact thermometers*
 - *use of appropriate personal protective equipment (PPE) and other precautions (e.g. hand hygiene) when assessing ill travellers. PPE guidance should be given by public health agency. Planners will need to ensure availability of PPE and that staff are trained on correct use.*

Primary screening staff does not need medical or public health training.

Question 6 (5 minutes)

What data should be collected during primary screening and why?

Answer

Primary screeners should complete a log of travellers who complete primary screening and those travellers that are referred to secondary screening. (see primary screening logs)

Data management refers to the process of storing, recording, and disposing of the records captured during exit screening. This may include paper-based record keeping and/or electronic database creation and data entry, depending upon the resources and infrastructure available.

Appropriate management of data as part of exit screening plan provides valuable insight into the scope and effectiveness of screening programs. This information helps to inform future decision-making and implementation considerations.

Key functions of data management may include:

1. *Conducting quality assurance (QA) review on completed questionnaires, forms, logs and summary reports to make sure that information is legible and complete.*
2. *Manually extracting information from hard copy questionnaires, forms, logs and summary reports to manually calculate basic descriptive statistics (e.g., number of individuals completing primary screening per day)*
3. *Developing an electronic database in which to enter data from hard copy questionnaires, forms, logs and summary reports to calculate basic and complex descriptive statistics,*
4. *Compiling a list of individuals who were prevented from traveling and could be added to a travel restricted list.*
5. *Liaison with the airline involved, if a traveller is refused travel.*
6. *Cross checking list of individuals in travel restricted list with travellers name during pre-board/exit screening*

Travellers 1, 2, 3 and 4 went through the primary screening. The results of the primary screening assessment are shown below.

Traveller 1

Visual Observation: Traveller 's face was flushed (red)

Signs and symptoms: Diarrhoea, Severe headache

Exposure assessment: answered "No" in all questions of the Traveller Public Health Declaration Form

Temperature check result: 39.6° Celsius or 103.28° Fahrenheit

Traveller 2

Visual Observation: No obvious signs of illness

Signs and symptoms: None

Exposure assessment: answered "No" in all questions of the Traveller Public Health Declaration Form

Temperature check result: 36.0° Celsius or 96.8° Fahrenheit

Traveller 3

Visual Observation: No obvious signs of illness

Signs and symptoms: none

Exposure assessment: answered "No" in all questions of the Traveller Public Health Declaration Form

Temperature check result: 39.5° Celsius or 103.10° Fahrenheit

Traveller 4

Visual Observation: Traveller appeared to be in pain, clutching stomach

Signs and symptoms: diarrhoea and abdominal pain

Exposure assessment: answered "No" in all questions of the Traveller Public Health Declaration Form

Temperature check result: 37.9° Celsius or 100.2° Fahrenheit

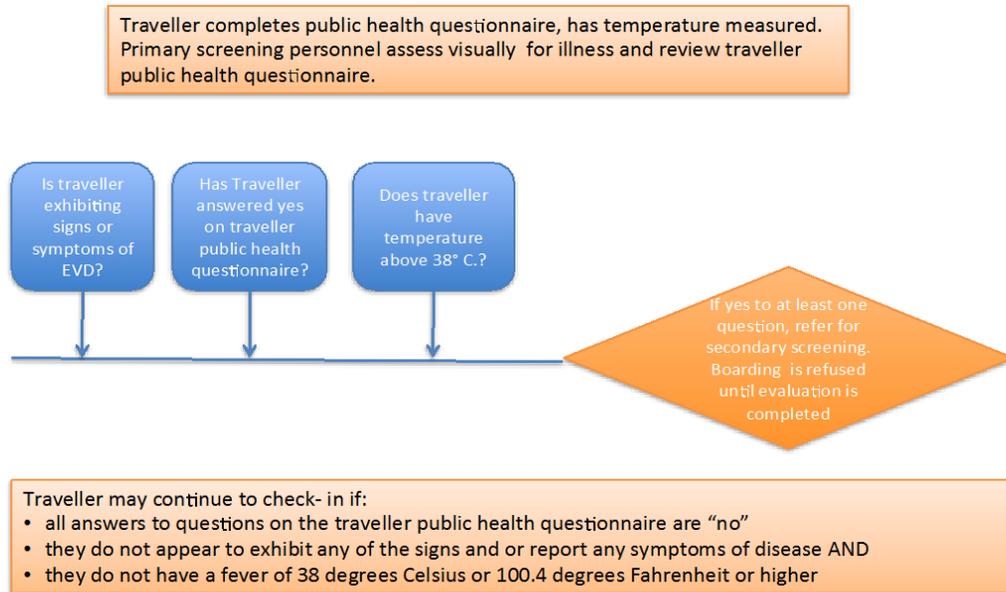
Question 6 (20 minutes)

