One Airport, One Response:

Multi-Agency Lessons Learned from Managing a Simulated Ebola-Infected Passenger

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On May 17, 2026, the World Health Organization (WHO) declared the Ebola virus outbreak caused by the Bundibugyo virus in the Democratic Republic of the Congo (DRC) and Uganda a Public Health Emergency of International Concern.

One of the **main** recommendations from WHO to the non-affected states was to take steps for WORKFORCE PROTECTION & TRAINING.

In Sri Lanka, there were number of multi-sectorial awareness sessions and training sessions on donning PPEs conducted for the workforce at the main International Airport (BIA) by the MoH & CAASL.

All the essential theoretical awareness & knowledge enhancement were done to the frontline staff.

How effective ???

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- To check the real time responses from the multi-sectorial staff at the Airport we have decided to run a real time live DRILL (Simulation Exercise).
- Organized by Quarantine Unit, MoH in collaboration with CAASL and Disaster Management Unit.
- Trained Observers / Evaluators were deployed as Neutral auditors and stationed at key checkpoints to document/evaluate process gaps, time delays, and communication breakdowns without intervening.

VIDEO…..

Just imagine that you are an Observer of this drill..

Your observations…

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- Observed action - The frontline immigration officer engaged in direct physical contact with the ill passenger – Direct contact resulting in the immediate exposure of Immigration Officer
- Observed action - a cup used by a highly symptomatic traveler being disposed of directly into a standard, unlined terminal waste bin - This action bypasses strict biohazard protocols. It creates a major contamination for janitorial staff and public travelers
- Observed action - Immigration Officer attempted to interview and manage a visibly ill passenger internally for before placing an alert to the Public Health Desk - Failing to inform public health desk immediately keeps non-medical staff in high-risk, delays professional isolation protocols, and prolongs public terminal exposure.
- Observed action - There was an unacceptable delay between the initial clinical identification of the suspect case and the official notification sent to the National International Health Regulations (IHR) Focal Point - Delayed national reporting stalls the activation of wider epidemiological networks

- **Observed action - The designated temporary isolation area was left completely unmonitored, without physical barriers, perimeter locks, or hazard signage. General passengers were observed walking freely within the immediate radius of the containment zone - An unmonitored containment zone creates a mass exposure event within the terminal**

Final thoughts

- Theoretical training and awareness programs are absolutely essential, but they are never enough on their own to ensure true pandemic readiness.
- While classroom sessions and informational campaigns build vital knowledge, only frequent simulation via live drills can convert that knowledge into muscle memory, identify hidden system failures, and evaluate actual operational preparedness.

Why we should Run Live Emergency Drills at Our Borders

- **Memory fades fast**: Border workers need physical, hands-on practice so they can act instantly and calmly during a real crisis.
- **Teams change constantly**: Airport and border staff change frequently. Regular drills ensure that new workers are trained and ready from day one.It catches hidden mistakes:
- **Practicing live helps us find real-world problems** - like missing keys, broken radios, or misplaced gear, before a real emergency happens.
- **It protects the community**: When our frontline border workers are sharp and well-practiced, they can stop health risks immediately at the gate.

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