Healthy GateWays

Co-funded by
the Health Programme
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STRENGTHENING CORE CAPACITIES AT PORTS

TOOL FOR CONTINGENCY PLAN DEVELOPMENT AND ASSESSMENT FOR PORTS

Milestone 7.9 – Deliverable 7.2

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

Version 1

19 February 2021 [1]

This annex provides a recommended structure and instructions for developing the generic public health emergency contingency plan (PHECP) in accordance with the World Health Organization (WHO) "A guide for public health emergency contingency planning at designated points of entry" 2012 available from: https://www.who.int/publications/i/item/international-health-regulations-(-2005)-a-guide-for-public-health-emergency-contingency-planning-at-designated-points-of-entry (1). Moreover, this annex should be read in conjunction with the WHO Handbook for management of public health events on board ships available from: https://www.who.int/ihr/publications/9789241549462/en/ (2).

[1] The EU HEALTHY GATEWAYS Joint Action has received funding from the European Union, in the framework of the Third Health Programme (2014-2020). The content of this document represents the views of the author only and is his/her sole responsibility; it cannot be considered to reflect the views of the European Commission and/or the Consumers, Health, Agriculture and Food Executive Agency (CHAFEA) or any other body of the European Union. The European Commission and the Agency do not accept any responsibility for use that may be made of the information it contains.

Contents

Abbreviations

CPHA	Competent Public Health Authority
CRPM	Cruise Restart Process Map
ECDC	European Centre for Disease Prevention and Control
EOC	Emergency Operations Centre
EU	European Union
EWRS	Early Warning and Response System
IHR	International Health Regulations
IMGS	International Medical Guide for Ships
IMO	International Maritime Organization
MS	Member State
PHECP	Public Health Emergency Contingency Plan
NFP	National Focal Point
POE	Point Of Entry
PPE	Personal Protective Equipment
SOP	Standard Operating Procedure
WHO	World Health Organization

Front page

Name of the sponsoring agency by name (who owns the PHECP): _____
Sponsoring agency logo: _____
Name of the port for which the PHECP has been prepared: _____
Date of PHECP publication: _____

Foreword

Foreword highlighting for example the importance of the PHECP, a summary description of key points, acknowledgments of key contributors, etc.: _____

Notes
A foreword to the PHECP can be included and provided by the highest ranking official responsible for public health in the region or in the country (e.g. Minister of Health).
It is also suggested to have the foreword countersigned by a senior official from the port.

Review history

List with the numbers of versions and the dates each version is published: _____

Notes
After each exercise or emergency event, a formal review and update of the PHECP should be conducted accordingly with the key lessons learnt.
A designated person should always be assigned to maintain the current version of the PHECP.
When a new version is created, all parties should receive the new copy and the old version is archived.
Agencies or service providers using different versions of the PHECP could potentially cause the failure of a response.

1. SECTION 1: Introduction

Notes
This section can present the mandate of the PHECP, the authorizing agency/agencies, and the policies, laws and regulations at international, national and local level that were used to develop the PHECP (1).

1.1. Reading the PHECP

Instructions for reading and using the PHECP: _____

Notes
Instructions on how to use the PHECP could be presented in this section, based on the way the PHECP is structured and formatted for the specific port.

1.2. Purpose of the PHECP

Purpose: _____

Specific objectives: _____

Target audience: _____

Specific events that are relevant to the PHECP: _____

Notes

Examples for the content of this paragraph:

The purpose of the PHECP can be to protect the health of the travelling public, staff at the port and the receiving population in the country, by responding to a potential public health risk or public health emergency of international concern at the port.

The objectives of the PHECP can be: a) to describe the agreement of the stakeholders on their roles and responsibilities as well as the procedures to be implemented when responding to a public health event and b) to inform agency stakeholders and response personnel about actions to take and information to use to achieve a successful response.

The target audience can be any person with responsibility to respond to a public health event at the port (working at central, regional or local level).

