

# **Bijlage 1: COVID-19 AIRPORT MEDICAL SCREENING PROTOCOLS**

## **Introduction**

The COVID-19 Airport Project is to facilitate the process at the airport where Ministry VSA within the responsibility of Collective Prevention Services will be assess the identified passengers with symptoms. The project is an incremental step towards St. Maarten's Port Health, which will have to be structured in short within the Collective Prevention Services to revamp this project and to ensure the durability of executing the tasks of Port Health not only at the Airport but at the Harbour as well.

The concept is to have a group of at least 6 to 8 Nurses (License Practical Nurses and/or Registered Nurses) on call as Temporary workers. These temp workers will carry out the assigned tasks of health assessment, interview, give information to the identified passenger and to complete all necessary paper work to guarantee reporting to CPS as well as to ensure sufficient stock of tools and equipment for the next shift.

This is to ensure a monitored opening approach.

On 30th January 2020, the WHO Director General has declared the outbreak of novel coronavirus 2019nCoV as a Public Health Emergency of International Concern (PHEIC), based on the advice of the Emergency Committee under the International Health Regulations (2005).

At the St. Maarten Airport, passengers suspected of COVID-19 or another contagious disease is refer to another health assessment point after going through the airport Thermo-scanner.

Health Care Providers attached to CPS/VSA based on assigned and shifts will conduct the second screening point and it includes:

- taking passengers' temperature
- evaluating their clinical and epidemiological health

Two shifts are identified within the Airport Health Unit Project for the on-call Health Care Providers, who is to be hired in at Nafls 15.00/20.00 guilders per hour to work. The shift is namely

7:30a.m., to 1:30p.m., and then from 1:30p.m., to 7:30p.m. One of the on-call workers is identify to be called in on need e.g. for the late hours etc. if necessary.

The hiring of Temp workers should also include persons managing the 914 as there will be an increase of phone calls for information and clarification of such.

Based on the assessment a decision is taken of the type of intervention by the medical profession assigned to the medical container at the point in time.

**Because of the intervention, the passenger options are:**

to quarantine at home/hotel for 14 days with the instructions to monitor for symptoms and to contact their health care provider;

tested and instructed to go home/hotel on isolation;

information is provided and person(s) can go to their home/hotel with the instructions to monitor for symptoms and to contact their health care provider.

## GLOSSARY

- a. 'isolation' means separation of ill or contaminated persons or affected baggage, containers, conveyances, goods or postal parcels from others in such a manner as to prevent the spread of infection or contamination;
- b. 'medical examination' means the preliminary assessment of a person by an authorized health worker or by a person under the direct supervision of the competent authority, to determine the person's health status and potential public health risk to others, and may include the scrutiny of health documents, and a physical examination when justified by the circumstances of the individual case;
- c. 'point of entry' means a passage for international entry or exit of travelers, baggage, cargo, containers, conveyances, goods and postal parcels as well as agencies and areas providing services to them on entry or exit;
- d. 'public health event of international concern' means an extraordinary event which is determined, as provided in these Regulations:

- i. to constitute a public health risk to other Member States through the international spread of disease and
  - ii. to potentially require a coordinated international response;
- e. ‘quarantine’ means the restriction of activities and/or separation from others of persons who are ill or suspected of being ill or of suspect baggage, containers, conveyances or goods in such a manner as to prevent the possible spread of infection or contamination.

**ACRONYMS:**

ATS	Air Traffic Services
VSA	
CPS	
SARS-COV-2	
EVD	Ebola Virus Disease
HACCP	Hazard Analysis Critical Control Point
IAEA	International Atomic Energy Agency
IATA	International Air Transport Association
ICAO	International Civil Aviation Organization
IHR	International Health Regulations
ILI	Infl uenza-Like Illness
MERS-CoV	Middle Eastern Respiratory Syndrome– Corona Virus
NFP National (IHR)	Focal Point
OH	Occupational Health
PHA	Public Health Authority
PLF	Passenger Locator Form
PPE	Personal Protective Equipment
PoE	Points of Entry
SARPs	Standards and Recommended Practices
SARS	Severe Acute Respiratory Syndrome
SOP	Standard Operating Procedure

UN	United Nations
WHO	World Health Organization

## The process for the COVID19 Airport Project on call workers will include:

This process include the activity of medical and information intervention at the airport as well as review to ensure correct documentation of arriving passengers before arriving to immigration to enter the country. The identified processes for the medical team, which is to operate in the “Medical Container” includes the following:

### A. Conducting interviews

The assigned HCP will interview the travelers about COVID-19 disease in the medical container situated at the airport.

