BOQ PUBLIC HEALTH RESPONSE AND PROTOCOLS

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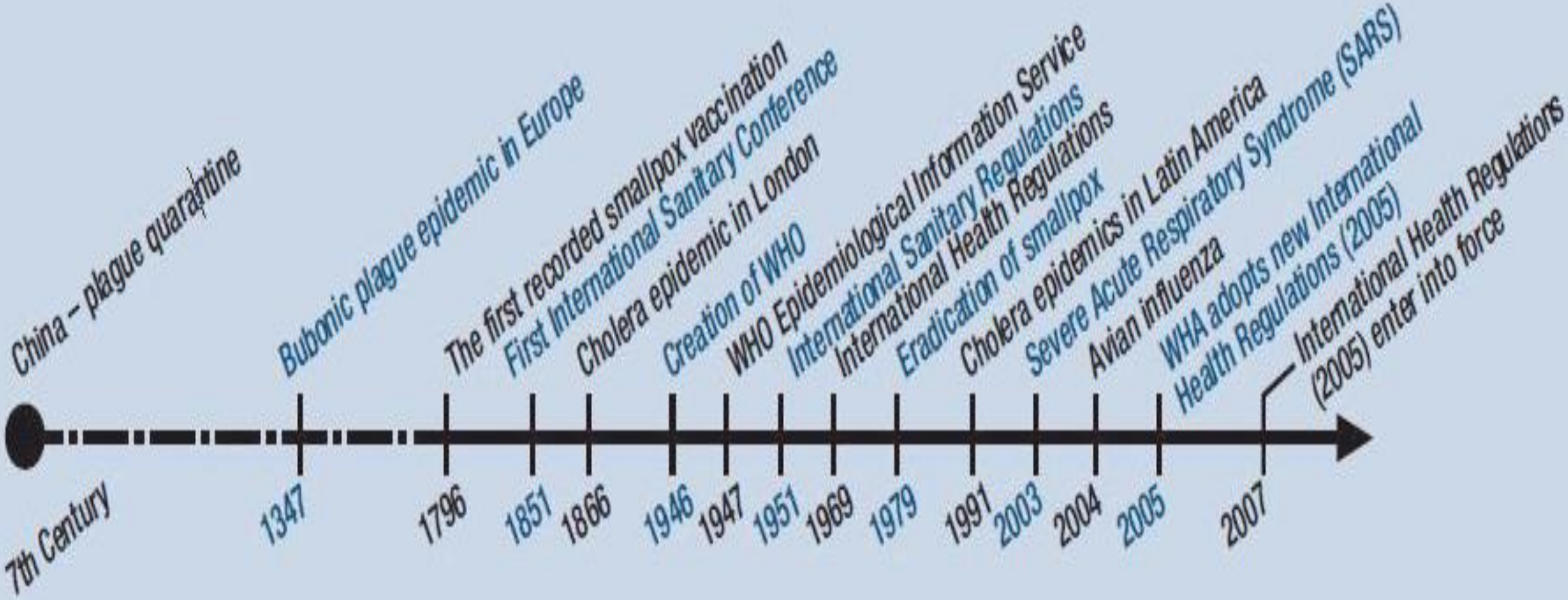
Timeline of significant events in public health



INTERNATIONAL HEALTH REGULATION (IHR)

Purpose and Scope

- to prevent, protect against, control and provide

a public health response to the international spread of disease restricted to public health risks,

- to avoid unnecessary interference with international traffic and trade.

