

STRENGTHENING CORE CAPACITIES AT PORTS

TOOL FOR PUBLIC HEALTH EMERGENCY CONTINGENCY PLAN DEVELOPMENT AND ASSESSMENT FOR PORTS

Milestone 7.9 – Deliverable 7.2

Version 1

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Abbreviations

COVID-19-PHECP	COVID-19-specific public health emergency contingency plan
CPHA	Competent Public Health Authority
CRPM	Cruise Restart Process Map
ECDC	European Centre for Disease Prevention and Control
EMSA	European Maritime Safety Agency
EU	European Union
IHR	International Health Regulations
IMO	International Maritime Organization
MS	Member State
PHECP	Public health emergency contingency plan
PPT	Preparedness Planning Team
SIS	EU SHIPSAN Information System
SOP	Standard Operating Procedure
WHO	World Health Organization

1. Introduction

This is Milestone 7.9 “Tool for public health emergency contingency plan development and assessment at ports”, part of Deliverable 7.2 “Strengthening core capacities” of Work Package 7 “Maritime transport” of the HEALTHY GATEWAYS Joint Action. The HEALTHY GATEWAYS Joint Action has received funding from the European Union (EU), in the framework of the Third Health Programme (2014-2020).

According to Grant Agreement Number 801493, a tool for public health emergency contingency plan (PHECP) development and assessment will be developed based on best practice identification results and considering existing guidance from the World Health Organization (WHO)¹⁻⁵, and will be finalised in view of pilot testing results in two countries using different event scenarios for health threats. The Joint Action has been operating in an emergency mode since January 2020 in order to support response of EU Member States (MS) to the COVID-19 pandemic, and in this framework, specific guidelines were prepared for adapting the generic PHECP to a COVID-19-specific port public health emergency contingency plan (COVID-19-PHECP). The working group members who contributed to the development of this deliverable are mentioned at the end of the document.

This deliverable provides a template of a generic public health emergency contingency plan for all types of public health threats including infectious diseases, vectors, chemical and radiological threats as per International Health Regulations (IHR 2005) Annex 1B (Annex 1), which must be in place at all times at designated ports. Moreover, this deliverable provides practical guidelines specifically for restarting cruise ship operations after lifting restrictive measures enforced in response to the COVID-19 pandemic, in the format of a process map (Annex 2 and Annex 3). A template is provided for adapting the generic PHECP specifically for preparedness and response to COVID-19 cases on cruise ships at a port (designated or not) (Annex 4).

2. Purpose

The purpose of this technical tool is to suggest concrete steps for developing or assessing current port-specific PHECPs and protocols, not to replace them. The tool focuses on assisting local stakeholders at the port and country level where the IHR 2005 and/or Decision No1082/2013/EU on serious cross-border threats to health is implemented in practice ^{6,7}.

The tool has taken into consideration several guidance documents and scientific publications. A list of references is presented at the end of the tool. In addition, the tool has considered the HEALTHY GATEWAYS Best Practice Survey.

3. Target audience

The target audience is personnel working in public health authorities, as well as port administration authorities at local port level in EU MS who are responsible for preparedness and response at designated ports in accordance with Decision No1082/2013/EU and the IHR (2005)^{6,7}. This tool is also addressed to conveyance operators, as their policies and plans should ensure interoperability with the contingency plans of the ports.

4. Planning considerations

4.1. International and national laws and regulations

The local operational PHECP needs to be supported by local, sub-national and national legislation, policies and procedures, as well as international legislation². Examples of relevant legislation include:

- *IHR (2005)* ⁷
- *Decision No1082/2013/EU on serious cross-border threats to health* ⁶
- *National legislation on implementing Decision No1082/2013/EU and IHR (2005)*
- *COUNCIL DIRECTIVE 2008/114/EC of 8 December 2008 on the identification and designation of European critical infrastructures and the assessment of the need to improve their protection*
- *Other relevant national legislation, e.g.:*
 - a. *National communicable disease legislation*
 - b. *National maritime legislation*
 - c. *National crisis legislation*
- *Local rules and regulations*

According to IHR (2005) ⁷, each country shall designate at least one port as a designated port and:

- (a) ensure that certain core capacities for designated ports are developed;
- (b) identify the competent authorities at each designated point of entry in its territory; and
- (c) furnish to WHO, as far as practicable, when requested in response to a specific potential public health risk, relevant data concerning sources of infection or contamination, including vectors and reservoirs, at its points of entry, which could result in international disease spread.

The e-SPAR is a web-based platform proposed to support WHO State Parties of the IHR to fulfil their obligation to report annually to the World Health Assembly (WHA) on the implementation of capacity requirements and to encourage the transparency and mutual accountability between States Parties. State parties provide information on both which ports are designated and the status of implementation of IHR capacities through e-SPAR: <https://extranet.who.int/e-spar>.