Events that are relevant to the PHECP can be any public health risk that justifies activation of the PHECP, or public health emergencies of international concern. International Health Regulations (IHR 2005) defines a public health risk as "a likelihood of an event that may affect adversely the health of human populations, with an emphasis on one which may spread internationally or may present a serious and direct danger". IHR (2005) defines public health emergencies of international concern as "means an extraordinary event which is determined, as provided in these Regulations: (i) to constitute a public health risk to other States through the international spread of disease and (ii) to potentially require a coordinated international response".

1.3. Entry into force

Date of entry into force of the PHECP: _____

1.4. Legal framework and competencies

Legal framework relevant to the PHECP at the local level (e.g. port, municipality): _____

Legal framework relevant to the PHECP at the regional level (e.g. region, prefecture, federal administration etc.): _____

Legal framework at the national central level: _____

___

Legal framework at the international level: _____

Competent authorities that are responsible/share a responsibility for the PHECP development and/or implementation, and relevant documents from which this responsibility derives: ____

Notes

This section includes a description of the legislation at international, European and national level (local and central). Moreover, it describes any other document relevant to the port operation and sub-national regulations that the port has to comply with. The name of the competent authorities that are responsible for the PHECP of the port should be listed in this section, and reference to the relevant documents from which this responsibility derives should be included.

Examples of legislation documents are:

- *IHR (2005)*
- *EU Decision 1082/2013 on serious cross-border threats to health*
- *National legislation on implementing EU Decision 1082/2013 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*
- *National/local communicable disease legislation*
- *National/local maritime legislation*
- *National/local crisis legislation*

1.5. Characterization degree of security

Degree of security: _____

Notes
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 PHECP 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.*

1.6. Relationship with other plans

Competent authority	Title of plan	Contact details of liaison person
Local level		
Regional level		
Central level		

Notes

This section includes information about other plans that this PHECP is linked with.

This PHECP should be integrated into the existing contingency plans of the port. All relevant plans at a local or central level that relate to this PHECP should be identified and presented in a table. The interoperability of these plans should be ensured.

In order to ensure a permanent link between this PHECP and the rest of the plans, any revision of the PHECP should be shared with the relevant competent authorities responsible for the linked plans.

Examples of plans are:

- *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;*
- *vector management plans;*
- *specific port policies, operational plans and emergency plans;*
- *operator security plans in the framework of the Directive 2008/114/EC*
- *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;*
- *previous public health or emergency management plans for the port;*
- *policies and contingency plans of other points of entry (i.e. nearby airports and ground crossing stations);*
- *existing "after action" or "post incident" reports or reviews from previous port public health responses.*

1.7. Other information

Any other information relating to the document of the PHECP which is not related to the operational response should be included in the paragraph.

2. SECTION 2: Operational response

The second part of the PHECP should describe the actual operational response. It should describe the structure of the command and control structures, along with the responsibilities of each part involved. Additionally, it should describe the initial actions and protocols as well as the activation and deactivation procedures (1).

