

Approving the Manual of Unified Health Procedures in the Border Crossings of the GCC in accordance with the International Health Regulations (IHR 2005)

(Second Edition)

Introduction

The GCC shows great interest and keenness to enhance and develop Gulf cooperation and integration in the health fields, out of their desire to provide comprehensive care, Prevention and integrated Health Services to the Gulf people as the primary goal and main means of development. Thanks to the supreme directives of Their Majesties and Highnesses, the leaders of the GCC Countries, and the effective role played by the Council of Health Ministers of the GCC Countries, many constructive projects, plans and programmes have been achieved, praise be to God, in this important field.

The achievement of the Manual of Unified Health Procedures at the Border Crossings of the GCC Countries demonstrates the keenness and interest of the health ministries of the GCC Countries in achieving integration between the GCC Countries in the health field, and increasing opportunities for joint coordination to provide the necessary protection for citizens in the GCC Countries from infectious diseases transmitted through Land, Sea and Air Border Crossings as a result of the great and rapid development in means of transportation.

The issuance of this Manual also embodies the commitment of the GCC Countries to the general principles of the United Nations and the lofty goals of the WHO, and in response to the follow-up of the implementation of the IHR of 2005, and work to prepare unified working mechanisms for the health procedures that shall be applied at Border Crossings between the GCC Countries, to be a binding legal tool for the member states to enhance their basic capabilities in monitoring and responding to emergency health incidents such as the spread of epidemics, and monitoring infectious diseases imported from abroad, which pose a threat to public health in the GCC Countries.

On the occasion of the approval of this Manual by the Supreme Council of the Cooperation Council at its thirty-ninth session held in Riyadh on December 9, 2018, I cannot but express my deep appreciation and gratitude for the efforts made by the competent officials in the Ministries of Health in the United Arab Emirates, the State of Kuwait and the Sultanate of

Oman to prepare this Manual, and thanks to the specialised work team from the GCC Countries for this distinguished achievement, which represents an important addition to the joint Gulf cooperation in the health field.

Allah is the Grantor of Success

Dr. Abdul Latif bin Rashid Al Zayani

Secretary General of the Gulf Cooperation Council (GCC)

The principles of sustainable development are to maintain the health system in each country in line with the different development paths. This is what the WHO calls for through its commitment to follow up on global health conditions, Manual the international health system, and combat the spread of diseases globally. In accordance with the organisation constitution, the World Health Assembly has the authority to approve laws and Regulations intended to prevent the spread of diseases and health incidents internationally.

The emergence and re-emergence of disease risks and threats at the global level led the Forty-eighth World Health Assembly in 1995 to call for a substantial revision of the IHR. States were urged to participate widely and cooperate fully in this process and on 23 May 2005, the International Health Regulations (IHR 2005) were adopted by consensus at the 58th World Health Assembly, with the new Regulations to enter into force on 15 June 2007 for all Member States that had not rejected the Regulations or made reservations to them within a specified period.

The purpose and scope of the International Health Regulations (IHR 2005) are very broad, focusing on all serious public health risks that may spread across international borders. The purpose and scope of the Regulations, as stated in Article 2, are: "to prevent, protect against, control and respond to the international spread of disease by public Health Measures proportionate to and limited to the potential public health risk and avoiding unnecessary interference with international traffic and trade."

The initiative of the GCC to prepare unified health procedures at the Border Crossings of the GCC in accordance with the International Health Regulations (IHR 2005) is an advanced step in what the WHO calls for in order to implement the International Health Regulations (IHR 2005) in accordance with Articles 44 and 57 of these Regulations, in order to save effort, time and money. We ask God to grant success to the GCC in their efforts to build their integrated health system.

Dr. Ahmed bin Salem Al-Mandhari

WHO Regional Director

for the Eastern Mediterranean

General Objective:

The Manual aims to implement emergency Health Measures and procedures based on the recommendations of the WHO in accordance with epidemiological developments and regional risks at the GCC Border Crossings to prevent the spread of disease or danger across the Gulf States, protect against it, combat it and confront it by taking measures in the field of public health in a manner commensurate with the risks threatening public health, while avoiding unnecessary interference in traffic and trade, and taking into account and protecting the human rights of individuals and passengers. These Health Measures and procedures are carried out after coordination between the two parties at the crossing to prevent duplication in taking measures, unless necessary.

Specific Goals

- Establish Unified Health Procedures in the Border Crossings of the GCC.
- Enhance health security in the GCC Countries by facilitating the implementation of the International Health Regulations (IHR 2005) at the national and regional levels.
- Utilise to the best of the resources and capabilities of the GCC to promote and preserve public health.
- Strengthen and maintain the capacity to detect infectious diseases and other health incidents and determine the necessary response through the implementation of an effective epidemic preparedness, surveillance and response system in accordance with the requirements of the IHR.
- Exchange information among the GCC Countries in respect of infectious diseases and health incidents that constitute local, regional and international concern.

Definitions

International Health Regulations (IHR 2005)	:	International legal instrument binding on 196 countries to work together to enhance global security and its purpose is to help the international community prevent and respond to public health risks that can spread across borders and threaten people.
Border Crossings	:	The passage open for international entry or exit of passengers, baggage, containers, cargo, means of transport, goods and parcels. These are the approved seaports, Airports and land crossings.
Institutions or bodies operating Border Crossings	:	The entities that manage Border Crossings, whether they are public or private.
GCC Countries	:	Means the Gulf Cooperation Council Countries.
Incident	:	The appearance of signs of the disease or incident that may lead to the occurrence of the disease.
Diseases	:	Any disease or illness, regardless of its origin or source, that causes or may cause serious harm to human health.
Transport Means	:	Aircraft, ships, trains, buses, trucks and all means of passenger transport.
Passenger	:	All passengers and crews of vehicles travelling, arriving, departing or transiting through ports, Airports and land crossings.
Infection Control	:	A procedure whereby personal health protection measures are taken to eliminate an infectious or toxic agent or an infectious or toxic substance on the surface of the human body or on the surface of instruments and furniture used to treat the disease or means of transporting patients (ambulance).
Quarantine	:	Restrict the activities of persons who are not suspected patients or suspected baggage, containers, means of transport or goods and/or separating such persons from others and/or separating baggage, containers, means of transport or goods from others in a manner

		that prevents the possibility of spreading infection or contamination.
Harbour	:	Any seaport or port on an inland waterway to which ships on international voyage arrive or depart.
Boat	:	Any seagoing vessel or ship used for inland navigation on international voyage.
Passenger	:	Anyone taking international trip.
Vectors	:	Any insect or other animal that carries an infectious agent that poses a potential public health risk.
Public health emergency of international concern	:	It is an exceptional incident defined, as stipulated in the IHR, as posing a threat to public health in other countries due to the international spread of the disease and requiring a rapid and coordinated international response.
National IHR Focal Points (NFP)	:	The National Point designated by each State Party and accessible at all times by WHO IHR focal points under these Regulations.
Land crossing	:	Any land entry point into a State Party including a point used by road and rail vehicles.
Land Crossings	:	These are the land Border Crossings that connect the GCC.
Aircraft	:	Any aircraft operating international flight.
Airport	:	Any Airport that international flights arrive or depart from.
Luggage	:	Personal luggage of the passenger.
Load	:	Goods carried on board a vehicle or container, including animals and birds.
Competent Authority	:	Authority that is responsible for implementing and applying Health Measures at the ports of the GCC Countries.
Designated entry point	:	The term point of entry refers to a port or Airport and possibly a land crossing designated by a State Party to promote, develop and maintain the core capacities set out in Annex 1 to the IHR.

Ports authorised to issue health certificates for ships	:	Port authorised to issue internationally recognised health certificates to ships under the IHR which conform to the model certificate listed in Annex 3 to the Regulations, which describes the relevant inspection and control services required to obtain such certificates.
Disinfection	:	It is the procedure by which sanitary measures are taken to combat or kill infectious agents from the surface of a human or animal body or infectious agents present in or on baggage, cargo, animals, means of transport, goods or postal parcels as a result of direct exposure to chemical or physical agents.
Pest Control	:	The procedure by which sanitary measures are taken to control or kill insects that transmit human diseases in baggage, cargo, containers, means of transport, goods and postal parcels.
Goods	:	Material products, including animals and plants, transported on international voyage, including those intended for human consumption on board means of transport.
Health Measures	:	Measures implemented to prevent the spread of disease or contamination. Health Measures do not include law enforcement or security measures.
Inspection	:	Carry out, by or under the supervision of the Competent Authority, an inspection of areas, baggage, containers, means of transport, facilities, goods or postal parcels, including data and documents related thereto, to determine whether there is a potential risk to public health.
Potential risks to public health	:	Probability of incident occurring that may harm the health of the human population, with an emphasis on incident that may spread internationally or may pose a serious and immediate danger.
Storehouse	:	Any animal, plant, or material in which an infectious agent normally lives and whose presence may pose a potential public health risk.
Means Suspect or Suspects	:	Persons, baggage, cargo, containers, means of transport, goods or postal parcels which the State Party considers to have been or may

	have been exposed to potential risks to public health and to be a potential source of the spread of disease.
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First: Air ports (Airports)

Essential Requirements:

- Provide the necessary basic capacities in relation to designated Airports, ports and land crossings based on the International Health Regulations (IHR 2005) (See Annex).
- Provide appropriate Health Services to passengers arriving at the Airports of the GCC Countries at all times and around the clock in order to quickly assess the condition of sick passengers and provide health care in accordance with the Manual to basic requirements for health clinics at Land, Sea and Air entry points in the GCC (See Annex).
- Provide adequate space for separation from other passengers and for assessing and questioning suspected or infected persons (C) and provide adequate places for isolating suspected cases
- Provide training for employees of various service providers on the use of Personal Protective Equipment (PPE), especially for people who are in constant contact with passengers.
- Provide the necessary administrative resources and modern means of communication.