It is a legal responsibility to maintain a port public health emergency contingency plan (PHECP) at designated ports, according to IHR (2005) Annex 1B.

In particular, for responding to events that may constitute a public health emergency of international concern, the designated port must have the capacities:

(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 recommended measures to disinfect, decontaminate or otherwise treat baggage, cargo, containers, conveyances, goods or postal parcels including, when appropriate, at locations specially 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.

4.2. Public health risks to be considered

The generic PHECP should consider all types of public health risks and the health measures that will need to be implemented in case of emergencies on ships and at the port. Public health risks include:

- *infectious diseases,*
- *vectors or infestations,*
- *environmental events with public health impact and potential for international spread (e.g. unsanitary conditions, contaminated ballast water),*
- *events due to chemical hazards,*
- *events due to radiological hazards and*
- *events of unknown origin.*

Each port should develop a generic PHECP based on the current capacities available and after considering the risk profile of the port².

When needed, for example in case of a specific public health risk such as an outbreak or a pandemic, the generic PHECP should be adapted and specialised as appropriate, in order to respond to the specific public health risk.

4.3. Preparedness Planning Team (PPT)

A PPT should be established, consisting of a wide range of experts and agencies with experience in public health, risk assessment and the operation of the ports. Stakeholders responsible for main operational decisions need to be part of the PPT, which is the key structure for planning and continuous updating of the plan². For optimal efficiency, the PPT should not exceed 10 to 12 people. In addition, technical experts and other agencies may be invited ad hoc to provide further input and advice on their area of expertise, and where applicable, agree through a written agreement plan on their role and responsibilities in the generic PHECP. The stakeholder with key responsibility for operational decisions in real-life events is most suitable to take lead in managing the PHECP, and ensure it is kept up to date and continuously revised.

Actors that could be involved in the planning and/or implementation phase are the following:

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|--|---|
| • <i>Competent public health authority (CPHA)</i> | • <i>Rescue services</i> |
| • <i>Travel medicine service providers</i> | • <i>Service providers for decontamination</i> |
| • <i>Civil protection</i> | • <i>Service providers for waste disposal</i> |
| • <i>Port risk- and crisis manager, or equivalent</i> | • <i>Vector control authorities</i> |
| • <i>Police authority and security company(ies)</i> | • <i>Public health surveillance units</i> |
| • <i>Border control</i> | • <i>Primary health care bodies</i> |
| • <i>Customs</i> | • <i>Hospitals</i> |
| • <i>Port Authorities</i> | • <i>Fire departments</i> |
| • <i>Prefecture and/or municipality representative</i> | • <i>First aid stations and ambulatory services</i> |
| • <i>Port pilots</i> | • <i>Environmental health authority</i> |
| • <i>Ship operators and/or their agents</i> | • <i>Occupational health authority</i> |
| • <i>Private operators at ports</i> | • <i>Local authority for death registries</i> |
| • <i>Port Master, port administration, port officers</i> | • <i>Governmental experts especially for chemical and radiological events</i> |
| • <i>Port state control</i> | • <i>External subject matter experts depending on the needs</i> |
| • <i>Veterinary services</i> | • <i>Contractors responsible for the container loading areas, container</i> |
| • <i>Agricultural services</i> | |
| • <i>Border guards</i> | |
| • <i>Immigration services</i> | |
| • <i>Stevedores</i> | |

- | | |
|---|---|
| <ul style="list-style-type: none"> Laboratories (microbiological, chemical, radiological, vector, veterinary etc.) | <p><i>consignees and consignors</i></p> <ul style="list-style-type: none"> Armed forces – navy |
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Once the generic PHECP is prepared, agreed and published, regular meetings of the PPT are suggested to be held at least once a year, preferably in person. Additional ad hoc meetings are needed if new information on public health events must be considered and/or new members of the PPT are appointed.

4.4. Communication plan

A five pillar communication plan should be incorporated in the port PHECP and must ensure the direct flow of information and secure the generated information every time. The communication plan must include the following components:

- Internal communication (among the persons working for the port administration)
- Communication between the port and the other complementary authorities and/ or service providers at local, regional or central level (e.g. port state control, customs, first aid stations, local health authorities, Ministry of Health, medical services, hospitals, ambulatory services, veterinary authorities, agricultural authorities, contractors such as those responsible for the container loading areas, container consignees and consignors, etc.)
- Communication with other points of entry, such as airports and land transport connections including trains and bus services, either directly or through a central point at national or regional level
- Communication between the port and the ships/shipping companies
- Communication between the ports in the ship itinerary (inside the country or outside the country). The EU SHIPSAN Information System (SIS) provides a platform for the public health authorities in the EU to share information about public health events that occurred on ships (<https://sis.shipsan.eu/>)
- Risk communication strategy targeting the travelling public and the port staff

The general principles for communications including identification of gaps, consistency of messaging between stakeholders, establishing the interactions between communication channels, accessibility to and actionable by decisions-makers etc. can be found in the WHO strategic framework for effective communications ⁸.