Who of the travellers 1, 2, 3, 4 should be referred for secondary screening?

Suggested answer

References:

- *WHO Ebola Virus Disease (EVD or Ebola) Exit Screening at Points of Departure: November 2014.*



PRIMARY SCREENING

Figure 1: Primary Screening Outline

Traveller 1

Visual Observation: Traveller ‘s face was flushed (red)

Signs and symptoms: Diarrhoea, Severe headache

Exposure assessment: answered “No” in all questions of the Traveller Public Health Declaration Form

Temperature check result: 39.6 degrees Celsius or 103.28 degrees Fahrenheit

Traveller 1: refer to secondary screening

Traveller 2

Visual Observation: No obvious signs of illness

Signs and symptoms: None

Exposure assessment: answered “No” in all questions of the Traveller Public Health Declaration Form

Temperature check result: 36.0 degrees Celsius or 96.8 degrees Fahrenheit

Traveller 2: allow to continue on international travel

Traveller 3

Visual Observation: No obvious signs of illness

Signs and symptoms: none

Exposure assessment: answered “No” in all questions of the Traveller Public Health Declaration Form

Temperature check result: 39.5 degrees Celsius or 103.10 degrees Fahrenheit

Traveller 3: refer to secondary screening

Traveller 4

Visual Observation: Traveller appeared to be in pain, clutching stomach

Signs and symptoms: diarrhoea and abdominal pain

Exposure assessment: answered “No” in all questions of the Traveller Public Health Declaration Form

Temperature check result: 36.6 degrees Celsius or 97.88 degrees Fahrenheit

Traveller 4: refer to secondary screening

PART D

A Secondary Screening Plan is designed which include the SOP for secondary screening, staffing needs, supply needs for temperature screening, training of personnel, development and translation of secondary screening form (found. Appendix x: Secondary screening forms), data management needs and protocols and development of communication campaign to educate community leaders, travellers and travel industry about the outbreak and the exit screening process.

The staff, after completing training on the SOPs and the use of equipment and PPE, proceeds to the implementation of secondary screening.

Question 7 (10 minutes)

What are the needs of secondary screening for:

- a. Staff
- b. Supplies including equipment for temperature screening and PPE
- c. Training of personnel
- d. Data management needs and protocols

Suggested answer

References:

- WHO Ebola Virus Disease (EVD or Ebola) Exit Screening at Points of Departure DRAFT: SEPTEMBER 23, 2014.

-

a. Staff

- medical and public health personnel
- transportation (for possible referrals for further medical evaluation)
- security
- others, e.g., data management, interpreters for specific languages

- b. **Supplies** including equipment for temperature measurement with non-contact thermometers and necessary supplies including personal protective equipment (PPE), and development and printing of materials.

For the PPE see Appendix 1: Steps to put on the personal protective equipment and Appendix 2: Steps to remove the personal protective equipment

c. Training of personnel

Train personnel on:

- primary screening procedures
- use of non-contact thermometers
- appropriate use of PPE

- c. *Data management needs and protocols (e.g. primary screening logs)*

Secondary screeners need to maintain a log of all travellers who complete secondary screening, including their disposition (release to travel, medical evaluation or public health observation). This data should be used to complete the secondary screening summary report at least weekly.

In addition, secondary screeners need to maintain the records including the completed Traveller Public Health Declaration and public health interview form. These should be stapled together and stored in a safe and confidential manner onsite.