Annex No. (1): (1/b/p. 46 and 47 of the IHR)

Public Health Emergency Preparedness at Airports

- A. Provide Joint working team of Relevant Authorities working at the Airports of the GCC, such as/operators/Health Authorities/passports and residence/customs/public security/Aviation Authorities/ground services/and other interested parties, specialised in dealing with emergency health incidents and responding quickly to them (it serves as an emergency team).
- B. Use of Annex No. (1) General Declaration of the Aircraft or in cases requiring it, which is a document and part of the General Declaration of the Aircraft issued by the ICAO (the health part of the General Declaration of the Aircraft/Annex).

- C. Implement work mechanisms and plans for monitoring, responding to and reporting incidents that constitute public health emergencies (suspected infectious diseases/food poisoning/common diseases/chemical and radiation exposures).
- D. Provide Preparedness Plan to deal with epidemic diseases and public health emergencies at the Airports of the GCC Countries that operates with high efficiency and is linked to all stakeholders in the Airports (including the Competent Authorities working in the Airports). The various authorities shall cooperate to implement this plan and train on it on an ongoing basis (2A). To achieve this, the following:
- 1- Establish a clear point of contact for policy development and operational preparedness.
 - 2- Establish a position responsible for the practical implementation of the Airport Preparedness Plan, with reasonable independence and flexibility to make policies and resolutions quickly. Establish Links to communicate with Relevant Authorities inside and outside the Airport.

(Mechanism for reporting suspected infectious diseases or other public health risks on board an aircraft).

- A. The pilot-in-command or one of the flight crews shall, at any stage during the route, after identifying a suspected case or cases of a contagious disease or other public health risk on board the aircraft, or if the following symptoms appear on a passenger, passenger or flight crew, such as: fever and high temperature (temperature 38 or more with one or more of the following symptoms: obvious fatigue – persistent cough – difficulty breathing – persistent diarrhoea – persistent vomiting – weakness. A rash, bruising or bleeding without a previous injury, or recent mental confusion increases the likelihood that this person has a contagious disease, in accordance with the recommendations issued by (ICAO).

To immediately inform the air traffic services unit with which the pilot is in contact with the information below:

- Aircraft identity.
- Departure Airport.
- Destination Airport.
- Estimated arrival time.

- Flight No.
 - The number of people on board the Aircraft.
 - Number of suspected case(s) on board.
 - The nature of the risk to public health, if known.
- B. The air traffic services unit, upon receiving information from the pilot in respect of a suspected case or cases of infectious disease or other public health hazard on board the aircraft, shall transmit a message as soon as possible to the air traffic services unit serving the destination of departure, unless existing procedures provide for notification to the Competent Authority designated by the State and to the aircraft operator or his designated representative.
- C. When air traffic services unit serving Airport of destination/Airport of departure receives a report of a suspected case or cases of infectious disease or other public health hazard on board an aircraft from another air traffic services unit or from an aircraft or aircraft operator, it shall transmit a message as soon as possible to the public Health Authority or the Competent Authority designated by the State, to the aircraft operator or its designated representative and to the Airport authority.
- D. The pilot-in-command or his representative shall complete the Public Health Card to locate the passenger or when the Health Authorities suspect the presence of a communicable disease, in order to assist the Health Authorities in dealing with any incident that threatens public health, enabling them to locate passengers who have been exposed to a communicable disease. The information provided will be retained by the Health Authorities in accordance with applicable laws and will only be used for public health purposes.
- E. The attached form approved by (ICAO) which includes the following data:
- Flight information:
Airline – Flight Number – Arrival Date – Actual Seat Number on the Aircraft –
Airline Flight Number Day Month Year.
 - Personal Information:
First name – Last name – Surname – Phone number.
 - Current home address (including country):

Street name and number City State or province – Country, zip code – Contact number (home, work or mobile) – Country code, area code, phone number, email – Passport or travel document number, and country or issuing organisation.

- Contact Information:

Address and telephone number where you can be contacted during your stay, or mobile phone number if you are visiting multiple locations. First address – Street name and number City State or province – Country ZIP code Telephone number (including country code) or mobile phone number – Contact information for a person who may know your whereabouts during the next 31 days, in case of emergency or to provide you with important health information – Please provide the name of a close relative or co-worker. (The data shall not be yours) – Name – Country code, area code, phone number, email – Address – (Name of person(s) or group) – Are you travelling with someone else? Yes/No... Please circle your answer. If yes, with whom?

Annex No. (2): (Annex 9 and 13 Health-related ICAO documents) attached

Epidemiological Surveillance at Airports

- A. Implement Epidemiological Surveillance procedures for diseases and health incidents that may occur at Airports or on board aircraft through the rapid exchange of information within 24 hours between contact points in the GCC Countries about various and emerging health cases and incidents, in implementation of the Gulf Early Warning System.
- B. Monitor passengers coming from outside the GCC region to facilitate risk assessment of incoming passengers using health screening tools and system, which may include the following procedures based on the permanent and temporary recommendations of the WHO and the local and regional epidemiological situation:
- Visual Inspection.
 - Complete Surveys.
 - Any other measures deemed appropriate by the Health Authorities.
- (ICAO documents for Airport Preparedness)

- C. Activate health monitoring of departures in cases that require the use of health screening tools and systems based on the permanent and temporary recommendations of the WHO and the local and regional epidemiological situation.
- D. Collect the necessary samples from passengers and travellers coming from infected areas in cases that require it.
- E. Carry out the necessary immunisations and vaccinations when necessary.
- F. Provide appropriate health education tools in accordance with health conditions so that they are available to arriving and departing passengers and travellers in accordance with the requirements of global health conditions.
- G. Educate and train workers at airports, ports and crossings in the GCC Countries on the use of Personal Protective Equipment (PPE).
- H. Continue education for workers at the GCC Countries' ports to keep up with scientific developments in respect of health conditions and exchange of visits between workers at the border ports of the GCC Countries.
- I. Document health data and information using scientific methods in order to benefit from them when visiting experts from international organisations or when needed.

Public Health Services at Airports

Contain and combat public health risks are among the most successful ways to improve the health security of countries, as these risks constitute the vast majority of incidents that can result in public health emergencies that fall within the scope of the International Health Regulations (IHR 2005). Preventive measures in land, sea and air ports, such as food safety and health, environmental health, water safety and health, and vector control, contribute significantly to the health system of the GCC, in addition to being a driving force for efforts to enhance the basic capabilities of the Council countries in the field of public health. Through the following procedures:

- Provide specialised personnel in health inspection of means of transportation (c).
- Provide specialised and trained personnel in aircraft disinfection procedures using tools and equipment approved by the Aviation Authorities in cases where this is required.
- Training workers on procedures for disinfecting means of transporting suspected patients, disinfecting tools, equipment, and places where suspected cases are located at Airports.

- The Competent Authorities shall apply the recommended procedures for the extermination of insects, mice and rats and the elimination of infection in luggage, cargo, containers, means of transport, goods or postal parcels, or the removal of any contamination therein or the disposal of such items in another manner, if necessary, in places specifically designated and equipped for this purpose (E).
- Implement health monitoring procedures and inspecting public facilities at Airports and monitoring daily reports related to cleaning operations and pest, rodent and disease vector control procedures.
- Monitor drinking water at Airports, periodic sample collection and monitoring of related reports.
- Assure Health monitoring of food service facilities, food preparation, food sales and workers, and preparation of periodic reports.
- All places where food is served and prepared shall be licensed by the Competent Authorities.
- Inspect workers periodically in the preparation and presentation of food and meals and providing proof from the Competent Authorities, in accordance with the practice in dealing with food safety.
- Provide training health workers on infection control and the use of Personal Protective Equipment (PPE).
- Monitor corpses coming from epidemic areas or those who died from infectious diseases in accordance with the recommendations of the WHO, ICAO and IATA See Annex.
- Health establishment operating in Airports to dispose of medical and hazardous waste through institutions specialised in transporting and treating approved medical and hazardous waste.
- Assess medical and Health Services provided at the Airports of the GCC by the Competent Authorities in accordance with the requirements of the Medical and Health Clinic Manual at the Border Crossings of the GCC Countries. Noting that the existence of these clinics depends on the resolution of each country. Some countries may be satisfied with providing rapid intervention, isolating cases, and transporting them by ambulance to the nearest health centre.

- Any Health Measures in accordance with health requirements or as required by health conditions.

Second: Seaports: Ports

Essential Requirements

- Provide the necessary basic capacities in relation to designated ports, airports and land crossings based on the requirements of the International Health Regulations (IHR 2005).
- Provide appropriate Medical and Health Services to passengers arriving at the Ports of the GCC Countries at all times and around the clock in order to quickly assess the condition of sick passengers and provide health care in accordance with the Manual to basic requirements for health clinics at Land, Sea and Air entry points.
- Provide sufficient trained staff to care for sick passenger s and deal with suspected cases.
- Provide sufficient necessary medical equipment and supplies.
- Provide appropriate equipment and personnel to transport sick passengers to appropriate medical facilities and provide appropriate places to isolate suspected cases. (1. AB).
- Provide adequate space to separate from other passenger s to meet, question, care for, examine, and complete required questionnaires for suspected or infected persons.
- Provide means for assessing suspected travellers and admitting them to quarantine facilities when necessary, preferably in locations away from points of entry (d).
- Provide training for health employees and others of various service providers on the use of Personal Protective Equipment (PPE), especially for people who are in constant contact with passengers.
- Provide the necessary administrative resources and modern means of communication.

Annex No. (3): (1/b/p. 46 and 47 of the IHR)

Public Health Emergency Preparedness at Ports

- A. The presence of a joint working team of Relevant Authorities working at the Ports of the GCC, Countries such as/operators/Health Authorities/passports and residence/customs/public security/Ports Authorities/ground services/and other interested parties, specialised in dealing with emergency health incidents and responding quickly to them (Emergency team).
- B. All ships arriving at the ports of the GCC shall submit the marine health declaration attached to the International Health Regulations (IHR 2005), Annex No. (8), pages (61-63), taking into account filling out the aforementioned health declaration before the ship

enters the port or upon requesting to contact the nearest port, along with the following documents:

- Valid Ship Sanitation Control Exemption Certificate/Valid Ship Sanitation Control Certificate.
- Vaccination certificates in accordance with WHO recommendations.
- List of ports visited by the ship during the 30 days prior to the ship arrival.
- Reveal the number of passengers on board.
- Reveal the number of the ship crew.