More details about the communication plan are given in Annex 1 and Annex 4.

4.5. International, national, regional and local considerations

To identify the existing core response capacity at the port, a core capacity assessment should be conducted utilizing the WHO Core Capacity Assessment Tool at each designated port ⁵. Information from annual self-assessments of ports' core capacities can be found through the e-SPAR platform. If the assessment has been completed in the past, then the results should be taken into consideration during the planning phase. Moreover, if a joint external evaluation of core capacities of the port has been conducted, then the results and recommendations should be taken into consideration⁴. A list of all the joint external evaluation reports conducted so far can be found here: <https://www.who.int/ihr/procedures/mission-reports/en/>

Other relevant plans that may be available to inform the integrated planning process may include the following²:

- national health and emergency management legislation and policies;
- national and local plans for public health emergency response;
- civil defence or civil protection legislation and policies;
- linked documents from regulatory agencies such as customs, biosecurity, police and military;
- maritime port and industry regulations and plans;
- operator security plans in the framework of the Directive 2008/114/EC
- specific port policies, operational plans and emergency plans;
- port site plans, safety equipment register and map of locations;
- specific service provider operational capability documents and contracts;
- additional guidance documents on public health, communicable diseases and international travel, ship and ports prepared by WHO, IMO;
- vector management plan
- previous public health or emergency management plans for the port;
- existing “after action” or “post incident” reports or reviews from previous port public health responses
- Policies and contingency plans of other points of entry (i.e. nearby airports and ground crossing stations)

Statistical data should be considered in the planning phase in regard to the number of ship visits, the type of ships, the volume of passengers and crew members and their origin who pass through the port facilities, as well as the technicians, harbour pilots, authorities, truck drivers, regular visitors etc., the types of cargoes handled in the port, and the previous and next ports of calls of the ships that

are calling the ports. These are factors to be considered in the public health risk assessment before developing the port PHECP, as well as to ensure that health measures are in place as part of the PHECP to be developed so as to be implemented when needed.

4.6. Accessibility of the plan - public and/or confidential

In accordance with regional and national legislation, stakeholders need to determine whether the local PHECP (or parts of it) should be public or confidential. Commonly, the general scheme of the PHECP will be public, whereas specific parts of the PHECP will remain confidential. An executive summary of the PHECP accessible to the public increases confidence and general preparedness in case of a public health event.

Suggested elements of the PHECP to be kept public:

- Executive summary and headings
- International, national and local legal frameworks and agreements;
 - IHR (2005)
- A list of links to documents that may be of public interest
 - Regional and national pandemic plans
 - Information on relevant infectious diseases
 - Other relevant contingency plans
 - Guidelines from WHO, ECDC and others
- Responsibility of each involved stakeholder
- Official links to stakeholders

Suggested elements of the plan to be kept confidential:

- Operational contact lists of stakeholders
- Map of port
- Operational activities such as Standard Operating Procedures (SOPs), emergency service access ways, dedicated facilities, etc.

4.7. Interoperability of the port PHECP with other plans

The PPT should ensure interoperability of the PHECP with the following plans:

- General port emergency plan
- Port safety plan
- Port vector management plan
- Civil protection local plans
- National/ central public health emergency plans

- Any relevant contingency plan at local, regional or national level should be considered in the development phase to ensure interoperability and harmonization
- Public health emergency plans of the ships that are calling at the port

Steps to be considered when linking a port PHECP with regional and/or national contingency plans for public health events are:

- Review the port PHECP as well as regional/national public health contingency plans in place;*
- Adapt the local PHECP to link with the regional/national plans;*
- Collaborate with actors responsible for the regional/national plans in order to secure a continuous link and have written agreements in place among the various actors from both the public and private sectors.*

In addition, each local stakeholder is responsible for harmonizing their internal plans, routines and SOPs with the local PHECP.

Memorandums of Understanding or other agreements as applicable should be signed between all the different sectors (public and private) involved in the response to public health events and procedures, as described in the PHECP and the other relevant protocols.

5. Port PHECP testing, review and training

Once the PHECP is drafted, it should be reviewed and agreed by all relevant stakeholders who have a role in its implementation, and then tested by table top or simulation exercises. After the PHECP has been finalised, it should be published to all agencies involved. The personnel involved should be trained on the procedures relevant to the PHECP.