Public Health Emergency of International Concern (PHEIC)

CRITERIA

1. seriousness of the public health impact of the event
2. unusual or unexpected nature of the event
3. potential for the event to spread internationally
4. the risk that restrictions to travel or trade may result because of the event

Core Capacity Technical Areas

- 8 Core capacities
  - Legislation and Policy
  - Coordination
  - Surveillance
  - Response
  - Preparedness
  - Risk Communications
  - Human Resources
  - Laboratory
- 3 levels
  - National
  - Intermediate
  - Peripheral/Community

- Potential Hazards
  - Infectious
  - Zoonosis
  - Food safety
  - Chemical
  - Radio nuclear

- Events at Points of Entry
  - Ports
  - Air ports
  - Ground crossing

Designated Ports of Entry: Core capacity requirements for responding to potential PHEICs

a Public health (PH) emergency response, including development of a contingency plan

b PH assessment & care for affected travellers, or animals

c Space to interview suspect or affected persons

d Assessment, quarantine of suspect travellers, if required.

e Implementation of recommended measures such as disinfection

f Entry/exit control for departing & arriving passengers

g Access to required equipment and trained personnel

Source: WHO/HQ IHR team (modified)

PoE Core capacity requirements at all times (routine)

(a) Assessment and Medical care, staff & equipment

(b) Equipment & personnel for transport ill travellers

(e) Trained staff and programme for vector control

(c) Trained personnel for inspection of conveyances

(d) ensure save environment: water, food, waste, wash rooms & other potential risk areas - inspection programmes

BUREAU OF QUARANTINE

VISION

A world class bureau for local and international health surveillance in the prevention of global spread of diseases.