C. Provide the necessary capabilities at the ports of the GCC to issue and extend ship sanitary control exemption certificates/ship sanitary control certificates using the unified Manual issued by the WHO and the unified certificate form attached to the IHR.

(Handbook for Inspection of Ships and Issuance of Ship Sanitation Certificates)

It is downloaded from the link:

http://apps.who.int/lris/bitstream/10665/44594/1/9789241548199_eng.pdf

D. Implement work mechanisms and plans for monitoring, responding to and reporting incidents that constitute public health emergencies (suspected infectious diseases/food poisoning/common diseases/chemical and radiation exposures).

E. Provide Preparedness Plan to deal with epidemic diseases and public health emergencies at the Airports of the GCC Countries that operates with high efficiency and is linked to all stakeholders in the Airports (including the Competent Authorities working in the Airports). The various authorities shall cooperate to implement this plan and train on it on an ongoing basis (2A). To achieve this, as follows:

- 1- Establish a clear point of contact for policy development and operational preparedness.
- 2- Establish a position responsible for the practical implementation of the Port Preparedness Plan, with reasonable independence and flexibility to make policies and resolutions quickly. Links shall also be established to communicate with Relevant Authorities inside and outside the Ports.

Mechanism for dealing with infectious diseases and public health risks that occur on board ships arriving at the ports of the GCC

If it is suspected that one of the ship passengers or crew is infected with a contagious disease that may pose a threat to public health, or if an epidemic has occurred inside the ship or one of its passengers or crew, or if the ship has previously visited an infected country in less than (30) days before its arrival at one of the ports of the GCC, or if one of its passengers or crew has shown the following symptoms: fever and high temperature – weakness. Muscle aches, headache, sore throat, vomiting, diarrhoea, rash, bleeding. Or in accordance with the recommendations of the WHO and the IMO, apply the following procedures:

1. The ship doctor or one of the ship crew shall inform the ship captain.
2. The ship captain or his representative shall inform the control tower or the operations room at the port of arrival and shall fill out the marine health declaration and report the details of the medical condition inside the ship, including the following data:
 - Name of the Ship.
 - Flag of the Ship.
 - Port of arrival.
 - Number of cases.
 - Patients' names.
 - Their nationalities.
 - Their passport numbers.
3. Apply Personal Protective Equipment (PPE).
4. Isolate sick cases inside the ship Immediately.
5. Follow IMO guidelines.

Responsibilities of the control tower or operations room at the port of arrival

The control tower or the port operations room shall immediately inform the Harbour Master and the following authorities:

- Ship agent in the country.
- Port Health Authorities.
- Customs Authority.
- Immigration and Passports.
- Port Security inform Ambulance Coordinator.

Harbour Master:

- Activate the Emergency Response Plan (ERP).
- Coordinate actions with all partners.
- Allow the ship to dock at the port after assessing the situation.
- Coordinate ship decontamination after evacuation of suspected case following IMO guidelines.

Port Health Officer

Seaport health personnel shall coordinate with the relevant government agencies in the governorate in which the port is located in order to respond quickly and communicate with the focal point in the governorate or city in which the port is located and the contact point for infectious diseases and public health incidents.

The provincial or city focal point for infectious diseases and health incidents:

- Inform National Point of Contact.
- Inform the epidemiological investigation team.
- The medical response team and public health in the governorate or city.

The emergency management team performs the following actions:

- Coordinate case management and follow-up with the port and the relevant hospital.
- Apply Personal Protective Equipment.
- Evaluate the medical condition and following up on transferring the medical condition to the relevant hospital in the governorate or city.
- Inform the National Contact Point (NCP for the International Health Regulations (IHR 2005)).
- National Emergency Operations centre (EOC).

Epidemiological Surveillance in Ports

1. Implementing Epidemiological Surveillance procedures for diseases and health incidents that may occur at Ports or the ships coming to the GCC Countries board aircraft through the rapid exchange of information within 24 hours between contact points in the GCC Countries about various and emerging health cases and incidents, in implementation of the Gulf Early Warning System.

2. Monitoring passengers coming from outside the GCC region in order to facilitate risk assessment of incoming passengers using health screening tools and system, which may include the following procedures based on the permanent and temporary recommendations of the WHO and the local and regional epidemiological situation:
 - Visual Inspection.
 - Complete the questionnaires and vaccination documents in accordance with the recommendations of the WHO.
 - Any other measures deemed appropriate by the Health Authorities.
3. Activate health monitoring of departures in cases that require the use of health screening tools and systems, including:
 - Visual Inspection.
 - Complete Surveys.
 - Any other measures deemed appropriate by the Health Authorities.
4. Collect the necessary samples from passengers and travellers coming from infected areas in cases that require it.
5. Carry out the necessary immunisations and vaccinations when necessary.
6. Provide appropriate health education tools in accordance with health conditions so that they are available to arriving and departing passengers and travellers in accordance with the requirements of global health conditions.
7. Educate and train workers at ports in the GCC Countries on the use of Personal Protective Equipment (PPE).
8. Continue education for workers at the GCC Countries' ports to keep up with scientific developments in respect of health conditions and exchange of visits between workers at the border ports of the GCC Countries.
9. Rapid exchange of information within 24 hours between the contact points in the GCC Countries in implementation of the early warning system.
10. Document health data and information using scientific methods in order to benefit from them when visiting experts from international organisations or when needed.

Public Health Services in seaports

Contain and combat public health risks are among the most successful ways to improve the health security of countries, as these risks constitute the vast majority of incidents that can result in public health emergencies that fall within the scope of the International Health Regulations (IHR 2005). preventive measures in Land, Sea and Air ports, such as food safety and health, environmental health, water safety and health, and vector control, contribute significantly to the health system of the GCC, in addition to being a driving force for efforts to enhance the basic capabilities of the Council countries in the field of public health through the following procedures:

- Provide specialised personnel in health inspection of means of transportation (c).
- Provide specialised and trained personnel in ships disinfection procedures using tools and equipment approved by the IMO in cases where this is required.
- Training workers on procedures for disinfecting means of transporting suspected patients, disinfecting tools, equipment, and places where suspected cases are located at ports.
- Apply the recommended procedures for the extermination of insects, mice and rats and the elimination of infection in luggage, cargo, containers, means of transport, goods or postal parcels, or the removal of any contamination therein or the disposal of such items in another manner, if necessary, in places specifically designated and equipped for this purpose (E).
- Implement health monitoring procedures and inspecting public facilities at Ports and monitoring daily reports related to cleaning operations and pest, rodent and disease vector control procedures.
- Monitor drinking water at ports, periodic sample collection and monitoring of related reports.
- Assure Health monitoring of food service facilities, food preparation, food sales and workers, and preparation of periodic reports.
- All places where food is served and prepared shall be licensed by the Competent Authorities.
- Inspect workers periodically in the preparation and presentation of food and meals and providing proof from the Competent Authorities. in accordance with the practice in dealing with food safety.

- Provide training health workers on infection control and the use of Personal Protective Equipment (PPE).
- Monitor corpses coming from epidemic areas or those who died from infectious diseases in accordance with the recommendations of the WHO and IMO.
- Commitment of the health establishment operating in Ports to dispose of medical and hazardous waste through institutions specialised in transporting and treating approved medical and hazardous waste.
- Assess medical and Health Services provided at the Airports of the GCC by the Competent Authorities in accordance with the requirements of the Medical and Health Clinic Manual at the Border Crossings of the GCC Countries. Noting that the existence of these clinics depends on the resolution of each country. Some countries may be satisfied with providing rapid intervention, isolating cases, and transporting them by ambulance to the nearest health centre.
- Any Health Measures in accordance with health requirements required by health conditions.

Third: Land ports/land crossings

- Providing the necessary basic capacities in relation to designated land crossings ports, airports based on the requirements of the International Health Regulations (IHR 2005) (See Annex).
- Provide appropriate Medical and Health Services to passengers arriving at the crossings of the GCC Countries at all times and around the clock in order to quickly assess the condition of sick passengers and provide health care in accordance with the Manual to basic requirements for health clinics at land, sea and air entry points (See Annex).
- Provide sufficient trained staff to care for sick passengers and deal with suspected cases.
- Provide sufficient necessary medical equipment and supplies.
- Providing appropriate equipment and personnel to transport sick travellers to appropriate medical facilities. (1. AB).
- Provide means for assessing suspected passenger s and admitting them to quarantine facilities when necessary, preferably in places far from points of entry (d) and providing adequate space to separate from other passenger s to meet and question suspected or

infected persons. Providing suitable places to isolate suspected cases, preferably with negative ventilation. C.

- Training workers on procedures for disinfecting means of transporting suspected patients, disinfecting tools, equipment, and places where suspected cases are located at crossings.
- Provide training health workers on infection control and the use of Personal Protective Equipment (PPE).
- Provide training for employees of various service providers on the use of Personal Protective Equipment (PPE), especially for people who are in constant contact with passengers.
- Monitor passengers arriving through land ports of the GCC.

Epidemiological Surveillance in land crossing.

1. Implement Epidemiological Surveillance procedures for diseases and health incidents that may occur at land crossing or on board various transport means through the rapid exchange of information within 24 hours between contact points in the GCC Countries about various and emerging health cases and incidents, in implementation of the Gulf Early Warning System.
2. Monitor passengers coming from outside the GCC Countries region to facilitate risk assessment of incoming passenger s using health screening tools and system, which may include the following procedures based on the permanent and temporary recommendations of the WHO and the local and regional epidemiological situation:
 - Visual Inspection.
 - Complete Surveys.
 - Any other measures deemed appropriate by the Health Authorities.
3. Activate health monitoring of departures in cases that require the use of health screening tools and systems, including:
 - Visual Inspection.
 - Complete Surveys.
 - Any other measures as deemed appropriate by the Health Authorities.
4. Collect the necessary samples from passengers and travellers coming from infected areas in cases that require it.
5. Carry out the necessary immunisations and vaccinations when necessary.