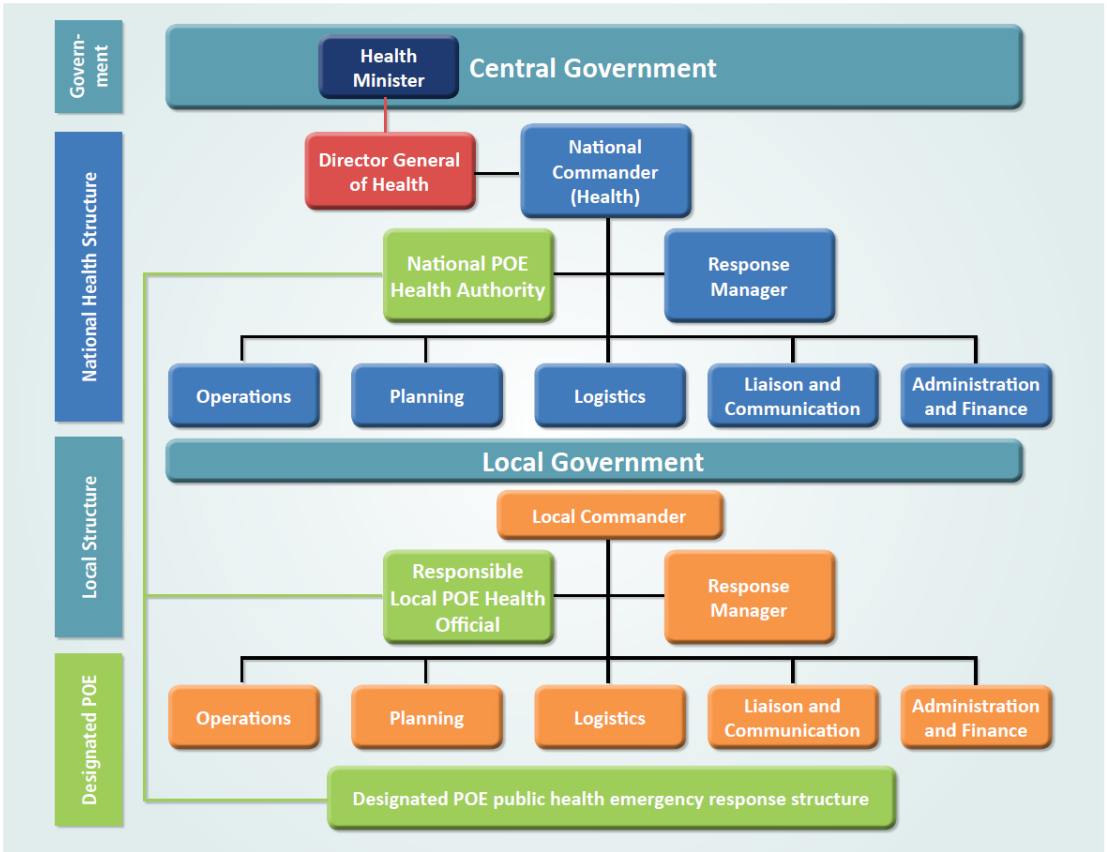
2.1. Command and control structures

A detailed organization chart should be constructed, presenting all the authorities involved at both local and national level. The relationships between all the involved parties should be clear.

2.1.1. Central command and control structure

An organizational chart of the country's central command and control structure can be included here (e.g. showing where the port is positioned related to other local and central structures/functions).

Example extracted from the WHO "A guide for public health emergency contingency planning at designated points of entry" 2012 available from: https://www.who.int/publications/i/item/international-health-regulations-(-2005)-a-guide-for-public-health-emergency-contingency-planning-at-designated-points-of-entry (1)

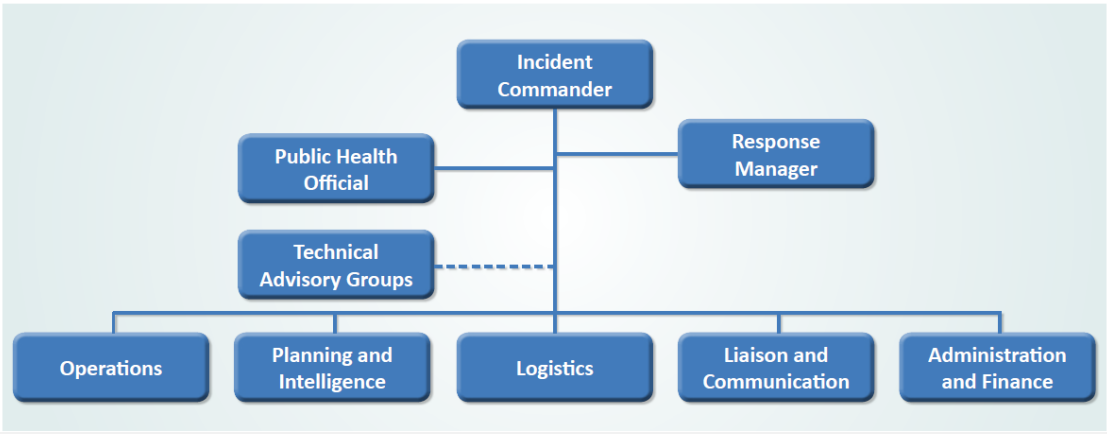


Source: World Health Organization "A guide for public health emergency contingency planning at designated points of entry" 2012 available from: https://www.who.int/publications/i/item/international-health-regulations-(-2005)-a-guide-for-public-health-emergency-contingency-planning-at-designated-points-of-entry *(1)*

2.1.2. Local (port) command and control structure

This section can include an adapted command and control structure for the port to model the response system used by national authorities.