As part of the secondary exit screening, the following information has been collected from travellers A, B, C, D and E.

Traveller A:

- He answered “No” to all questions in the Traveller Public Health Declaration
- He has no symptoms of fever.

Traveller B:

- She answered “Yes” in three questions in the Traveller Public Health Declaration.
- She answered “Yes” in four questions in the secondary screening form for exposure and risk factors
- She has symptoms of fever, headache, diarrhoea and bruising of the skin.

Traveller C:

- He answered “Yes” in one question in the Traveller Public Health Declaration for exposure and risk factors
- He answered “Yes” in one question of the secondary screening form for exposure and risk factors.
- He is asymptomatic.

Traveller D:

- She answered “Yes” in two questions in the Traveller Public Health Declaration
- She answered “Yes” in two questions in the secondary screening form.
- She has no fever, does not present any other symptoms or sign of infectious disease.

Traveller E:

- He has symptoms of fever and headache and no other sign or symptom of infectious disease.
- He answered “No” in all questions in the Traveller Public Health Declaration
- He answered “No” in all questions of the secondary screening form

Question 8 (20 minutes)

- a) What are the health measures that must be implemented to travellers A, B, C, D, and E? Complete both columns in the tables with the response measures for each traveler.

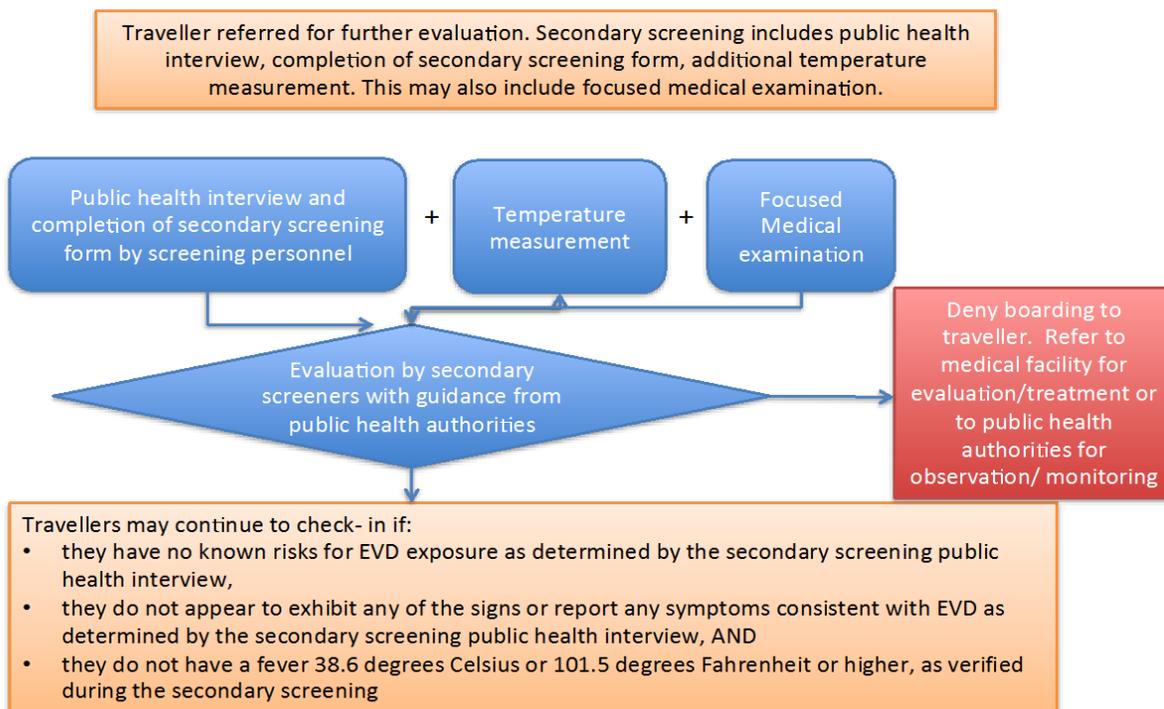
Suggested answer**References:**

- *WHO Ebola Virus Disease (EVD or Ebola) Exit Screening at Points of Departure DRAFT: November 6, 2014.*