Regular exercises, drills and training/briefing should be conducted after the initial development of the PHECP. A training calendar and an exercise calendar could be developed defining the frequency of training events and the exercises, the objectives, and the target audience. The frequency will depend on the needs, circumstances and the tasks to be tested and could be monthly, bimonthly, twice a year or annually. For example, a full scale exercise could be organised once a year, while others could be organised more frequently, such as refresh training courses and drills for exercising practical skills on the use of specific equipment.

The PHECP should be regularly reviewed, updated and maintained based on feedback from the training, the exercises, experience from application of the PHECP to real public health events and possible changes to the facilities and/or capacities of the port. The same process should be followed for all other procedures and protocols developed that are part of the SOPs developed.

6. Generic PHECP for designated ports

Annex 1 of the present document provides a template for a generic PHECP for designated ports addressing all types of public health risks. The following paragraph describes how the generic PHECP should be adapted specifically for the COVID-19 pandemic.

7. Adapted COVID-19-PHECP

The development of the generic PHECP as described in Annex 1 should precede the development of any specific plan, including the COVID-19 specific public health emergency contingency plan (COVID-19-PHECP). The COVID-19 pandemic revealed gaps in the preparedness and response plans of ports worldwide, especially for responding to public health events on cruise ships as well as cargo ships, particularly with regard to the safety and health of seafarers.

To contribute to a safe restart of cruise operations, a Cruise ReStart Process Map (CRPM) was developed in order to facilitate the agencies involved in the development of a COVID-19-PHECP. This map includes the processes and protocols required in order to safely restart cruising operations and can be found in Annex 2. Explanatory notes for the CRPM can be found in Annex 3. The template for the COVID-19-specific public health emergency contingency plan can be found in Annex 4.

The local port level authorities should cooperate with the central national level authorities in order to define the ports capacities in the country. According to the core capacities, it should be defined which ports can safely manage public health events both on ships that are calling the port, as well as at the port facilities. This should be communicated to the relevant stakeholders so as to proceed with the agreements for ship calls respecting the port capacities. In particular, each port should assess the capacities available locally at the port and decide after considering different possible scenarios for COVID-19 outbreaks on the scale of public health events that can be managed at any time at the port. Based on this, the port together with the central level authority should determine for how many ships and for what capacity the port can act as a “contingency port”, and/or “home port”, and/or “transit port”. The central level authority is important to define, after considering the port capacities for all the ports in the country, their role as contingency/home/transit port.

For the purposes of the current guideline, the following definitions are provided for the ports, depending on their role:

“Home port”: the port where cruise ship passengers embark to start the cruise and disembark the cruise ship at the end of the cruise.

The home port should fulfil the criteria of a contingency port. Each ship should have at least one contingency port as part of a 7 nights’ itinerary. The home port should always be the contingency port, but additional contingency ports could be defined.

“Contingency port”: the port for which interoperability of the ship’s contingency plan and the port’s contingency plan has been ensured, and agreed that any potential COVID-19 outbreak on board this

cruise ship will be managed at this port, including complete evacuation of the cruise ship if needed and isolation/quarantine of cases/contacts.

“Transit port”: the port of call which is an intermediate stop for a cruise ship on its sailing itinerary, where passengers will get on or off ship for excursions.^[1]

The guidelines for a COVID-19 specific public health emergency contingency plan should be read in conjunction with the following documents:

- a) EU HEALTHY GATEWAYS Interim advice for restarting cruise ship operations after lifting restrictive measures in response to the COVID-19 pandemic (Version 1 - 30 June 2020)⁹ https://www.healthygateways.eu/Portals/0/plcdocs/EU_HEALTHY_GATEWAYS_COVID-19_RESTARTING_CRUISES.pdf?ver=2020-07-08-131911-653;
- b) EMSA-ECDC COVID-19: EU Guidance for Cruise Ship Operations. Guidance on the gradual and safe resumption of operations of cruise ships in the European Union in relation to the COVID-19 pandemic (Date: 27 July 2020)¹⁰ <https://www.ecdc.europa.eu/en/publications-data/COVID-19-cruise-ship-guidance> and
- c) WHO Operational considerations for managing COVID-19 cases/ outbreak on board ships (Interim guidance) 25 March 2020¹¹. <https://www.who.int/publications/i/item/operational-considerations-for-managing-covid-19-cases-outbreak-on-board-ships>

^[1] Embarkation at transit ports is allowed provided that all the relevant measures are applied.

Annexes

Annex 1: Template - Generic public health emergency contingency plan for designated ports

Annex 2: Cruise Restart Process Map (CRPM)

Annex 3: Explanatory notes for the Cruise Restart Process Map

Annex 4: Template - Adapted COVID-19 – specific public health port emergency contingency plan

References

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