6. Provide appropriate health education tools in accordance with health conditions that they are available to arriving and departing passengers and travellers in accordance with the requirements of global health conditions.
7. Educate and train workers at land crossing in the GCC Countries on the use of Personal Protective Equipment (PPE).
8. Continue education for workers at the GCC Countries' ports to keep up with scientific developments in respect of health conditions and exchange of visits between workers at border ports of the GCC Countries.
9. Document health data and information using scientific methods in order to benefit from them when visiting experts from international organisations or when needed.
10. The Competent Authorities shall apply the recommended procedures for the extermination of insects, mice and rats and the elimination of infection in luggage, cargo, containers, means of transport, goods or postal parcels, or the removal of any contamination therein or the disposal of such items in another manner, if necessary, in places specifically designated and equipped for this purpose (e).
11. Commitment of the health establishment operating in land crossing to dispose of medical and hazardous waste through institutions specialised in transporting and treating approved medical and hazardous waste.
12. Implement work mechanisms and plans for monitoring, responding to and reporting incidents that constitute public health emergencies (suspected infectious diseases/food poisoning/common diseases/chemical and radiation exposures).
13. Assess medical and Health Services provided at the Airports of the GCC by the Competent Authorities in accordance with the requirements of the Medical and Health Clinic Manual at the Border Crossings of the GCC Countries. Noting that the existence of these clinics depends on the resolution of each country. Some countries may be satisfied with providing rapid intervention, isolating cases, and transporting them by ambulance to the nearest health centre.
14. Any Health Measures in accordance with health requirements required by health conditions.

References

1. International Health Regulations (IHR 2005):
(http://apps.who.int/iris/bitstream/10665/43883/2/9789246580415_ara.pdf)
2. Ship's Exemption from Sanitary Control Certificate / Ship's Sanitary Control Certificate
Annex 3: page No.: 52-53
(http://apps.who.int/iris/bitstream/10665/43883/2/9789246580415_ara.pdf)
3. Ship Sanitation Manual and Issuance of Ship Sanitation Control Exemption
Certificate/Ship Sanitation Control Certificate
(http://apps.who.int/iris/bitstream/10665/44594/1/9789241548199_eng.pdf)
4. Decision-making principles that allow for the assessment of incidents that constitute a
public health emergency of international concern Annex No.: 2
(http://apps.who.int/iris/bitstream/10665/43883/2/9789246580415_ara.pdf)
5. Basic capabilities required in relation to designated Airports, ports and land crossings,
Annex 1B:
(http://apps.who.int/iris/bitstream_9789246580415/2/43883/10665/ara.pdf)
6. Technical requirements related to means of transport and means of transport operators,
Annex No.: 4
(http://apps.who.int/iris/bitstream_9789246580415/2/43883/10665/ara.pdf)
7. Specific measures for vector-borne diseases Annex No. 5
(http://apps.who.int/iris/bitstream_9789246580415/2/43883/10665/ara.pdf)
8. International vaccination certificates, prophylaxis and related certificates, Annex No. 6
and 7
(http://apps.who.int/iris/bitstream_9789246580415/2/43883/10665/ara.pdf)
9. Attached marine health declaration form No. 8
10. (http://apps.who.int/iris/bitstream/10665/43883/2/9789246580415_ara.pdf)
11. General Declaration of the Aircraft (Health Part) Attached No.
12. (http://apps.who.int/iris/bitstream/10665/43883/2/9789246580415_ara.pdf)
13. ICAO Documents:
14. (html.CAPSCARefs/org.capsca,www//:http)
15. Passenger location form on the Aircraft.
(<pdf.A-PHPLF/Documentation/org.capsca,www//:http>)

16. General declaration of the aircraft in accordance with the ICAO website
17. (pdf.ICAOAvinfluenzadeclarationAR/Documentation/org.capsca.www//:http)
18. Annex 13 Public Health Card Manual for Determining the Passenger Location
(<http://www.capsca.org/Documentation/GuidelinesOnCompletingThePLF-AR.pdf>)
19. Civil Aviation Medicine Manual Part Six Public Health and Aviation Emergencies
20. (/documents/publications/int.icao.www//:http8984 pdf.ar_cons_)
21. Guidance for States on the management of communicable diseases that pose a serious threat to public health: http://www.icao.int/safety/aviation-medicine/guidelines/AvInfluenza_guidelines_ar.pdf
22. Cooperation Programme between ICAO and International organisations (CAPSCA)
html.CAPSCARefs/org.capsca.www//:http:

Annex No. (1)

Manual to the Basic Requirements for Private Health Clinics at Land, Sea and Air entry points in the GCC Countries

Introduction

The role and objectives of the Ministries of Health in the GCC at the entry points of Land, Sea and Air ports stem from their commitment to managing the health system at all levels in order to achieve the lowest rate of spread of diseases transmitted through travel to and from the GCC Countries due to the increase in international travel and global trade in addition to the emergence and emergence of disease threats and health risks that affect the regional and international levels and are among the basic and historical responsibilities of the Ministries of Health.

It is also worth noting that all GCC Countries have approved the IHR, which imposes obligations on them towards these Regulations, specifically with regard to providing the necessary basic capabilities at ports, Airports and land crossings referred to in these Regulations in Annex (1) in (a) and (b), which is the backbone of surveillance and response activities that shall be given great attention because they are the main pillar of the health indicator. The availability of medical services around the clock at entry points at Land, Sea and Air ports is among the priorities of the International Health Regulations (IHR 2005) as it is one of its strategic requirements that ensure the provision of a rapid, emergency and safe response that has all the main components and elements mentioned in this Manual to confront these risks and incidents. The presence of medical clinics at these ports provides a quick response to disease cases that occur via various means of transportation coming to GCC Countries and their workers or those health and medical incidents that occur at these ports. For this reason, this Manual was prepared to provide the minimum basic requirements for these clinics. These clinics depend on the resolution of each country. Some countries may be satisfied with providing rapid intervention, isolating cases, and transporting them by ambulance to the nearest health centre.

Essential Requirements

1. The institutions or bodies operating Land, Sea and Air ports shall rely on themselves to provide the private clinics necessary to provide medical and Health Services to travelling passengers, crews of various means of transportation and workers at those ports, and not rely on contracts with private health establishments to provide the necessary medical and Health Services in order to ensure quality and implement the required international Regulations.
2. These clinics shall be licensed by the Competent Authorities in the GCC Countries. These institutions shall be subject to all licensing requirements and controls and continuous assessment by the Competent Authorities in accordance with the systems followed in the private health sector.
3. The bodies and institutions operating the Border Crossings shall commit to contracting with one of the private hospitals in the GCC Countries, preferably close to the Border Crossing, to provide emergency Health Services to passengers in event of an emergency or when it is not possible to provide them in the clinics located at Airports, ports and land crossings.
4. Provide a number of ambulances in accordance with the actual need for each Border Crossing and in accordance with the movement of passengers through that crossing, after obtaining a licence from the Competent Authorities in the GCC Countries.
5. Provide a health staff around the clock in these clinics, with the following requirements:
 - Work three shifts around the clock.
 - Main clinics: They shall provide a medical staff for each shift (at least (2) doctors, (2) nurses, (2) paramedics, and (2) ambulance drivers) or in accordance with the density of passenger s through each Border Crossing.
 - Sub-clinics: If more than one clinic is required at the Border Crossing, it shall be provided with the appropriate number and efficiency of medical and health staff, in accordance with the powers stipulated in the approved Health Services provision regulations for those clinics.
 - The Staff shall be licensed by the Competent Authorities in the GCC.
 - Staff shall have valid first aid certificates before starting work (ACLS for doctors) and (BLS) for nurses and paramedics, which is renewed every two years.

- The Competent Authorities in the Ministries of Health in the GCC Countries shall hold specialised courses for health personnel in respect of the requirements of the International Health Regulations (IHR 2005).
- Physicians shall continue to develop their skills in aviation medicine for physicians working in Airport clinics.
- Training all medical and health personnel on infection control (PPE).
- Medical and health personnel shall continue having education programmes applicable in the GCC Countries.
- Not issuing certificates of eligibility to practice professions related to aviation or other means of transportation. This is limited to the official Competent Authorities only.
- Commitment of the health establishment operating in Border Crossings to dispose of medical and hazardous waste through entering into contracts with the approved transport and treatment of medical waste.
- Implement work mechanisms and plans for monitoring, responding to and reporting incidents that constitute public health emergencies (suspected infectious diseases/food poisoning/common diseases/chemical and radiation exposures).

The following schedules include some essential instruments that should be available in clinics at border crossings and shall be determined according to the needs of each crossing.

Part one: Clinic Requirements & Specifications

Items	General Specifications
Location	Easy accessible at common areas preferably at ground floor or at higher levels where there should be adequate elevators and handicapped access services and facilities.
Lighting & Ventilation	Proper day lighting and ventilation within the clinic premises are obligatory, windows which can be opened shall be fitted with a net.
Walls	Walls shall be painted with easily washable paints (light colors is preferred), with no sharp edges in wall and Clinic floors shall be made of easily washable material e.g. ceramic tiles or special medical floors.
Corridors & Doors	Corridors and Doors shall be wide and permits wheelchair and trolleys (at least 90 cm for doors and 120 cm for corridors width)
Floor & Ceiling	Floor and ceiling finishes shall be selected to suit the function of the space and promote a pleasant environment for patients, visitors and staff. The following factors shall be considered: Aesthetic appearance, acoustic properties, durability, ease of cleaning, infection control, movement of equipment
Space Area	The minimum space for each of the following rooms is 12-16 sqm
Reception / Clerical Area	This area must allow patients to move conveniently to and from the treatment areas and accommodate high volume of patients, support staff, and mobility aids.
Waiting Area	Two rooms for male & female patients, each room should accommodate at least 8 persons.
Consultation room	All room with washbasin
Treatment room	All room with washbasin
Observation room	All room with washbasin and accommodate two beds

Isolation room	All room with washbasin and one toilet
Space for Medicine	Separate areas to keep medicine with shelves and thermometer at cold and dry atmosphere.
Toilets	Two toilets (for Male & Female) with disabled facilities.

