Implementing IHR 2005 in Germany - Guidelines on IHR Core Capacities

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Implementing IHR 2005 in Germany
Overview

- IHR implemented 2007 (binding law)
- Pending Implementation of supplements detailing material requirements of IHR 2005
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PoE (Aviation) in Germany

- Hamburg, Dusseldorf, Frankfurt, Munich and Berlin (from start of operations) airports in accordance with Article 20 paragraph 1 IHR 2005
- These airports have to provide, maintain and prove the required capacities to the competent authority.
IHR 2005 Core Capacities

• Develop a manageable instrument for airports and airlines

General objectives

• To develop a guideline which is
  • systematic
  • technically safe
  • oriented towards everyday practice
  • consensual
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RKI-Recommendations on core capacities

Expert Forum

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Recommendations
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RKI-Recommandations - core capacities

Content of the Recommendation

• Core capacities required at all times
• Core capacities for responding to events that may constitute a PHEIC
• Passenger tracing
• Training and drills
• Exchange of experience and evolution of core capacities
Core capacities required at all times

Communications (Annex 1A of the IHR)

- Among
  - All bodies involved in the operation of the airport,
  - German Air Navigation Services (DFS),
  - Flight crews, airlines,
  - Other points of entry,
  - Health agencies,
  - Services relevant to contingency planning

- With travelers and meeters and greeters/relatives
Core capacities required at all times

Medical services including diagnostic facilities

- Availability of key information at the airport
- 24/7 availability of a person in charge of public health service (PHS) operations
- 24/7 availability of a coordinating point of contact at the airport
- Medical staff, premises for medical assessment and equipment available at the airport
- Medical care and quarantine facility available off the airport

Transport of ill persons

- Access to personnel, vehicles and equipment
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RKI-Recommandations - core capacities

Core capacities required at all times

Ensuring a safe environment for persons at the airport

- 24/7 non-medical support and care of affected persons
- Personnel and equipment for inspection programs (see IHR core capacity assessment tool page 20 et seq.)
- Portable water supplies
- Eating establishments and flight catering facilities
- Public washrooms
- Solid and liquid waste disposal
- Fresh air supply and air conditioning
- Handling of corpses, body parts and dead animals
Core capacities required at all times

Inspection of conveyances
- Access to personnel and equipment (see IHR core capacity assessment tool page 18 et seq.)

Control of vectors and reservoirs
- Access to personnel and equipment, check of equipment
- Measures (depending on epidemiological situation)
- Prevention and control in buildings and on airport premises
- Inspection of aircraft, baggage, cargo, containers, goods, etc.
Core capacities required at all times

Implementation of recommended measures

- Performance of disinsection, deratting, disinfection, decontamination or any other necessary treatment
- Access to trained and qualified personnel
- Response time < 30 minutes after being informed
- Determination of premises for safe storage, decontamination or destruction of objects
- Infrastructure, equipment and chemicals
Core capacities required at all times

Examination and care of affected animals

- 24/7 accessibility of the competent veterinary authority
- Access to and provision of an isolation and examination room for affected animals
- Access to a veterinary facility (usually a veterinary hospital)
- Communication with centers of veterinary excellence
- Assignment, transport and handover of affected animals
Core capacities required at all times

Contingency plan and standard operating procedures

- Identification of persons suspected of being infected or ill persons and provision of assistance to these persons
- Priority access by medical or veterinary personnel (public health authorities) to security restricted areas
- Integration into airport’s overall contingency planning in accordance with ICAO rules
- Periodical evaluation (partial emergency exercise, ICAO Annex 14)
- Evolution of contingency planning
Core capacities required for responding to a potential PHEIC

Response to events that may constitute a PHEIC
• Communications, providing information to travelers
• Operations room for PHS

Assessment and care
• Adjusting number of personnel and amount of equipment, depending on the situation
• 24/7 availability of a medical assessment centre (MAC)
Core capacities required for responding to a potential PHEIC

Implementation of recommended measures
• Adjustment of recommended measures, depending on the situation

Medical entry and exit controls
• 24/7 access to designated personnel
• Administrative arrangements for organizational management and defined procedure
Passenger tracing (Paragraph 1 of Article 18 of the IHR)

- Prompt forwarding of passenger manifests by airlines to competent public health office
- Distribution of universal passenger locator forms (UPLFs)
- Defined procedure and designated personnel for tracing passengers
Training and drills

- Basic and advanced training for all parties involved
- Familiarity of all persons with their designated area, to be demonstrated in practical drills
- Proficiency in use of personal protective equipment
- Defined and documented procedure for
  - Precautionary vaccination, pre and post-exposure prophylaxis
  - Inspection, identification and monitoring of possible sources of risk
  - Control of possible sources of infection
Exchange of experience and evolution of core capacities

Designation of IHR persons for implementation of the core capacities

- At the airport
- At the competent authorities
- If appropriate, further persons from organizations that are involved in IHR contingency planning
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Thank you very much for your attention.

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