Interviews with travelers should include the following:

- taking the traveler’s temperature using no-touch thermometer technology;
- assessing the traveler for signs and symptoms suggestive of COVID-19 disease only by interviewing and observing – that is, POE personnel should not conduct a physical examination;
- taking a travel and contact history through the traveler’s completion of the Public Health Questionnaire Form, and evaluate the answers provided on the form; and
- making any additional observations noted by the interviewer.
- the traveler’s health form remains with the interviewer.

### B. Assessing travelers for COVID-19 disease

Assess signs, symptoms and history:

- Signs or symptoms of illness suggesting respiratory infection should be evaluated, including
  - o fever  $>38^{\circ}$  C or the traveler mentioning feeling feverish;
  - o cough;
  - o breathing difficulties.
- A history of possible exposure to the COVID-19 virus should be evaluated, including
  - o travel to a country with ongoing transmission of the COVID-19 virus 14 days prior to the onset of symptoms;
  - o a visit to any healthcare facility in a country with ongoing transmission in the 14 days prior to symptom onset;
  - o close physical contact during the past 14 days with a traveler suspected or confirmed to have COVID-19 infection;

o a visit to any live animal markets in a country with ongoing COVID-19 virus transmission in the 14 days prior to symptom onset.

Travelers suspected of COVID-19 infection after interview and who exhibit clinical symptoms consistent with respiratory infection or who have a history of possible exposure to the COVID-19 virus, or both. Notify relevant public health authorities. Report and register collected information to CPS.

### C. Reporting ill travelers with suspected COVID-19 infection

#### Planning

Establish a mechanism for communicating about suspected COVID-19 cases between POE health Authorities, Sea and Border Control, Local Health surveillance system and transport sector officials (for example, representatives of the national civil aviation and maritime authorities, conveyance operators and POE operators).

#### Procedures and means of communication

The following procedures and means of communication should be established.

- POE health authorities receives passenger and health information, documents, and reports from Operators/immigration regarding ill travelers on board, conduct preliminary assessments of the health risk and provide advice on measures to contain and control the risk accordingly.
- POE health authorities must inform the tourist representatives outside of the airport of the medical intervention.
- POE health authorities must inform the health surveillance system about any ill travelers who have been identified.

#### Reporting ill travelers

The following forms should be submitted to the POE health authority unless the State Party does not require their submission. These documents will assist in the collection of information about potential public health risks, such as ill travelers on board with clinical signs or symptoms suggestive of respiratory illness and possible exposure to the COVID-19 virus.

#### Air travel: health section of the aircraft General Declaration form

If the health section of the aircraft General Declaration form is not required for all passengers arriving by airplane, the country may consider making its submission mandatory for aircraft

arriving from areas affected by the COVID-19 outbreak, as defined by the health authority. The State Party shall inform aircraft operators or their agents of these requirements.

#### Sea travel: Maritime Declaration of Health

If the Maritime Declaration of Health is not required for all ships arriving from an international destination, the country may consider making its submission mandatory for international ships arriving from or passing through areas affected by the COVID-19 outbreak, as defined by the health authority.

#### D. Isolation, initial case management and referral of ill travelers with suspected COVID-19 infection

##### Isolation and initial case management

Ill travelers with signs and symptoms indicative of fever or respiratory infection, or both, who have a history of exposure to the COVID-19 virus should be isolated at the POE until they can be safely transferred to a healthcare facility for further assessment, diagnosis and treatment.

Take the following steps during the isolation period.

[] Place the traveler in a well-ventilated room (for example, with doors and windows open, weather permitting) that is designated for patients suspected to have COVID-19 disease.

[] If more than one traveler with suspected COVID-19 disease must wait in the same room, ensure there is at least 2 meters of space between individual travelers.