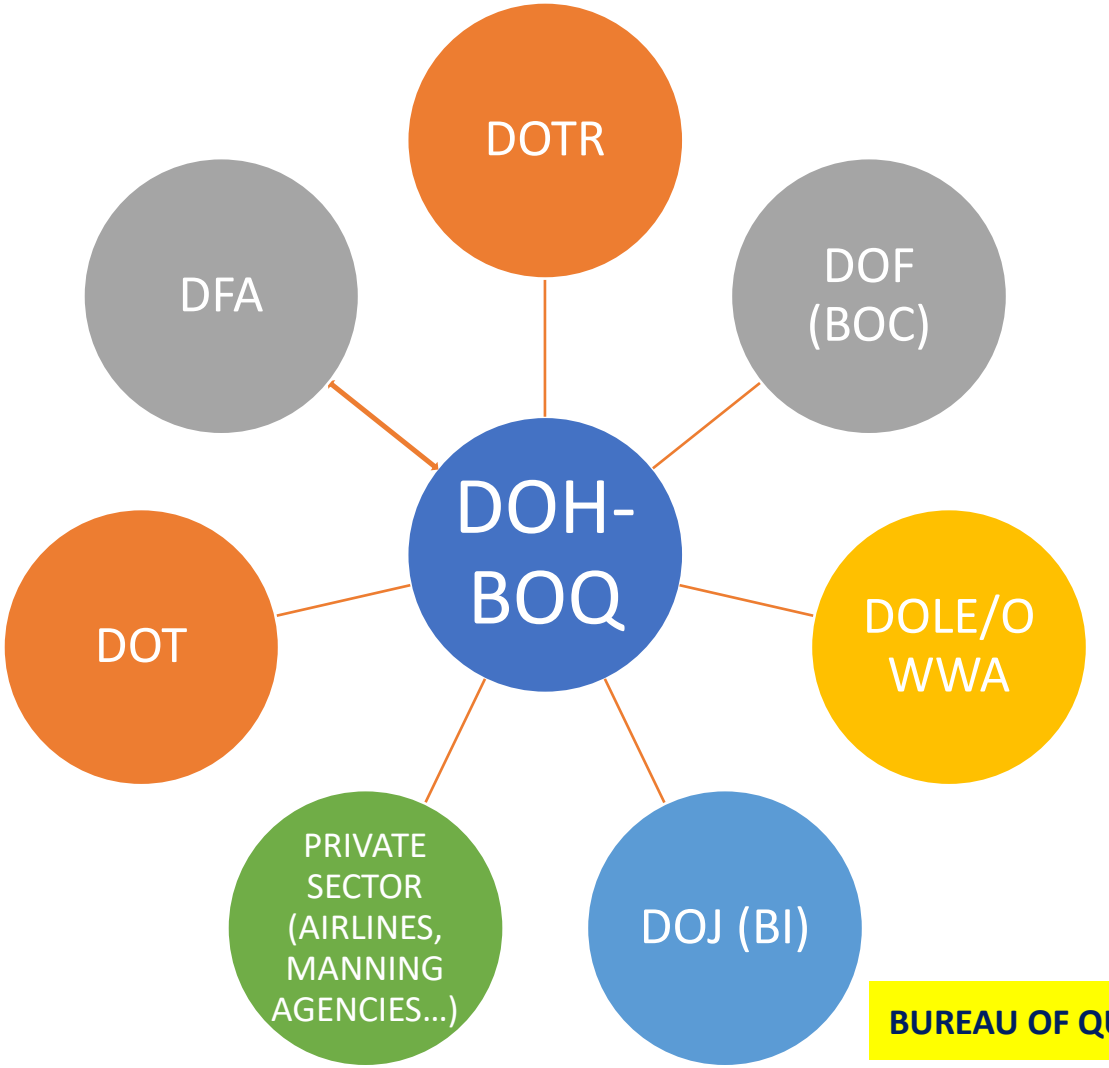
MISSION

To prevent international spread of diseases of global impact with minimum interference to international travel and trade through:

- Effective surveillance and control measures on infectious diseases and other health concerns with global impact through local and international networking.
- Strong and comprehensive national sanitation programs in all seaports and airports of entry in partnership with local counterparts.
- Partnerships in research and development.