Part Two: Equipment & Tools

2.1 – Reception Area & Medical Records

Items	Comments
Desk and chair	
Computer with Internet Facility	
Printer	
Telephone	
Fax machine	
Money Keeper	
Registration book	
Appointment book	
Wheelchair for disabled patients	
Notice Board	
Shelf with racks for patients' files	
Suggestions Box	

2.2- Waiting areas (Male & Female)

Items	Comments
Chairs for waiting patients and attendances	
Small table	
Shelves for health educational materials	
Drinking water with disposable cups	
Bin Pedal	
Weighing Scale with Height measurement	

Items	Comments
Doctor's desk with chair	
Patients and attendants chairs	
Telephone	
Computer	
Notice board	
Dispenser Medical Soap	
Bin pedal	
Dispenser Paper Towel	
Washbasin and soap.	
Partition Curtin	
Examination Lamp (mobile)	
Torch	
X-ray view box	
Disposable examination Gloves.	
Glucometer	
Mobile Adjustable Couch with rail	
Peak flow meter with mouth pieces	

2.4- Treatment Room

Items	Comments
Washbasin	
Chairs	
Notice Board	
Wall shelf	
Table	
Refrigerator with lock (with thermometer)	
Bin Pedal	
Dispenser Medical Soap	
Dispenser Paper Towel	
Instrument cupboard	
Tourniquet	
Ambu Bag Resuscitation Set	
Peak Flow Meter Adult + Paeds	
Laryngoscope complete	
Nebulizer (Adult + Paeds)	
Vital Signs Monitor) with pulse oximetry facility)	

Bp Apparatus with Adult/ Extra large and paediatric cuffs	
Defibrillator	

Suction Apparatus - Portable	
Mobile Adjustable Couch with rail	
Stand IV – 4 HOOKS	
Trolley Instrument Dressing 2 Drawers	
Trolley Emergency Drug	
Oxygen cylinder (O2 therapy)	
I. V set	
Stethoscope	
Bed pans child oval shaped. SS.	
Bowl with different sizes	
Glucometer	
ECG Machine	
Humidifier	
IV Stand Hook (Wall Mounted)	
Angle Poise Lamp – Wall pointed	

Cervical Collar	
Kidney shape bowel	
Thomas Splint Adult	
Thomas Splint Paediatric	
Glass Instrument Cupboard	

Gastric lavage set (currently made by nurses in the HC)	
Dressing set	
Suturing set (comes with a cutter)	
Suture removal set with cutter	
Incision & drainage set	
Respiratory intubation set (adult and paediatric)	
Ear irrigation	
Plain tray without lid 8"	
Pint measure 1 litre	
Digital Thermometer	

Autoclave type B class	
Urinal for male	
Urinal for female	
Bed pans adults oval shaped.	
Protoscope	
Catheterization set	
Instrument tray with lid 10" x8" x2"	
Tongue depressor jar	

2.5- Observation room

Items	Comments
Washbasin	
Chairs	
Notice Board	
IV Stand	
Mobile Adjustable Couch with rail	
Bin Pedal	
Dispenser Medical Soap	
Dispenser Paper Towel	

2.6- Isolation Room

Items	Comments
Washbasin	
Chairs	
Notice Board	
IV Stand	
Mobile Adjustable Couch with rail	
Bin Pedal	
Dispenser Medical Soap	
Dispenser Paper Towel	
PPE: Gloves, gown / apron and standard surgical masks	

Annex (13) - Public Health Passenger Locator Form

<p>This form is to be completed to determine the location of the passenger whenever relevant public health authorities suspect a communicable disease onboard a flight. Your information will help public health officers to address any event threatening public health, enabling the authorities to determine the location of passengers who were exposed to a communicable disease. The Public Health Authorities will retain the information provided in accordance with applicable laws and will only be used for public health purposes.</p>		
3. Seat number onboard	2. Arrival date	a. Airline name and flight number
Day Month Year		Airline name and flight number
4. Name		
Name	Surname	
Current home address (including country)		
State or province	City	Road name and number
Postal Code		State
Contact Number (Home, business or mobile)		
E-mail	Area number, telephone number	State number
State or organization of issue		Passport number or travel document
5. Address and phone number where you can be reached during your stay, or the mobile phone in case you visit a number of areas and the first address.		
State or province	City	Road name and number
Telephone number (including State number) or mobile number	Postal Code	State
6. Contact details for the person who may be aware of your whereabouts during the next period of 31 days, in case of emergency or to provide important health-related information.		

Please provide the name of a close person or a colleague at work. This should not be your data.		
a. Name		
Name	Surname	
b. Tel. No.		
E-mail	State number, area number, telephone number	
c. Address		
State or province	City	Road name and number
Postal Code		State
If the answer is yes, with whom? (Name(s) of the person(s) or group)	Yes/No, please circle your answer.	7. Are you travelling with someone else?

Annex 9

This document is part of the aircraft general declaration, promulgated by the International Civil Aviation Organization

Health part of the aircraft general declaration

Declaration of Health

Names and seat numbers or jobs of persons on board with illnesses other than airsickness or the effects of accidents, who may be suffering from a communicable disease (a fever - temperature 38°C/100 °F or greater - associated with one or more of the following signs or symptoms, e.g. appearing obviously unwell; persistent coughing; impaired breathing; persistent diarrhoea; persistent vomiting; skin rash; bruising or bleeding without previous injury; or confusion of recent onset, increases the likelihood that the person is suffering a communicable disease) as well as such cases of illness disembarked during a previous stop

.....

..

Details of each disinsection or sanitary treatment (place, date, time, method) during the flight. If no disinsection has been carried out during the flight, give details of most recent disinsection

.....

.....

Signature, if required, with time and date

.....

Crew member concerned

This version of the Aircraft General Declaration entered into force on 15 July 2007. The full document may be obtained from the website of the International Civil Aviation Organization at <http://www.icao.int>

Annex (1) - General Declaration

297 mm (3/4 11

General Declaration (Outward/Inward) Investor Marks of Nationality and Registration..... Flight No..... Date Departure from Arrival at (Place) (Place)		
Flight Routing ("Place" Column always to list origin, every en route stop and destination)		
Number of passengers on this stage of the flight **	Names of Crew *	Place
Departure Place: Embarking Through on same flight Arrival Place: Disembarking Through on same flight		
For official use only	Declaration of Health	

	<p>Names and seat numbers or jobs of persons on board with illnesses other than airsickness or the effects of accidents, who may be suffering from a communicable disease (a fever - temperature 38°C/100 °F or greater - associated with one or more of the following signs or symptoms, e.g. appearing obviously unwell; persistent coughing; impaired breathing; persistent diarrhoea; persistent vomiting; skin rash; bruising or bleeding without previous injury; or confusion of recent onset, increases the likelihood that the person is suffering a communicable disease) as well as such cases of illness disembarked during a previous stop</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>Details of each disinsection or sanitary treatment (place, date, time, method) during the flight. If no disinsection has been carried out during the flight, give details of most recent disinsection</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>Signed, (if required), with time and date _____</p> <p>Crew member concerned</p>
<p>I declare that all statements and particulars contained in this General Declaration, and in any supplementary forms required to be presented with this General Declaration, are complete, exact and true to the best of my knowledge and that all through passengers will continue/have continued on the flight.</p> <p>Signature _____</p> <p>Authorized Agent or Pilot-in-command</p>	

Size of document to be 210 mm 297 × mm (or 8 1/4 11 3/4 inches).

* To be completed when required by the State.

** Not to be completed when passenger manifests are presented and to be completed only when required by the State.

210 mm (or 8 1/4 inches)

Annex 1

A. Core Capacity Requirements for Surveillance and Response

1. States Parties shall utilize existing national structures and resources to meet their core capacity requirements under these Regulations, including the following:

(a) Their surveillance, reporting, notification, verification, response and collaboration activities; and

(b) Their activities concerning designated airports, ports and ground crossings.

2. Each State Party shall assess, within two years following the entry into force of these Regulations for that State Party, the ability of existing national structures and resources to meet the minimum requirements described in this Annex. As a result of such assessment, States Parties shall develop and implement plans of action to ensure that these core capacities are present and functioning throughout their territories as set out in paragraph 1 of Article 5 and paragraph 1 of Article 13.

3. States Parties and WHO shall support assessments, planning and implementation processes under this Annex.

4. At the local community level and/or primary public health response level

The capacities required for achieving the following:

(a) to detect events involving disease or death above expected levels for the particular time and place in all areas within the territory of the State Party; and

(a) to report all available essential information immediately to the appropriate level of health care response. At the community level, reporting shall be to local community healthcare institutions or the appropriate health personnel. At the primary public health response level, reporting shall be to the intermediate or national response level, depending on organizational structures. For the purposes of this Annex, essential information includes the following: clinical descriptions, laboratory results, sources and type of risk, numbers of human cases and deaths, conditions affecting the spread of the disease and the health measures employed; and

(c) to implement preliminary control measures immediately.

5. At the intermediate public health response levels

The capacities required for achieving the following:

(a) to confirm the status of reported events and to support or implement additional control measures; and

(b) to assess reported events immediately and, if found urgent, to report all essential information to the national level. For the purposes of this Annex, the criteria for urgent events include serious public health impact and/or unusual or unexpected nature with high potential for spread.