Example extracted from the WHO "A guide for public health emergency contingency planning at designated points of entry" 2012 available from: https://www.who.int/publications/i/item/international-health-regulations-(-2005)-a-guide-for-public-health-emergency-contingency-planning-at-designated-points-of-entry (1)



Source: World Health Organization "A guide for public health emergency contingency planning at designated points of entry" 2012 available from: https://www.who.int/publications/i/item/international-health-regulations-(-2005)-a-guide-for-public-health-emergency-contingency-planning-at-designated-points-of-entry *(1)*

2.2. Roles and responsibilities

Responsibilities are shared among authorities at local, intermediate and central levels, ship staff and ship operators, as well as ports at the same or other countries.

Responsibilities for an outbreak investigation should be defined in the PHECP including which port will coordinate an outbreak investigation (the home port preferably), where laboratory tests will be conducted, and how results of the outbreak investigation will be shared among the competent authorities in the ports of call.

Responsibilities of ship operators and ship staff should also be defined in the PHECP and some examples include: surveillance for disease on board the ship, data collection such as symptoms onset, diagnosis results, cabin number, contacts, etc., reporting of public health events, any information needed for outbreak investigation.

The roles and responsibilities of all the bodies involved should be described in detail. The roles and responsibilities can be described in a table format, and for each role details should be included regarding the responsibilities, the decisions and the deliverables of each party involved. It should be well defined about who each body must report to. The roles and responsibilities of bodies at national level should also be detailed, as well as the roles and responsibilities for any other supporting structure or external company (1).

*Examples of response **functions/roles** that could be included for the specific port are:*

Operations team
-Operations manager
-Operations analysts
-Operations support role

Logistics team
- Logistic manager
- Logistics support role
- Procurement manager

Planning and Intelligence team
- Planning manager
- Intelligence manager
- Response planner
- Intelligence analyst
- Planning support
- Intelligence support
- Geospatial information services specialist
- Report writer

Administration and Finance team
- Administration manager
- Resource and personnel rostering
- Administration support
- Finance manager
- Finance support

*Examples of measures that **responsibilities** should be defined for and tasks should be allocated to the staff:*

Outbreak investigation Public health measures with respect to travellers
- Review travel history in affected areas
-Review proof of medical examination and any laboratory analysis
-Medical examinations
-Review of proof of vaccination or other prophylaxis

-Requirement of vaccination or other prophylaxis
-Placement of persons suspected of exposure under public health observation
-Quarantine for travellers suspected of exposure
-Isolation and treatment of affected persons
-Contact tracing of suspected or affected persons
-Restriction/refusal of entry or exit of travellers
-Exit screening at ports
-Entry screening at ports

Public health measures with respect to ships and inanimate objects
-Inspections
-Review of manifest and routing
-Review of proof of measures taken on departure or in transit to eliminate infection or contamination
- Treatment of the baggage, cargo, containers, conveyances, goods, postal parcels or human remains to remove infection or contamination, including vectors and reservoirs
-Disinfection
-Deratting
-Disinfection
-Decontamination
-Specific health measures to ensure the safe handling and transport of human remains
-Isolation and quarantine
-Seizure/destruction of infected or contaminated ships and other inanimate objects
-Supervision of removal and safe disposal of contaminated matter from a ship
-Refuse departure or entry of a ship

Public health measures for affected animals
-Review proof of veterinary examination and any laboratory analysis
-Veterinary examinations
-Review of proof of vaccination or other prophylaxis
-Requirement of vaccination or other prophylaxis
-Placement of animals suspected of exposure under public health observation
-Quarantine for travellers suspected of exposure
-Isolation and treatment of affected animals