BOQ role

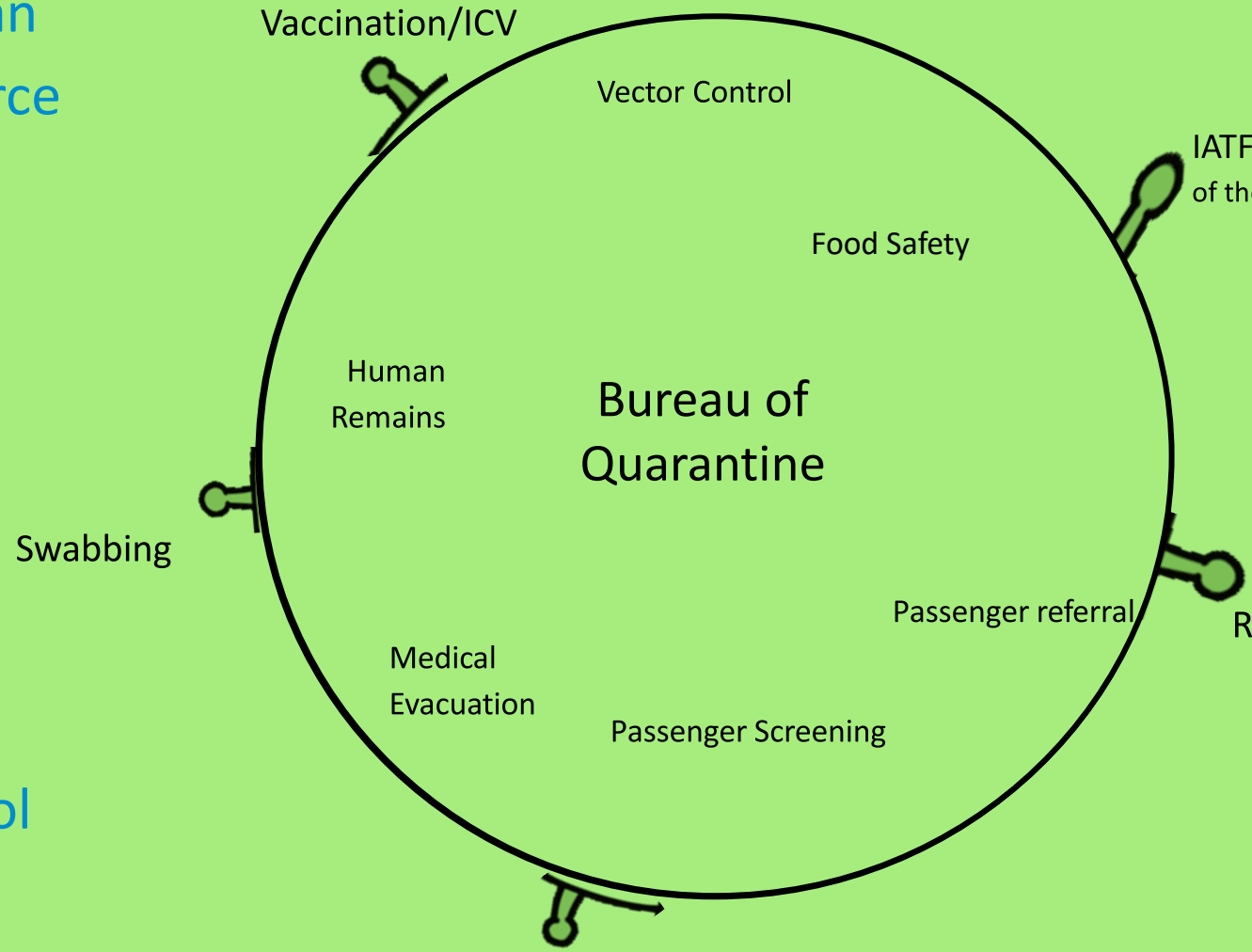
Whole of government approach



DOTR- Department of Transportation
DOF – Department of Finance
BOC- Bureau of Customs
DOLE- Department of Labor and Employment
OWWA – Overseas Workers Welfare and Administration
DOJ- Department of Justice
DOT- Department of Tourism
DFA- Department of Foreign Affairs
BI –Bureau of Immigration