B. Basic capabilities required in relation to designated Airports, ports and land crossings

1. At all times

The capacities required for achieving the following:

- (a) to provide access to (i) an appropriate medical service including diagnostic facilities located so as to allow the prompt assessment and care of ill travellers, and (ii) adequate staff, equipment and premises;
- (b) to provide access to equipment and personnel for the transport of ill travellers to an appropriate medical facility;
- (c) to provide trained personnel for the inspection of conveyances;
- (d) to ensure a safe environment for travellers using point of entry facilities, including potable water supplies, eating establishments, flight catering facilities, public wash-rooms, appropriate solid and liquid waste disposal services and other potential risk areas, by conducting inspection programmes, as appropriate; and
- (e) to provide as far as practicable a programme and trained personnel for the control of vectors and reservoirs in and near points of entry.

2. For responding to events that may constitute a public health emergency of international concern.

The capacities required for achieving the following:

- (a) to provide appropriate public health emergency response by establishing and maintaining a public health emergency contingency plan, including the nomination of a coordinator and contact points for relevant point of entry, public health and other agencies and services;
- (b) to provide assessment of and care for affected travellers or animals by establishing arrangements with local medical and veterinary facilities for their isolation, treatment and other support services that may be required;
- (c) to provide appropriate space, separate from other travellers, to interview suspect or affected persons;
- (d) to provide for the assessment and, if required, quarantine of suspect travellers, preferably in facilities away from the point of entry;
- (e) to apply the recommended procedures for the extermination of insects, mice and rats and the elimination of infection in luggage, cargo, containers, means of transport, goods or postal

parcels, or the removal of any contamination therein or the disposal of such items in another manner, if necessary, in places specifically designated and equipped for this purpose;

(f) to apply entry or exit controls for arriving and departing travellers; and

(g) to provide access to specially designated equipment, and to trained personnel with appropriate personal protection, for the transfer of travellers who may carry infection or contamination.

Annex 2

Decision Instrument for the Assessment and Notification of Events That May Constitute a Public Health Emergency of International Concern

Events detected by national surveillance system (see Annex 1)				
A case of the following diseases is unusual or unexpected and may have serious public health impact, and thus shall be notified 2.6: - Smallpox - Poliomyelitis due to wild-type polio-virus - Human influenza caused by a new subtype - Severe acute respiratory syndrome (SARS).	or	Any event of potential international public health concern, including those of unknown causes or sources and those involving other events or diseases than those listed in the box on the left and the box on the right shall lead to utilization of the algorithm.	or	An event involving the following diseases shall always lead to utilization of the algorithm, because they have demonstrated the ability to cause serious public health impact and to spread rapidly internationally: - Cholera - Pneumonic plague - Yellow Fever - Viral haemorrhagic fevers (Ebola, Lassa, Marburg) - West Nile fever - special national or regional concern, e.g. dengue fever, Rift Valley fever, and meningococcal disease
		Is the public health impact of the event serious?	←	
Yes			No	
Is the event unusual or unexpected?			Is the event unusual or unexpected?	
Yes	No	Yes	No	
		Are there significant risks of international spread?	Are there significant risks of international spread?	
	Yes	No	Yes	No

		Are there significant risks of international travel or trade restrictions?		Not notified at this stage. Reassess when more information becomes available.
		Yes	No	
Event shall be notified to WHO under the international health regulations				

1 As per WHO case definitions.

2 The disease list shall be used only for the purposes of these Regulations.

Examples for the application of the decision instrument
for the assessment and notification of events that may
constitute a public health emergency of international concern

The examples appearing in this Annex are not binding and are for indicative guidance
purposes to assist in the interpretation of the decision instrument criteria.

Does the event meet at least two of the following criteria?

First: Is the public health impact of the event serious?	Is the public health impact of the event serious?
1. Is the number of cases and/or number of deaths for this type of event large for the given place, time or population?	
2. Has the event the potential to have a high public health impact? Examples of circumstances that contribute to a high public health impact include the following: ✓ Event caused by a pathogen with high potential to cause epidemic (infectiousness of the agent, high case fatality, multiple transmission routes or healthy carrier). ✓ Indication of treatment failure (new or emerging antibiotic resistance, vaccine failure, antidote resistance or failure). ✓ Event represents a significant public health risk even if no or very few human cases have yet been identified. ✓ Cases reported among health staff. ✓ The population at risk is especially vulnerable (refugees, low level of immunization, children, elderly, low immunity, undernourished, etc.). ✓ Concomitant factors that may hinder or delay the public health response (natural catastrophes, armed conflicts, unfavourable weather conditions, multiple foci in the State Party). ✓ Event in an area with high population density. ✓ Spread of toxic, infectious or otherwise hazardous materials that may be occurring naturally or otherwise that has contaminated or has the potential to contaminate a population and/or a large geographical area.	
3. Is external assistance needed to detect, investigate, respond and control the current event, or prevent new cases?	

<p>The following are examples of when assistance may be required:</p> <ul style="list-style-type: none"> ✓ Inadequate human, financial, material or technical resources – in particular: <ul style="list-style-type: none"> – Insufficient laboratory or epidemiological capacity to investigate the event (equipment, personnel, financial resources); – Insufficient antidotes, drugs and/or vaccine and/or protective equipment, decontamination equipment, or supportive equipment to cover estimated needs; - Existing surveillance system is inadequate to detect new cases in a timely manner. 	
<p>Is the public health impact of the event serious?</p> <p>Please answer “yes” if you have answered “yes” to questions 1, 2 or 3 above.</p>	

Second: Is the event unusual or unexpected?	Is the event unusual or unexpected?
<p>4. Is the event unusual?</p> <p>The following are examples of unusual events:</p> <ul style="list-style-type: none"> ✓ The event is caused by an unknown agent or the source, vehicle, route of transmission is unusual or unknown. ✓ Evolution of cases more severe than expected (including morbidity or case-fatality) or with unusual symptoms. ✓ Occurrence of the event itself unusual for the area, season or population. 	
<p>5. Is the event unexpected from a public health perspective?</p> <p>The following are examples of unexpected events:</p> <ul style="list-style-type: none"> ✓ Event caused by a disease/agent that had already been eliminated or eradicated from the State Party or not previously reported. 	
<p>Is the event unusual or unexpected?</p> <p>Please answer “yes” if you have answered “yes” to questions 4 or 5 above.</p>	

Third: Are there significant risks of international spread?	Are there significant risks of international spread?
6. Is there evidence of an epidemiological link to similar events in other States?	
<p>7. Is there any factor that should alert us to the potential for cross border movement of the agent, vehicle or host?</p> <p>The following are examples of circumstances that may predispose to international spread:</p> <ul style="list-style-type: none"> ✓ Where there is evidence of local spread, an index case (or other linked cases) with a history within the previous month of: <ul style="list-style-type: none"> - International travel (or time equivalent to the incubation period if the pathogen is known); - Participation in an international gathering (pilgrimage, sports event, conference, etc.); - Close contact with an international traveller or a highly mobile population. 	

<p>✓ Event caused by an environmental contamination that has the potential to spread across international borders.</p> <p>✓ Event in an area of intense international traffic with limited capacity for sanitary control or environmental detection or decontamination.</p>	
<p>Are there significant risks of international spread?</p> <p>Please answer "yes" if you have answered "yes" to questions 6 or 7 above.</p>	

Fourth: Are there significant risks to impose international travel or trade restrictions?	Is there a significant risk of international travel or trade restrictions?
8. Have similar events in the past resulted in international restriction on trade and/or travel?	
9. Is the source suspected or known to be a food product, water or any other goods that might be contaminated that has been exported/imported to/from other States?	
10. Has the event occurred in association with an international gathering or in an area of intense international tourism?	
11. Has the event caused requests for more information by foreign officials or international media?	
Fourth: Are there significant risks of international travel or trade restrictions? Please answer "yes" if you have answered "yes" to questions 8, 9, 10 or 11 above.	

States Parties that answer "yes" to question whether the event meets any two of the four criteria (from first to fourth) above, shall notify WHO under Article 6 of the International Health Regulations.

Annex 3

Model Ship Sanitation Control Exemption Certificate/Ship Sanitation Control Certificate

Port: Date

This Certificate records the inspection and (1) exemption from control or (2) control measures applied.

Name of ship or inland navigation vessel Flag Registration/IMO No

At the time of inspection the holds were unladen/laden with tonnes of cargo

Name and address of inspecting officer

Ship Sanitation Control Exemption Certificate

Documents reviewed	Sample results 2	Evidence found 1	Areas. [systems, and services] inspected
Medical Log			Galley
Ship's log			Pantry
Other documents			Stores
			Hold(s)/cargo
			Quarters:
			- Crew
			- Officers
			- Passengers
			- Deck
			Potable Water
			Sewage
			Ballast tanks
			Solid and medical waste
			Standing water
			Engine room
			Medical facilities
			Other areas specified

			Note areas not applicable, by marking (N/A).
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No evidence found. Ship/vessel is exempted from control measures.

Name and designation of issuing officer

Ship Sanitation Control Certificate

Comments regarding conditions found	Re-inspection date	Control measures applied

Control measures indicated were applied on the date below.

Signature and seal Date

1 (a) Evidence of infection or contamination, including: vectors in all stages of growth; animal reservoirs for vectors; rodents or other species that could carry human disease, microbiological, chemical and other risks to human health; signs of inadequate sanitary measures. (b) Information concerning any human cases (to be included in the Maritime Declaration of Health).

2 Results from samples taken on board. Analysis to be provided to ship master by most expedient means and, if re-inspection is required, to the next appropriate port of call coinciding with the re-inspection date specified in this certificate.

Sanitation Control Exemption Certificates and Sanitation Control Certificates are valid for a maximum of six months, but the validity period may be extended by one month if inspection cannot be carried out at the port and there is no evidence of infection or contamination.

Attachment to Model Ship Sanitation Control Exemption Certificate/Ship Sanitation Control Certificate

Comments regarding conditions found	Re-inspection date	Control measures applied	Documents reviewed	Sample results	Evidence found	Areas/facilities/ systems inspected 1
						Food
						Source
						Storage
						Preparation
						Service
						Water
						Source
						Storage
						Distribution
						Waste
						Holding
						Treatment
						Disposal
						Swimming pools/spas
						Equipment
						Operation
						Medical facilities
						Equipment and medical devices
						Operation
						Medicines

						Other areas inspected

1 Indicate when the areas listed are not applicable by marking "N/A".

Annex 4

Technical requirements related to means of transport and means of transport operators

Section A: Conveyance operators

1. Conveyance operators shall facilitate:

- (a) inspections of the cargo, containers and conveyance;
- (b) medical examinations of persons on board;
- (c) application of other health measures under these Regulations; and
- (d) provision of relevant public health information requested by the State Party.