[] Ideally, there should be a dedicated bathroom for use only by people with suspected COVID-19 infection.

[] Provide information to patients and their family about the need for isolation, and address passengers' and families' concerns.

[] Ensure that the persons are informed of the necessary preventive measures and to call 914 if there are any concerns or questions.

☒ POE personnel should instruct suspected cases:

- o to wear a medical mask while they are waiting for transport to the healthcare facility;
- o not to touch the front of their mask. If they do touch the front of the mask, they must perform hand hygiene with an alcohol-based hand rub or soap and water. If the mask gets wet or dirty with secretions, it must be changed immediately;
- o practice respiratory hygiene at all times. This includes covering the mouth and nose during coughing or sneezing with tissues or a bent elbow if not wearing a mask, followed by performing hand hygiene with an alcohol-based hand rub or soap and water;
- o not to share spaces with people who are not suspected to have COVID-19 infection (for example, travelers with other illnesses waiting for interview).

☒ POE personnel should avoid entering the isolation area where suspected cases are waiting for transport. If they must enter, they should adhere to the following guidance.

- o Wear a tightly fitted medical mask that covers the nose and mouth when entering the room. The front of the mask should not be touched during use. If the mask gets wet or dirty with secretions, it must be changed immediately. After use, discard the mask in a waste bin, close the lid, and then perform hand hygiene with an alcohol based hand rub or soap and water.
- o POE personnel should clean their hands with an alcohol-based hand rub or soap and water before entering and after exiting the isolation room.
  - ☐ Tissues, masks and other waste generated in the isolation area and by travelers with suspected COVID-19 infection should be placed in a container with a lid in the isolation room and disposed of according to national regulations for infectious waste.
  - ☐ Frequently touched surfaces in the isolation area, such as furniture, light switches, sinks and bathrooms used by travelers with suspected COVID-19 infection need to be cleaned three times a day (morning, afternoon, night) by personnel wearing appropriate PPE.
  - o Cleaning should be done with regular household soap or detergent first and then, after rinsing with water, regular household disinfectant containing 0.5% sodium hypochlorite (that is, equivalent to 5000 ppm or 1 part to 9 parts water) should be used.
  - ☐ Travelers suspected to have COVID-19 infection should remain in an area that has a comfortable temperature and good ventilation, that has chairs or other places to sit, and they should be given

blankets, as needed. They should also be given food and water as needed and according to their ability to eat and drink; they must be kept in the most comfortable conditions possible.

## Preparations for transporting ill travelers with suspected COVID-19 infection

Transportation of ill travelers suspected of having COVID-19 infection to healthcare facilities for evaluation, diagnosis and medical care should be carried out rapidly to ensure early clinical care is provided and to avoid crowding suspected cases at the POE. Preparations should include:

- identifying healthcare facilities that can provide evaluation for, diagnosis of and medical care for people with COVID-19 infection;
- ensuring that safe transport by ambulance is available, if needed;
- ensuring that infection prevention and control precautions are in place, hand hygiene resources and PPE are available, and staff at the healthcare facility and those providing transport are trained in the correct use of PPE;
- establishing a process to inform the receiving healthcare facility about suspected cases prior to their transfer;
- addressing security issues that may arise during the transfer, if applicable;
- ensuring systematic recording of all personnel involved in screening and transporting travelers with suspected COVID-19 infection.

## Infection prevention and control considerations for ambulances and transport staff

- Transport staff should routinely perform hand hygiene and wear a medical mask and gloves when loading patients into the ambulance.
  - o If the traveler with suspected COVID-19 infection requires direct care (for example, physical assistance to get into ambulance) then transport staff should add eye protection (for example, goggles) and a long-sleeved gown to their PPE.
  - o PPE should be changed after loading each patient and disposed of appropriately in containers with a lid and in accordance with national regulations for disposal of infectious waste.
- The driver of the ambulance must remain separate from the cases (keeping more than 2 meters distance). If drivers must also help load cases into the ambulance, they should follow the PPE recommendations in the previous point.