Additional Human Resource

Additional Equipment



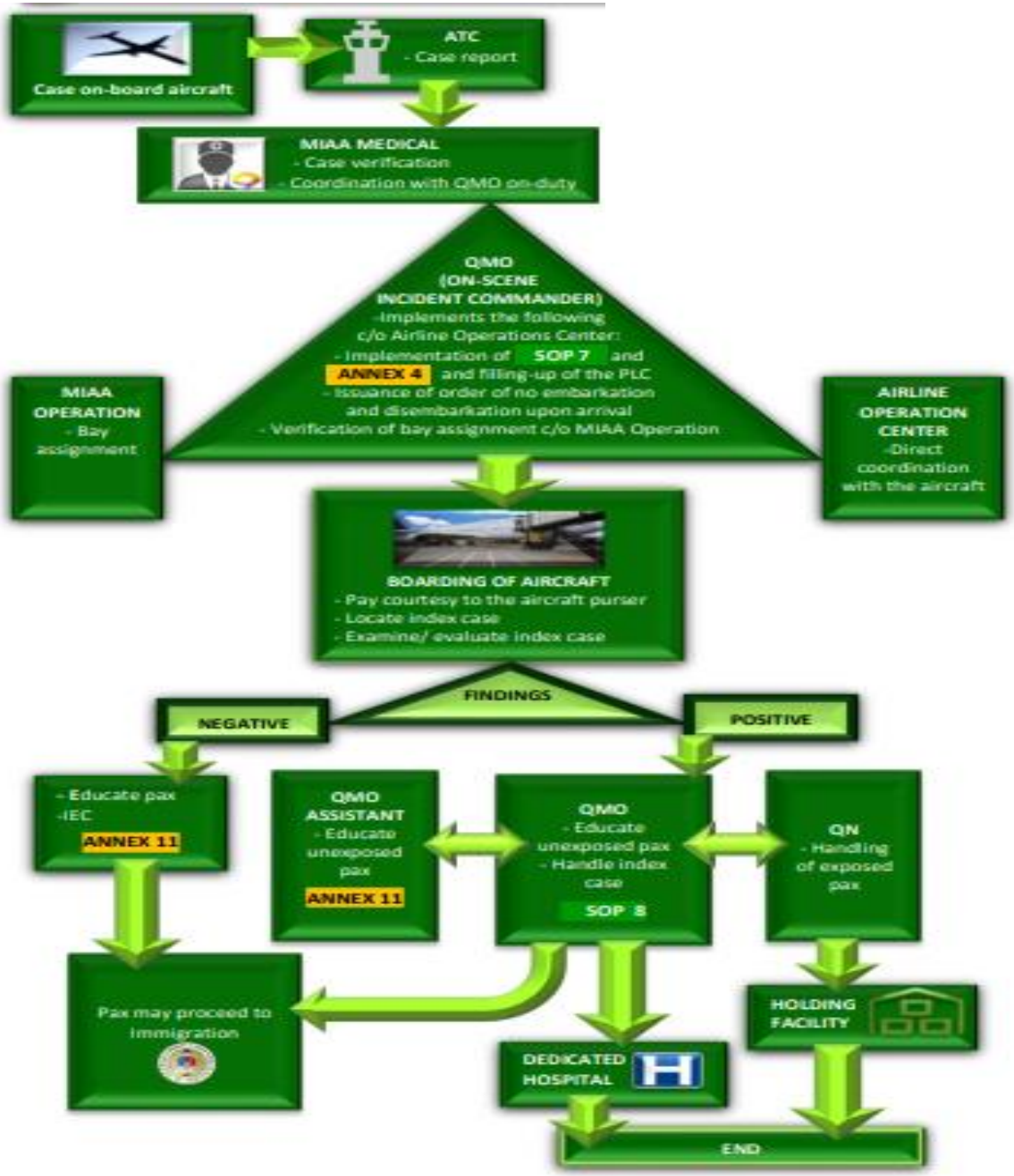
Electronic Systems

Heightened Infection Control protocols (PPE, scanners)

Creation of One-Stop Shop

STANDARD OPERATING PROCEDURES (SOPs)for Public Health Response

SINGLE INBOUND AIRCRAFT PROCEDURE



1. Establishing communication lines
   - Pilot
   - Tower
   - NAIA medical
   - BOQ
2. Assembly and action plan of medical team
   - boarding of aircraft
   - assessment of index case
   - manage based on assessment findings
   a. Exposed
   b. Index case

AIRCRAFT DISINFECTION GUIDELINES

Pre-requisite Program/Procedure:

1. Has undergone mastery level for donning of PPE's;
2. Must be familiar with all types of Boeing and Airbus Aircraft configuration
3. Wearing and removal of PPE's must be done with the supervision of a trained observer.

Requirements:

1. Appropriate number of trained personnel (two personnel per door panel)
2. Disinfectant tools and equipment and approved chemicals
3. Personal Protective Equipment (PPE's)

BIOLOGICAL SPILL KIT CONTENT

THE FOLLOWING MATERIALS SHOULD BE PREASSEMBLED IN A SPILL CLEAN-UP KIT:

1. Alcohol
2. liquid absorbent powder
3. PPE's
4. goggles
5. mask
6. disposable apron
7. rubber/gum boots
8. boots cover
9. gloves
10. pick-up forceps
11. paper towels
12. scooper and brush
13. scissors
14. marker
15. bio-hazard bag
16. screw driver

ADDITIONAL EQUIPMENT (FOR CROWD CONTROL)