According to the temporary recommendation in response to the event of the Outbreak of Ebola Virus Disease (EVD) in Western African countries, which has been characterized as Public Health Emergency of International Concern, and released on August 8:

- *Confirmed cases should immediately be isolated and treated in an EVD Treatment Centre with no national or international travel until 2 EVD-specific diagnostic tests conducted at least 48 hours apart are negative;*
- *Contacts (which do not include properly protected health workers and laboratory staff who have had no unprotected exposure) should be monitored daily, with restricted national travel and no international travel until 21 days after exposure;*

- Probable and suspect cases should immediately be isolated and their travel should be restricted in accordance with their classification as either a confirmed case or contact.”



Secondary Screening

Figure 2. Secondary Screening Outline

Travellers may continue traveling if:

- all answers to questions on the passenger health questionnaire are “no”
- they do not appear to exhibit any of the signs and symptoms of disease AND
- they do not have a fever of greater than 38.6 degrees Celsius or 101.5 degrees Fahrenheit

Traveller A:

- He answered “No” to all questions in the Traveller Public Health Declaration.
- He has no symptoms of fever.

Travel Intervention (check one):	Medical Assessment and Intervention (check all that apply): contact Public Health Authority for all transported and referred travellers
<input checked="" type="checkbox"/> X Allowed to board flight <input type="checkbox"/> Not allowed to board flight	<input type="checkbox"/> Transported to hospital/healthcare facility <input type="checkbox"/> Referred home to symptom watch <input type="checkbox"/> Other, specify:

Traveller B:

- She answered, “Yes” in three questions in the Traveller Public Health Declaration.
- She answered “Yes” in four questions in the secondary screening form for exposure and risk factors.
- She has symptoms of fever, headache, diarrhoea and bruising of the skin.

Travel Intervention (check one):	Medical Assessment and Intervention (check all that apply): contact Public Health Authority for all transported and referred travellers
<input type="checkbox"/> Allowed to board flight <input checked="" type="checkbox"/> X Not allowed to board flight	<input checked="" type="checkbox"/> X Transported to hospital/healthcare facility <input type="checkbox"/> Referred home to symptom watch <input type="checkbox"/> Other, specify:

Traveller C:

- He answered “Yes” in one question in the Traveller Public Health Declaration for exposure and risk factors.
- He answered “Yes” in one question of the secondary screening form for exposure and risk factors.
- He is asymptomatic.

Travel Intervention (check one):	Medical Assessment and Intervention (check all that apply): contact Public Health Authority for all transported and referred travellers
<input type="checkbox"/> Allowed to board flight <input checked="" type="checkbox"/> Not allowed to board flight	<input type="checkbox"/> Transported to hospital/healthcare facility <input checked="" type="checkbox"/> Referred home to symptom watch <input type="checkbox"/> Other, specify:

Traveller D:

- She answered “Yes” in two questions in the Traveller Public Health Declaration
- She answered “Yes” in two questions in the secondary screening form
- She has no fever, does not present any other symptoms or sign of infectious disease.

Travel Intervention (check one):	Medical Assessment and Intervention (check all that apply): contact Public Health Authority for all transported and referred travellers
<input type="checkbox"/> Allowed to board flight <input checked="" type="checkbox"/> Not allowed to board flight	<input type="checkbox"/> Transported to hospital/healthcare facility <input checked="" type="checkbox"/> Referred home to symptom watch <input type="checkbox"/> Other, specify:

Traveller E:

- He has symptoms of fever and headache and no other sign or symptom of infectious disease.
- He answered “No” in all questions in the Traveller Public Health Declaration
- He answered “No” in all questions of the secondary screening form.

Travel Intervention (check one):	Medical Assessment and Intervention (check all that apply): contact Public Health Authority for all transported and referred travellers
<input type="checkbox"/> Allowed to board flight <input checked="" type="checkbox"/> Not allowed to board flight	<input checked="" type="checkbox"/> Transported to hospital/healthcare facility <input type="checkbox"/> Referred home to symptom watch <input type="checkbox"/> Other, specify:

PART E

Travellers who exhibited the signs and symptoms consistent with EVD during primary and secondary screening were referred to further evaluation and medical care at a medical facility. A coordination process with local medical facilities, as well as notification of the appropriate public health authorities, was included as part of SOPs prior to implementing exit screening. These travellers were given communication materials with information describing why and where they were being referred for additional medical evaluation and care.