- Transport staff should frequently clean their hands with an alcohol-based hand rub or soap and water and should ensure that they clean their hands before putting on PPE and after removing it.
- Frequently clean Ambulances and transport vehicles with disinfectant, with particular attention paid to the areas in contact with the suspected case. Cleaning should be done with regular household soap or detergent first and then, after rinsing, regular household disinfectant containing 0.5% sodium hypochlorite (that is, equivalent 5000 ppm or 1 part to 9 parts water) should be applied.

## Appendices:

Appendix 1: [International Health Regulations core capacities at PoE](#),  
[excerpted from IHR Annex 1\(B\)](#)

Core capacities at all times Annex 1B(1)	Core capacities during PHEIC Annex 1B(2)
Access to medical services and adequate staff, equipment and premises	Public health emergency response contingency plan
Access to equipment and personnel for transport of ill travelers to medical facility	Provide assessment and care for affected travelers or animals
Trained personnel for inspection of conveyances	Appropriate space, separate from other travelers, to interview suspect or affected travelers. If quarantine is necessary, it should preferably be undertaken at facilities away from the point of entry.
Safe environment for travelers using point of entry facilities (i.e. water, food, sanitary facilities)	Apply recommended measures to dis-insect, derat, disinfect, decontaminate or other measures to treat baggage, cargo, conveyances, goods or postal packages

Vector control program and trained personnel for the control of vectors and reservoirs	Apply entry or exit controls for arriving and departing travelers
Provide access to equipment and personnel for the transport of ill travelers to an appropriate medical facility;	Provide access to specially designated equipment, and to trained personnel with appropriate personal protection, for the transfer of travelers who may carry infection or contamination.

Appendix: Examples of situations that may trigger a response from port health authority (Note: this table is for trained medical personnel only and to be used by aircrew.)

Event/syndrome/signs and symptoms	Definition
Persistent fever	Fever of 38°C (100°F) lasting more than 48 hours
Bloody diarrhea	Three or more loose or watery stools in 24 hours and blood in stool
Severe diarrhea	Diarrhea (3 or more loose or watery stools in 24 hours) accompanied by signs of dehydration
Cluster or outbreak of diarrhea cases	Two or more cases of diarrhea (3 or more loose or watery stools in 24 hours)
Fever plus one of the following symptoms:	
Skin rash	Areas on the skin with multiple red bumps; red, flat spots, or blister-like bumps filled with fluid or pus that are intact or partly crusted over. Rashes may be discrete, run together and may include one or more areas of the body
Glandular swelling	Enlargement of glands located in the head, neck, or groin, notably of salivary or parotid glands or lymph nodes
Severe vomiting	Vomiting accompanied by signs of dehydration
Jaundice	Yellowish discoloration of skin, eyes and/or other bodily tissues or fluids
Convulsion	Intense, paroxysmal, involuntary muscular contraction or a series of such contractions

Bleeding	Noticeable and unusual bruising or bleeding from the gums, ears and nose or on areas of skin for which there is no obvious explanation
Recent paralysis	New or recently occurring weakness or partial or complete inability to move the arms, legs, or the muscles used for swallowing or breathing
Cough	Lasting for >2 weeks or cough with bloody sputum
Headache	Accompanied by neck stiffness
Decreased level of consciousness	Condition of an ill person when he or she is not fully aware of what is going on around himself or herself, may appear confused, or may be unusually difficult to awaken. An ill person with decreased consciousness may not know the date or their name
Prostration	Total exhaustion or weakness; collapse
Shortness of breath	Gasping for air; unable to catch his or her breath; breathing too fast and struggle to get enough air
Respiratory symptoms (influenza-like illness, ILI)	ILI: A person with sudden onset of fever of $\geq 38^{\circ}\text{C}$ ( $100^{\circ}\text{F}$ ) and cough or sore throat in the absence of other diagnoses
Non-traumatic death	Death resulting from a cause other than an accident