stanchion

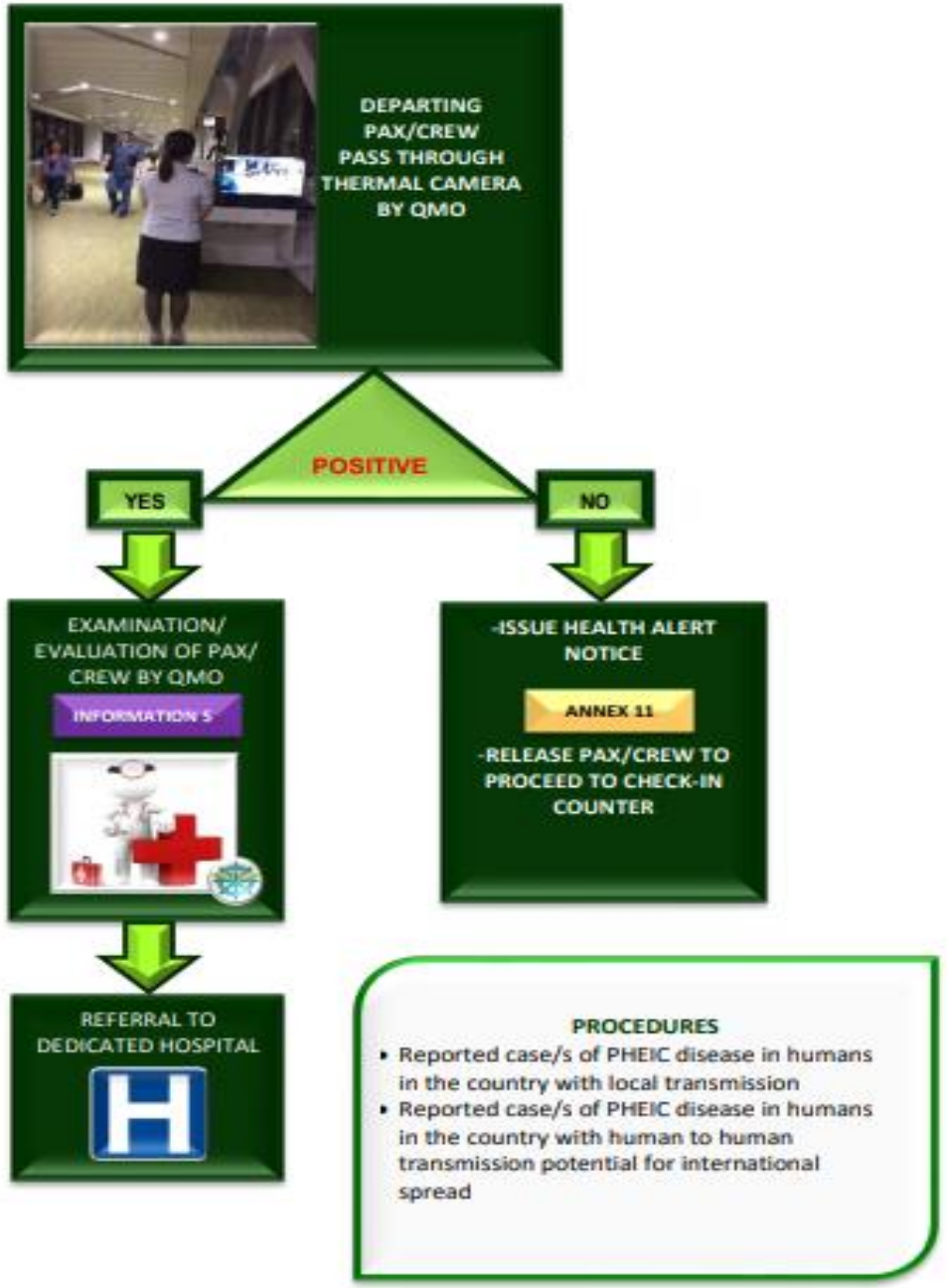
cordon tape

ARRIVAL SCREENING PROCEDURE

PURPOSE AND SCOPE OF ARRIVAL SCREENING

- Arrival screening is established in order to ensure effective surveillance of (PHEIC) at all points of entry (POEs).
- Standard procedures include passive surveillance with the use of a thermal scanner, submission of HDC and direct observation of physical signs and symptoms.
- Positive signs and symptoms undergo secondary screening.
- CUO are referred to designated hospital

EXIT SCREENING PROCEDURE



PURPOSE AND SCOPE OF EXIT SCREENING

- Exit screening is established in cases of outbreak or PHEIC arises/develops within the country.
- It is a public health intervention utilized in order to identify persons with possible symptoms of, or risk of exposure to an infectious disease, and to prevent them from further travel.
- Effective exit screening helps prevent the introduction and spread of diseases to other areas.

HANDLING OF ILL PASSENGERS DURING FLIGHT

- If a passenger becomes ill and is suspected to have symptoms of a contagious disease, the crew should seek the advice of a physician/qualified medical practitioner (if on-board) for assessment of the case.
- If there is no physician on-board but the index of suspicion is high, Health Checklists/ Passenger Locator Card must be immediately distributed to the passengers and crew members for them to accomplish. The said checklists should be collected by the assigned cabin crew.