2. Conveyance operators shall provide to the competent authority a valid Ship Sanitation Control Exemption Certificate or a Ship Sanitation Control Certificate or a Maritime Declaration of Health, or the Health Part of an Aircraft General Declaration, as required under these Regulations.

Section B: Conveyances

1. Control measures applied to baggage, cargo, containers, conveyances and goods under these Regulations shall be carried out so as to avoid as far as possible injury or discomfort to persons or damage to the baggage, cargo, containers, conveyances and goods. Whenever possible and appropriate, control measures shall be applied when the conveyance and holds are empty.

2. States Parties shall indicate in writing the measures applied to cargo, containers or conveyances, the parts treated, the methods employed, and the reasons for their application. This information shall be provided in writing to the person in charge of an aircraft and, in case of a ship, on the Ship Sanitation Control Certificate. For other cargo, containers or conveyances, States Parties shall issue such information in writing to consignors, consignees, carriers, the person in charge of the conveyance or their respective agents.

Annex 5

Specific measures for vector-borne diseases

1. WHO shall publish, on a regular basis, a list of areas where disinsection or other vector control measures are recommended for conveyances arriving from these areas. Determination of such areas shall be made pursuant to the procedures regarding temporary or standing recommendations, as appropriate.

2. Every conveyance leaving a point of entry situated in an area where vector control is recommended should be disinfected and kept free of vectors. When there are methods and materials advised by the Organization for these procedures, these should be employed. The presence of vectors on board conveyances and the control measures used to eradicate them shall be included as follows:

(a) in case of aircraft, in the Health Part of the Aircraft General Declaration, unless this part of the Declaration is waived by the competent authority at the airport of arrival;

(b) in case of ships, on the Ship Sanitation Control Certificates; and

(c) in case of other conveyances, on a written proof of treatment issued to the consignor, consignee, carrier, the person in charge of the conveyance or their agent.

3. States Parties should accept disinsecting, deratting and other control measures for conveyances applied by other States if methods and materials advised by the Organization have been applied.

4. States Parties shall establish programmes to control vectors that may transport an infectious agent that constitutes a public health risk to a minimum distance of 400 metres from those areas of point of entry facilities that are used for operations involving travellers, conveyances, containers, cargo and postal parcels, with extension of the minimum distance if vectors with a greater range are present.

5. If a follow-up inspection is required to determine the success of the vector control measures applied, the competent authorities for the next known port or airport of call with a capacity to make such an inspection shall be informed of this requirement in advance by the competent authority advising such follow-up. In case of ships, this shall be noted on the Ship Sanitation Control Certificate.

6. A conveyance may be regarded as suspect and should be inspected for vectors and reservoirs if:

- (a) it has a possible case of vector-borne disease on board;
 - (b) a possible case of vector-borne disease has occurred on board during an international voyage; or
 - (c) it has left an affected area within a period of time where on-board vectors could still carry disease.
- . A State Party should not prohibit the landing of an aircraft or berthing of a ship in its territory if the control measures provided for in paragraph 3 of this Annex or otherwise recommended by the Organization are applied. However,

aircraft or ships coming from an affected area may be required to land at airports or divert to another port specified by the State Party for that purpose.

8. A State Party may apply vector control measures to a conveyance arriving from an area affected by a vector-borne disease if the vectors for the foregoing disease are present in its territory.

Annex 6

Vaccination, prophylaxis, and related certificates

1. Vaccines or other prophylaxis specified in Annex 7 or recommended under these Regulations shall be of suitable quality; those vaccines and prophylaxis designated by WHO shall be subject to its approval. Upon request, the State Party shall provide to WHO appropriate evidence of the suitability of vaccines and prophylaxis administered within its territory under these Regulations.
2. Persons undergoing vaccination or other prophylaxis under these Regulations shall be provided with an international certificate of vaccination or prophylaxis (hereinafter the “certificate”) in the form specified in this Annex. No departure shall be made from the model of the certificate specified in this Annex.
3. Certificates under this Annex are valid only if the vaccine or prophylaxis used has been approved by WHO.
4. Certificates must be signed in the hand of the clinician, who shall be a medical practitioner or other authorized health worker, supervising the administration of the vaccine or prophylaxis. The certificate must also bear the official stamp of the administering centre; however, this shall not be an accepted substitute for the signature.
5. Certificates shall be fully completed in English or in French. They may also be completed in another language, in addition to either English or French.
6. Any amendment of this certificate, or erasure, or failure to complete any part of it, may render it invalid.
7. Certificates are individual and shall in no circumstances be used collectively. Separate certificates shall be issued for children.
8. A parent or guardian shall sign the certificate when the child is unable to write. The signature of an illiterate shall be indicated in the usual manner by the person’s mark and the indication by another that this is the mark of the person concerned.
9. If the supervising clinician is of the opinion that the vaccination or prophylaxis is contraindicated on medical grounds, the supervising clinician shall provide the person with reasons, written in English or French, and where appropriate in another language in addition to English or French, underlying that opinion, which the competent authorities on arrival should take into account. The supervising clinician and competent authorities shall inform

such persons of any risk associated with non-vaccination and with the non-use of prophylaxis in accordance with paragraph 4 of Article 23.

10. An equivalent document issued by the Armed Forces to an active member of those Forces shall be accepted in lieu of an international certificate in the form shown in this Annex if:

- (a) it embodies medical information substantially the same as that required by such form; and
- (b) it contains a statement in English or in French and where appropriate in another language in addition to English or French recording the nature and date of the vaccination or prophylaxis and to the effect that it is issued in accordance with the provisions of this Paragraph.

Model International Certificate of Vaccination or Prophylaxis

This is to certify that [name] date of birth, sex , nationality national identification document, if applicable

whose signature follows

has on the date indicated been vaccinated or received prophylaxis against:

(name of disease or condition)

in accordance with the International Health Regulations.

Official stamp of administering centre	Certificate valid from Until	Manufacturer and batch No. of vaccine or prophylaxis	Signature and professional status of supervising clinician	Date	Vaccine or prophylaxis
					1-
					2-

This certificate is valid only if the vaccine or prophylaxis used has been approved by the World Health Organization.

This certificate must be signed in the hand of the clinician, who shall be a medical practitioner or other authorized health worker, supervising the administration of the vaccine or prophylaxis. The certificate must also bear the official stamp of the administering centre. However, this shall not be an accepted substitute for the signature.

Any amendment of this certificate, or erasure, or failure to complete any part of it, may render it invalid.

The validity of this certificate shall extend until the date indicated for the particular vaccination or prophylaxis. The certificate shall be fully completed in English or in French. The certificate may also be completed in another language on the same document, in addition to either English or French.

Annex 7

Requirements concerning vaccination

or prophylaxis for specific diseases 1

1. In addition to any recommendation concerning vaccination or prophylaxis, the following diseases are those specifically designated under these Regulations for which proof of vaccination or prophylaxis may be required for travellers as a condition of entry to a State Party:

Vaccination against yellow fever.

2. Recommendations and requirements for vaccination against yellow fever:

(a) For the purpose of this Annex:

(1) the incubation period of yellow fever is six days;

(2) yellow fever vaccines approved by WHO provide protection against infection starting at day ten following the administration of the vaccine;

(3) this protection continues for the life of the person vaccinated; and

(4) the validity of a certificate of vaccination against yellow fever shall extend for the life of the person vaccinated, beginning 10 days after the date of vaccination.

(b) Vaccination against yellow fever may be required of any traveller leaving an area where the Organization has determined that a risk of yellow fever transmission is present.

(c) If a traveller is in possession of a certificate of vaccination against yellow fever which is not yet valid, the traveller may be permitted to depart, but the provisions of paragraph 2 (h) of this Annex may be applied on arrival.

(d) A traveller in possession of a valid certificate of vaccination against yellow fever shall not be treated as suspect, even if coming from an area where the Organization has determined that a risk of yellow fever transmission is present.

(e) In accordance with Paragraph 1 of Annex 6 the yellow fever vaccine used must be approved by the Organization.

(f) States Parties shall designate specific yellow fever vaccination centres within their territories in order to ensure the quality and safety of the procedures and materials employed.

(g) Every person employed at a point of entry in an area where the Organization has determined that a risk of yellow fever transmission is present, and every member of the crew

of a conveyance using any such point of entry, shall be in possession of a valid certificate of vaccination against yellow fever.

(h) A State Party, in whose territory vectors of yellow fever are present, may require a traveller from an area where the Organization has determined that a risk of yellow fever transmission is present, who is unable to produce a valid certificate of vaccination against yellow fever, to be quarantined until the certificate becomes valid, or until a period of not more than six days, reckoned from the date of last possible exposure to infection, has elapsed, whichever is earlier.

(i) Travellers who possess an exemption from yellow fever vaccination, signed by an authorized medical officer or an authorized health worker, may nevertheless be allowed entry, subject to the provisions of the foregoing paragraph of this Annex and to being provided with information regarding protection from yellow fever vectors. Should the travellers not be quarantined, they may be required to report any feverish or other symptoms to the competent authority and be placed under surveillance.

1 Amended by the Sixty-seventh World Health Assembly as to sub-paragraphs (3) and (4) of Section 2 (a) in WHA67.13, 24 May 2014. This amendment entered into force for all IHR (2005) States Parties as of 11 July 2016.

This is for who is unable to produce a valid certificate of vaccination against yellow fever, to be quarantined until the certificate becomes valid, or until a period of not more than six days, reckoned from the date of last possible exposure to infection, has elapsed, whichever is earlier.