Appendix 2. **Secondary screening form (in the medical container)**

Form A0: Minimum data reporting form- for suspected and probable COVID-19 cases

Unique Case ID Go Data

--

<b>1. Case status</b>	
Suspected/probable/confirmed/death	
<b>2. Data collection</b>	
Name data collector CPS	
Form completion date	__/__/__
<b>3. Case information</b>	
First name	
Last name	
Sex	Male/ Female/ Not known
Date of birth	__(Day)/__(Month)/__(Year)
Nationality	
Telephone number	
Email	
Address/Hotel	
Country of residence	
ID send	Yes/ No
Name family doctor	
Called family doctor	Yes/ No If yes: date __/__/__
<b>4. Interview contact person</b>	
Name	
Relationship to case	
Telephone number	
<b>5. Underlying conditions</b>	
Underlying conditions + medications	
<b>6. Diagnostics</b>	
PCR test performed	Yes/ No Result: positive/negative Date: __/__/__
Serology performed	Yes/ No IgM: positive/ negative IgG: positive/ negative Date: __/__/__
Rapid test performed	Yes/ No IgM: positive/ negative IgG: positive/ negative Date: __/__/__

CT-scan performed	Yes/ No Result: suspect/ not suspect Date: __/__/__
<b>7. Symptoms</b>	
Date of first symptom onset	__/__/__
Fever (38°C or higher)/history of fever	Yes/ No, If yes: date of onset: __/__/__ °C:
Sore throat	Yes/ No, If yes: date of onset: __/__/__
Runny nose	Yes/ No, If yes: date of onset: __/__/__
Cough	Yes/ No, If yes: date of onset: __/__/__
Shortness of breath	Yes/ No, If yes: date of onset: __/__/__
Vomiting	Yes/ No, If yes: date of onset: __/__/__
Nausea	Yes/ No, If yes: date of onset: __/__/__
Diarrhea	Yes/ No, If yes: date of onset: __/__/__
Loss of taste	Yes/ No, If yes: date of onset: __/__/__
Other symptoms	Yes/ No, If yes, specify: Date of onset: __/__/__
<b>8. Exposures 14 days before symptom onset</b>	
International travel	Yes/ No If yes, date of travel: __/__/__ to __/__/__ Countries visited: Cities visited: Modes of transport:
Contact with a person who travelled recently	Yes/ No
Contact with anyone with suspected or confirmed COVID-19 infection	Yes/ No If yes: date: __/__/__
Attended mass gatherings (church/wedding/funeral/entertainment)	Yes/ No If yes, specify: Date: __/__/__
Location(s) of exposure	Home/ Hospital/ Work/ Airport/Plane/Vessel Specify:
Visit outpatient treatment facility	Yes/ No If yes, specify: Date: __/__/__
Visit inpatient health facility	Yes/ No If yes, specify: Date: __/__/__
Visit traditional healer	Yes/ No If yes, specify: Date: __/__/__
Occupation	Working/student/retired/other Specify:
Occupation - employer	
<b>Date revision is July 17<sup>th</sup>, 2020-CPS</b>	

Close contact is defined as travelling with someone suspected or confirmed to have COVID-19 disease in any kind of transportation, which applies to all people within two seats in every direction from the probable or confirmed case, as well as to the cabin crew in an airline; healthcare-associated exposure includes providing direct care to a suspected or confirmed case of COVID-19 infection, working with healthcare workers suspected or confirmed to have COVID-19 infection without taking appropriate specific droplet and contact precautions; visiting patients or staying in the same environment as a suspected or confirmed COVID-19 patient; and working in close proximity to or sharing the same classroom environment with a suspected or confirmed COVID-19 patient.

Most household bleach solutions contain 5% sodium hypochlorite. Recommendations on how to calculate the dilution from a given concentration of bleach can be found at

<https://www.cdc.gov/hai/pdfs/resource-limited/environmental-cleaning-508.pdf>.

Disinfectants other than chlorine can be used, provided they have demonstrated efficacy against an enveloped virus in the time required for surface disinfection.

Source: © World Health Organization 2020. Some rights reserved. This work is available under the [CC BY-NC-SA 3.0 IGO](https://creativecommons.org/licenses/by-nc-sa/3.0/) licence. WHO reference number: [WHO/2019-nCoV/POEmgmt/2020.1](https://www.who.int/publications/iitem/9789241501512). Disinfectants other than 0.5% sodium hypochlorite can be used, provided they have demonstrated efficacy against an enveloped virus in the time required for surface disinfection.