1. GENERAL INFECTION CONTROL PRECAUTIONS ON BOARD

- Give the passenger a surgical mask or if the passenger cannot tolerate the mask, give him/her tissues and instruct him/her to cover his/her mouth and nose when speaking or coughing.
- Provide the passenger with a sick bag to contain used tissues. Give him/her an alcohol-based hand gels for cleaning the hands.
- Isolate the affected passenger. If possible, assign only one cabin attendant to care for the passenger. The assigned cabin attendant must wear mask and use gloves when assisting the sick passenger. After contact with the passenger or his/her secretions, crew member must remove his/her gloves and wash hands with soap and water. If hands are not visibly soiled, an alcohol-based hand gel may be used.
- Designate a specific lavatory for the exclusive use of the sick passenger. If this is not possible, clean the commonly touched surfaces of the lavatory with soap and water or appropriate disinfectants after it had been used by the passenger.
- Mop up the areas soiled by respiratory secretions, vomitus or excreta by the use of disposable towels. Clean the surface and surrounding areas with soap and water or appropriate disinfectants. Personal Protective Equipment (mask, gloves, gown, and goggles) must be worn as needed.
- The traveling companions should also be advised to wear a mask. The rest of the passengers should be advised not to change seats.
- Store soiled items (mask, gloves, linen, pillows, etc.) should be placed in a sealed plastic bag labelled as BIOHAZARD. Assigned cabin attendant should make separate collection of headsets, utensils, linens, etc. used by the passenger.

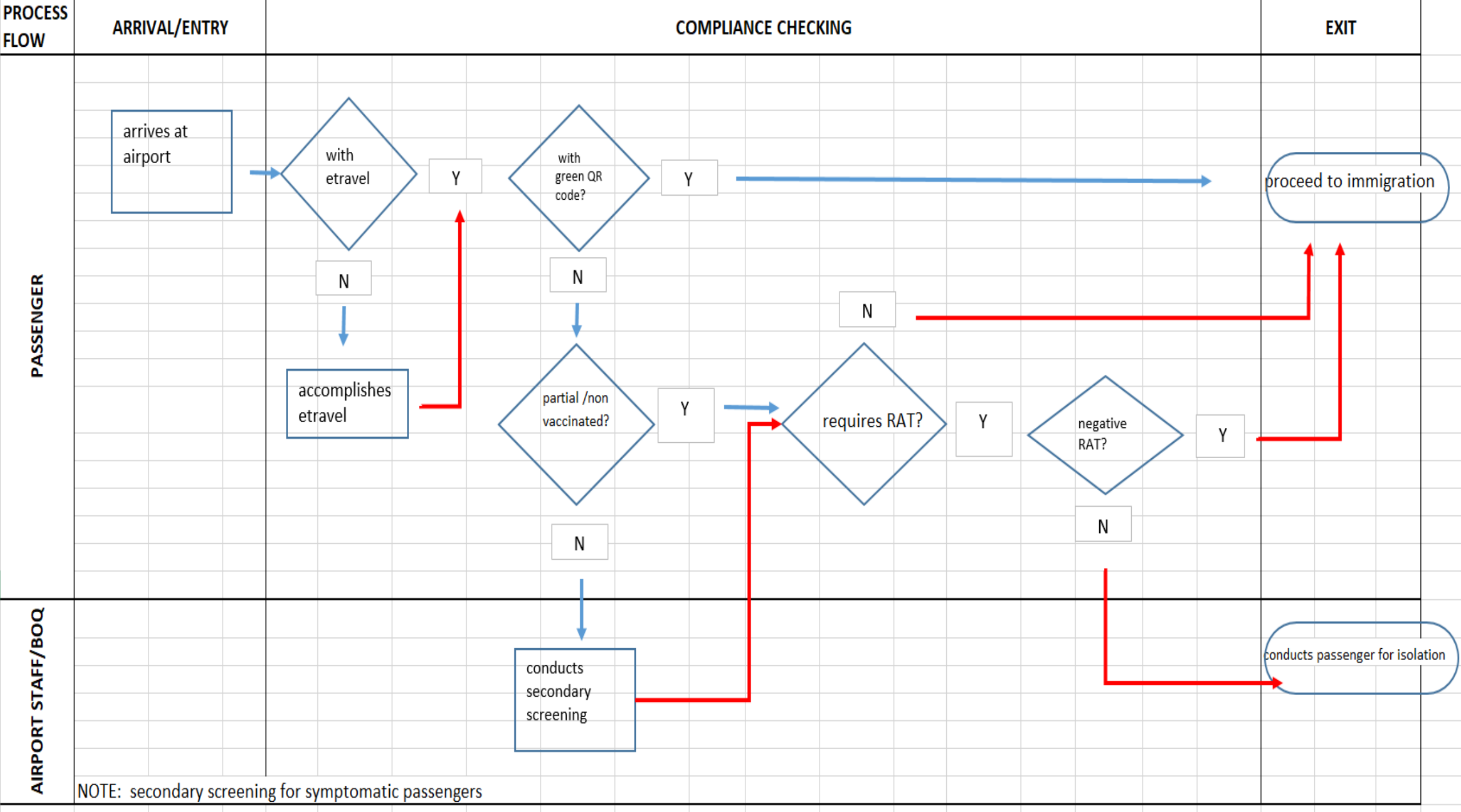
HANDLING OF ILL PASSENGERS DURING FLIGHT

