PUBLIC HEALTH PROCEDURES REQUIRED AT POITNTS OF ENTRY

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Outline of the Presentation

- Key Principles for IHR Implementation at PoE
- IHR Requirements at PoE: Routine and during PHEIC
- A focus on Entry and Exit Screening and Isolation rooms/space at PoE





Key Principles for IHR Implementation at PoE

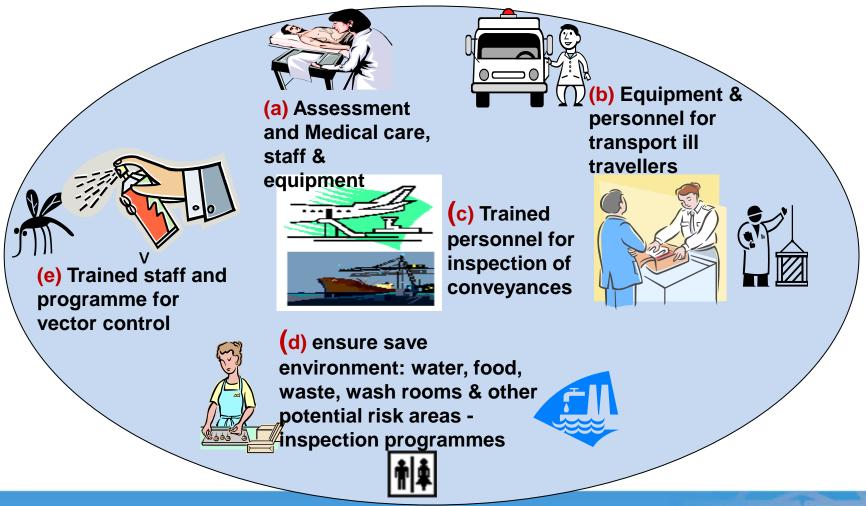
PREVENT	DETECT	RESPOND
Containing known public health risks	Detecting relevant health events	Responding to public health emergencies
Routine control of "Sanitary conditions" at points of entry and conveyances	Inspection, screening, Information collection and management and verification	Support to investigation and contingency plans to manage and adopt control measures
Risk management	Risk assessment	Event management

Conveyances inspection programmes and control measures





IHR Requirements at PoE-Requirements all Time (Routine)







IHR Requirements at PoE-Requirements to Respond to PHEIC

Public Health Emergency Contingency plan: coordinator. contact points for relevant PoE. PH & other agencie

Provide assessment & care for affected travellers, animals: arrangements with medical, veterinary facilities for isolation, treatment & other services



Provide space, separate from other travellers to interview suspect or affected persons

Provide for assessment, quarantine of suspect or affected travellers

To apply recommended measures, disinsect. disinfect, decontaminate, baggage, cargo, containers. conveyances, goods, posta parcels etc

Provide access to required equipment, personnel with protection gear for transfer of travellers with infection/

contamination



To apply entry/exit control for departing & arriving passengers



Ground Crossings





Entry and Exit Screening

- Depends on the events
- When recommended by WHO
 - Procedures and guidance are developed and shared with countries
- Ebola: exit screening was recommended for affected countries
 - Temperature measurements and two questionnaires: primary and secondary.





WHO Guidance on exit Screening for Ebola

- It included the method, tools, and sequence of screening; determining resource needs; communication messages; and the legal considerations of screening.
- It is based on the IHR (2005) framework, scientific evidence, existing international technical recommendations and standards, and lessons learned from exit screening practices in countries with EVD transmission.
- It was prepared by WHO in collaboration with The International Civil
 Aviation Organization ICAO, International Air Transport Association
 – IATA and US Centers for Disease Control and Prevention CDC,
 Atlanta, USA





Entry and Exit Screening- Country Decision

- When decided by a country but not recommended by WHO- the following need to be considered:
 - Risk assessment approach: added value of the screening
 - Proper planning with involvement of concerned sectors
 - Legal support
 - Resources to manage the related activities
 - Should not result in significate delay of passengers (Article 43)





Isolation Space at PoE

- Not a medical isolation room/space
- Adequate space to assess ill or suspect travelers in a manner that limits potential exposure to other travelers, the public and staff working at the PoE.
- This public health assessment space is not intended to meet the requirements for the diagnosis and/or treatment of ill traveler, long term quarantine of contacts or isolation of cases.





Planning a public health assessment space

- The space or spaces should be identified in advance (prior to an event) as part of the development of the public health emergency preparedness plan.
- This planning should be done in cooperation with aviation regulators, port operators, customs and immigration, security services and other stakeholders.
- During planning, consider scenarios when small or large numbers of travellers may need to be held for public health interview/assessment.





Considerations for Location

- Accessible from the primary inspection line (for travellers entering the secure side of the PoE/departure lounges) and close to arrivals gates (for travellers arriving at the PoE).
- Secure access and egress by paramedic/first responders for travellers who require first aid or transport to a medical facility (Note: arriving ill travellers who require immediate medical attention may be assessed by first responders at the arrivals gate).
- Wheelchair /stretcher accessible doors; self-closing doors.
- Seating space close to assessment room for travellers waiting to be interview or family/travel companions





What are the basic physical requirements? (1)

Dimensions of PHS space

- In line with building code or other appropriate guidance
- Minimum to include space for office equipment and interview area; interview area may be screened with privacy curtains/screens
- Separate toilet facilities
- The space should be large enough to accommodate a desk with telephone/fax/computer and chair; examination table; several chairs for staff and traveller(s);

Construction

- walls, floors and ceiling must be smooth, in good repair and washable;
- Connected to potable water and sewage system;
- Hand sink equipped with hot and cold running potable water







What are the basic physical requirements? (2)

Ventilation

- Based on building code or international guidance
- Heating and cooling from main systems in terminal
- Independent control within the assessment room in order to reduce the potential for transmission of airborne illnesses OR
- Extracted air to be exhausted outside terminal facility (if feasible)
- Mechanical ventilation in washroom

Lighting

- Natural light is preferred
- Minimum lux (foot-candles) In line with lighting code of practice
- Overhead general lights and moveable lamps
- Bulbs protected from shattering by screen or cover





Thank you