(i) However, travellers who possess an exemption from yellow fever vaccination, signed by an authorized medical officer or an authorized health worker, may nevertheless be allowed entry, subject to the provisions of the foregoing paragraph of this Annex and to being provided with information regarding protection from yellow fever vectors. Should the travellers not be quarantined, they may be required to report any feverish symptoms. Should the travellers not be quarantined, they may be required to report any feverish or other symptoms to the competent authority and be placed under surveillance.

Annex 8

Model of Maritime Declaration of Health

To be completed and submitted to the competent authorities by the masters of ships arriving from foreign ports.

Submitted at the port of Date Name of ship or inland navigation vessel

Registration/IMO No arriving from sailing to

Nationality (Flag of vessel) Master's name

Gross tonnage (ship)

Tonnage (inland navigation vessel)

Valid Sanitation Control Exemption/Control Certificate carried on board? Yes..... No.....

Issued at Date

Re-inspection required? Yes No.....

Has the ship/vessel visited an affected area identified by the World Health Organization? Yes No.....

Port and date of visit

List ports of call from commencement of voyage with dates of departure, or within past thirty days, whichever is shorter:

.....
.....

Upon request of the competent authority at the port of arrival, list crew members, passengers or other persons who have joined ship/vessel since international voyage began or within past thirty days, whichever is shorter, including all ports/countries visited in this period (add additional names to the attached schedule):

(1) Name: joined from: (1) (2) (3)

(2) Name: joined from: (1) (2) (3)

(3) Name: joined from: (1) (2) (3)

Number of crew members on board

Number of passengers on board

Health questions

(1) Has any person died on board during the voyage otherwise than as a result of accident?

Yes No.....

If yes, state particulars in attached schedule. Total no. of deaths

(2) Is there on board or has there been during the international voyage any case of disease which you suspect to be of an infectious nature? Yes..... No.....

If yes, state particulars in attached schedule.

(3) Has the total number of ill passengers during the voyage been greater than normal/expected? Yes No.....

How many ill persons?

Is there any ill person on board now? Yes No..... If yes, state particulars in attached schedule.

(5) Was a medical practitioner consulted? Yes No..... If yes, state particulars of medical treatment or advice provided in attached schedule.

(6) Are you aware of any condition on board which may lead to infection or spread of disease? Yes No..... If yes, state details in attached schedule.

(7) Has any sanitary measure (e.g. quarantine, isolation, disinfection or decontamination) been applied on board? Yes No.....

If yes, specify type, place and date

(8) Have any stowaways been found on board? Yes No..... If yes, where did they join the ship (if known)?

(9) Is there a sick animal or pet on board? Yes No.....

Note: In the absence of a surgeon, the master should regard the following symptoms as grounds for suspecting the existence of a disease of an infectious nature:

(a) fever, persisting for several days or accompanied by (1) prostration; (2) decreased consciousness; (3) glandular swelling; (4) jaundice; (5) cough or shortness of breath; (6) unusual bleeding; or (7) paralysis.

(b) with or without fever: (1) any acute skin rash or eruption; (2) severe vomiting (other than sea sickness); (3) severe diarrhoea; or (4) recurrent convulsions.

I hereby declare that the particulars and answers to the questions given in this Declaration of Health (including the schedule) are true and correct to the best of my knowledge and belief.

Signature

Master

Countersigned

Ship's Surgeon (if any)

Date:

Attachment to Model of Maritime Declaration of Health

Notes	Drugs, medicines or other treatment given to patient	Disposal of case 1	Reported to a port medical officer?	Date of onset of symptoms	Nature of illness	Port, date joined ship/vessel	Nationality	Sex	Age	Class or rating	Name

1 State: (1) whether the person recovered, is still ill or died; and (2) whether the person is still on board, was evacuated (including the name of the port or airport), or was buried at sea.

Annex 9

January 2016

DEATH ON BOARD

WHEN TO CEASE RESUSCITATION

Cabin crew trained to perform cardiopulmonary resuscitation (CPR) should continue CPR until one of the following occurs:

1. Spontaneous breathing and circulation resume; or
2. it becomes unsafe to continue CPR (e.g. heavy turbulence and/or forecasted difficult landing after liaising with the flight deck); or
3. All rescuers are too exhausted to continue; or
4. The aircraft has landed and care is transferred to emergency medical services; or
5. The person is presumed dead: If CPR has been continued for 30 minutes or longer with no signs of life within this period, and no shocks advised by an on board Automated External Defibrillator (AED), the person may be PRESUMED DEAD, and resuscitation ceased.

Note: Airlines may choose to specify additional criteria, depending upon the availability of ground to air medical support or an on board physician.

DEALING WITH DEATH OR PRESUMED DEATH ON BOARD

When a person has been declared dead, of presumed dead, the following protocol is suggested:

1. Advise the captain immediately as he/ she will have to advise the destination airport using company protocol to make sure the proper authority meets the flight

2. Move the person to a seat – if available. One with few other passengers nearby. If the aircraft is full. Put the person back into his/ her own seat. Or at the crew's discretion. Into another area not obstructing an aisle or exit. Take extra care when moving the person and be aware of the difficulty of the situation for companions and onlookers.
3. Put the person in a body bag if your airline uses them. Zip the bag up to the neck.
4. Restrain the person with seat belt or other equipment.
5. close the eyes, and cover the body with a blanket up to the neck if a body bag is not available.
6. Request contact information from travelling companions.
7. Disembark other passengers first and make sure the family members stay with the body. Do not disembark the body until the proper local authority has arrived to take care of the body and that the ground personnel is available to assist the family members.

NOTE: if a communicable disease is suspected. Use the communicable disease guidelines and use the Universal Precaution Kit (UPK) to handle the body.

NOTE: It is recommended that member airlines develop a policy on 'Do Not Resuscitate' (DNR) orders that may be presented by a passenger or a relative so that aircrew know exactly what to do in such a case.

Annex 10

January 18, 2005

International Transport of Human Remains

In order to alleviate the concerns about the risk of infection posed by dead bodies resulting from a disaster, we provide the following information.

The WHO guidelines are taken from a publication written by the Pan American Health Organization and endorsed by WHO. The first principle states: The body of a person killed as a result of a disaster does not pose a risk of infection.

The IATA Guidelines on Handling of Human Remains can be found in the IATA Airport Handling Manual at page 140: AHM 333 Handling of Human Remains, or in the introduction of the IATA TACT (The Air Cargo Tariff). Compliance with these guidelines, which are enshrined into the rules of most countries, makes it very unlikely that body fluid leakage would occur. However, Should a body fluid leakage occur while transporting dead bodies, the usual accepted guidelines endorsed by WHO for dealing with spilled body fluids should be followed, as stated below:

- Wear disposable gloves and, if available, a plastic apron.
- If the spillage has occurred on an aircraft, only use cleaning materials suitable for aircraft use.
- Do not try to clean the body fluids by hosing with water or air.
- Use material that will adsorb the body fluids and scrape the material into a biohazard bag.
- Wash the area with water/ disinfectant after removal of the adsorbent material.
- Dispose of gloves and apron in a biohazard bag.
- Wash hands thoroughly with soap and water afterwards.

If you have any further questions, contact your airline Medical Department or your national public health agency.

Annex 11

(Illegible)

(Illegible)

Annex 13
(Illegible)

Annex 14

Mechanisms for Reporting on the Implementation of the International Health Regulations at Border Crossings of GCC Countries		
Hazardous Materials	Common Diseases	Human Diseases
<ul style="list-style-type: none"> - Any event leading to the spillage or leakage of hazardous materials (petroleum, chemical, radioactive, nuclear) at ports/airports/sea crossings. - Fires or injuries resulting from those materials. 	<ul style="list-style-type: none"> - Any event leading to the death of a large number of imported animals through maritime/air/land transport that may pose public health risks at the national or regional level. - Any positive tests for the following diseases: Rift Valley Fever/ West Nile Fever/ Avian Influenza/ Swine Influenza/ Middle East Respiratory Syndrome Coronavirus/ Congo Fever... or any positive tests for emerging diseases with public health implications. 	<p>If the attending physician suspects the presence of an event involving any of the following diseases at ports/airports/land crossings, the following reporting mechanism should be followed:</p> <ul style="list-style-type: none"> ➤ Cholera ➤ Pneumonic plague ➤ Yellow Fever ➤ Viral Fevers (Ebola) ➤ Lassa Fever and Marburg Disease ➤ West Nile fever ➤ Dengue Fever ➤ Rift Valley Fever ➤ Meningococcal Disease ➤ Smallpox ➤ Polio (Wild Poliovirus) ➤ Human influenza caused by a new subtype ➤ Severe acute respiratory syndrome (SARS). ➤ Middle East Respiratory Syndrome Coronavirus
<ol style="list-style-type: none"> 1. Notify the National Focal Point 2. Evaluate the event and make a decision 3. Call the local emergency response team 		
No Potential risk of spread at the Gulf or regional level.	Potential risk of spread at the Gulf or regional level.	

		<ul style="list-style-type: none"> ➤ ➤ ➤ ➤ ➤ ➤
If there is no immediate notification, it will be reassessed if additional information becomes available.	Activate the Gulf Early Warning System through Gulf contact officers.	

Annex 15

Tasks of Contact Officers

responsible for implementing the Health Regulations at border crossings in the GCC countries

1. Always maintain communication with the Gulf IHR Contact Points via email, phone, and/or fax.
2. Notify the Gulf contact points by sending urgent messages and disseminating information after completing the collection of such information and investigation of an event, ensuring it may be a public health emergency with the potential to spread through the shared Gulf border crossings. This includes human health, animal health, contaminated goods, and any other events with potential public health implications.
3. Ensure the exchange of information during unexpected or unusual public health events, providing the Gulf Contact Officers with all relevant public health information if there is evidence of an unexpected or unusual event within the country that may constitute a public health emergency of international concern.
4. Consult on events occurring within the territory of the country that do not require notification, regarding the appropriate health measures that should be taken.
5. Confirm the receipt of the notification from the receiving party and inform them of the procedures followed.