2. MANAGEMENT ON ARRIVAL

- Adequate cabin ventilation must be ensured while the aircraft is parked and until the plane is evacuated.
- No passengers must be allowed to disembark, nor any person other than the airport's health staff (BOQ). Only the airport's health staff members are permitted to enter the aircraft.
- The airport's health team must escort the sick passenger out of the aircraft for brief assessment.
- The rest of the passengers must be asked to remain seated. A passenger briefing (PA announcement) from the Purser is necessary.
- The health response team will determine the area of disembarkation for unexposed passengers.

3. DISPOSITION OF SICK PASSENGER/S AND POTENTIALLY EXPOSED PASSENGERS AND CREW

- If the sick passenger is a possible suspected case:
  - The sick passenger will be isolated from other passengers, and will be provided with a mask (if this has not been done yet) unless the patient has breathing difficulties.
  - The sick passenger will be transported under appropriate isolation measures to a designated healthcare facility.
  - Other responders and designated healthcare facility will be alerted so that they can take the necessary infection control measures which include the wearing of PPE.
  - All persons who may have been exposed to the sick passenger, including emergency responders, will be identified and contact information will be collected from them.
  - Exposed passengers and crew will be released for Voluntary Home Confinement (VHC) and self-monitoring for signs and symptoms of the incubation period of the disease.
  - If the sick passenger is not a suspected case, he/she will be given health advisory and will be released for immigration processes.
  - State and local health departments and support organizations will be informed.


PROCESS FLOW
ARRIVAL/ENTRY
COMPLIANCE CHECKING
EXIT
PASSENGER
AIRPORT STAFF/BOQ
arrives at airport
with etravel
Y
N
accomplishes etravel
with green QR code?
Y
N
partial /non vaccinated?
Y
N
conducts secondary screening
requires RAT?
Y
N
negative RAT?
Y
N
proceed to immigration
conducts passenger for isolation
NOTE: secondary screening for symptomatic passengers

ISOLATION FACILITY

FUTURE PLANS

- Recommendations for amendment of current protocols based on learnings from the COVID pandemic
  - Contact tracing apps
  - Electronic vaccination cards
  - Policy on testing prior to departure from point of embarkation
  - Dedicated Quarantine/isolation facilities

A health threat anywhere is a health threat everywhere

Source: The Lancet 380:9857, 1-7 Dec 2012, pp. 1946-55. www.sciencedirect.com/science/article/pii/S0140673612611519

THANK YOU!