If the traveller was suspected to have EVD or another communicable disease of public health concern, isolation during transport to the medical facility was necessary. Consideration was given to the transportation needs and safety concerns for those transporting the ill traveller. Security and law enforcement needs were assessed to prepare for potentially non-compliant travellers. These considerations were addressed in the development of SOP documents.

Local and national legal authorities compelling individuals to seek medical care were also considered while developing this process and coordination plan. All travellers who were referred for further medical examination as part of the secondary screening process were denied boarding until they no longer pose a public health risk.

Question 9 (5 minutes)

What are the PPE to be used by:

- a) Persons performing the preliminary screening?
- b) Persons performing the secondary screening and involved only in the interview the travelers?
- c) Persons performing the secondary screening and performing the medical assessment and/or escort the patient to the ambulance during transportation to the medical facility?

Suggested answer

References:

- *WHO Ebola Virus Disease (EVD or Ebola) Exit Screening at Points of Departure DRAFT: SEPTEMBER 23, 2014.*
- a.

Infection prevention and control (IPC) precautions for primary screeners:

- wear gloves
- keep at least a 1 meter distance with travellers to be screened as much as possible
- avoid touching the travellers as much as possible
- if a traveller is found to have fever or falls sick during screening, avoid touching the sick person and immediately call the secondary screeners for further evaluation and clinical management
- perform hand hygiene with soap and water or an alcohol-based hand rub solution after glove removal

b.

IPC precautions for secondary screeners

- Wear the following PPE: disposable gloves, long-sleeved impermeable gown, face mask, and eye protection (i.e. face shield or goggles), close-toed shoes with shoe coverings or gum boots. Face mask, eye protection and the addition of a plastic apron if the gown is not impermeable, are important in particular if there is any risk of blood or body fluid splashes (e.g. the patient is vomiting or bleeding or has diarrhoea).
- Carefully follow instructions to put on and to remove and dispose of PPEs, to avoid contamination with blood or body fluids
- Use PPE to accompany the sick person to the designated area where interview and further evaluation will be undertaken and then wear PPE only in this area
- Perform hand hygiene with soap and water or an alcohol-based hand rub solution:
 - before donning gloves and wearing PPE
 - before any clean/aseptic procedures being performed on a patient,
 - after any exposure risk or actual exposure with the patient's blood and body fluids,
 - after touching (even potentially) contaminated surfaces/items/equipment in the patient's surroundings,
 - and after removal of PPE
- Change PPE after taking care of each sick traveller
- Avoid touching surfaces, items, and people and moving around while wearing PPE to prevent contamination.
- Don't touch your face or adjust your PPE with contaminated gloves
- When removing PPEs, dispose them in infectious waste leak-proof waste bags and covered bins
- Do not recycle any single-use disposable PPE
- Dispose any reusable in separate infectious waste leak-proof waste bags and covered bins to be cleaned and contaminated where and as appropriate
- If you are concerned that you may have been exposed to body fluids or other materials from an Ebola patient, stop working and immediately wash the affected skin surfaces with soap and water. Affected mucus membranes should be irrigated with copious amounts of water or eyewash solution. Contact your supervisor for additional follow-up.

b.

Question 10: (5 minutes)

What operational considerations are important during transport of an ill traveller to a medical facility?

Suggested Answer

Transport should be made by ambulance with trained ambulance attendants. All attendants should wear appropriate PPE. Ambulances should be cleaned and disinfected between each transport.

Question 11: (10 minutes)

What public health or other measures should be considered for asymptomatic travellers who are assessed to have risk of exposure to Ebola?

Suggested Answer

Travellers with risk of exposure to Ebola, as assessed during secondary screening, should be referred to public health authorities for self-monitoring or direct observation by public health authorities until the 21-day period is complete. International and national travel should be restricted during this period.