2.2.1. Command and control roles for central level

*This section could include a **table** describing roles and responsibilities of the country's central command and control structure.*

Who		What			When		How	Communication and reporting	
Agency	Responsible person	Role	Responsibilities	Tasks	Time frequency	Decisions/ deliverables	SOPs	Reports to	Receives commands from

2.2.2. Command and control roles for local (port) level

*This section could include a **table** describing the roles and responsibilities of the local (port) level command and control structure.*

Who		What			When		How	Communication and reporting	
Agency	Responsible person	Role	Responsibilities	Tasks	Time frequency	Decisions/ deliverables	SOPs	Reports to	Receives commands from

2.2.3. Roles and responsibilities of external agencies supporting response operations

This section could include a description of the roles and responsibilities of relevant external agencies. Examples of external agencies could include transport/logistics agencies, contracted services etc.

Who		What			When		How	Communication and reporting	
Agency	**Responsible person**	**Role**	**Responsibilities**	**Tasks**	**Time frequency**	**Decisions/ deliverables**	**SOPs**	**Reports to**	**Receives commands from**

2.3. Formal alert codes/phases

This section (optional) could describe specific conditions/scenarios that align to specific response profiles/actions (e.g. colour coding system representing the condition scenario).

Examples could be:

Green – business as usual (known and expected public health risks) – no PHECP activation needed

Orange – unexpected public health risk (e.g. outbreak on board a ship from a known agent) – activation of the PHECP, the event can be managed locally

Red - unexpected public health risk (public health emergency of international concern) – activation of the PHECP, the event cannot be managed locally and support from the central level is needed

2.4. Initial actions and protocols

This section should describe predetermined actions to be followed when an event happens. Note that the all possible events should be considered when determining the initial actions and protocols and the procedures for detection, verification and risk assessment of an event, which may be different types of events (e.g. events of infectious diseases, events related to risks in the environment, events involving chemical or radiological hazards, events of unknown aetiology, etc.).

Description of how an event of public health concern is detected: _____

Procedures for verification of an event: _____

Procedures for risk assessment of an event: _____

Immediate actions: _____

Initial communication: _____

Notes

Some common sources of information are:

- *From the ship master through the Maritime Declaration of Health or other means of communication (IHR articles 28 and 27). When any additional information is available to the ship master, a new updated Maritime Declaration of Health must be sent to the next port of call incorporating new information such as laboratory diagnostic results.*
- *Notification from the previous port of call (IHR articles 27, 30, Annexes 3 and 5)*
- *Detection during a ship inspection (IHR articles 27, 29 and Annex 3)*
- *WHO website for affected areas & recommendations (IHR articles 18, 22, 23, 25, 37 & Annex 5)*
- *Through the NFP and other formal channels (IHR article 27, 29 and Annex 3)*
- *Through informal channels*

The procedures for verification of an event after its detection should be described in this section as well. Here the procedures for collecting further information from the ship agent, ship master, other designated crew or the authority that reported the event should be detailed.

Following the verification, the competent authorities can make a preliminary assessment based on basic information such as type of event, level of severity, trend and hazard level concerning the public health event, and use that to decide whether or not to activate the PHECP. The level of response that is required for each public health event should be determined based on a risk assessment. Details on the risk assessment can be found in chapter 5 and 6 of the WHO'S Handbook for management of public health events on board ships (2).

Based on the information collected, the competent authority may need to take some immediate actions (such as transportation of ill travellers to hospitals). The initial communication protocols should also be described in this section. These should include the type of information that may be included in the report and the names of the authorities that need to be notified.

Box 1. Preliminary standard response by the competent authority at port: Indicative options for action

Question	Specific indicative options for action
• *Is a human life in danger (clinical signs and symptoms among travellers and severity)?*	• Evacuation of ill traveller • Medical support • Ambulance arrangement • Identification of the medical facility to send the patient ashore
• *Has any death been linked with the event?*	• Investigate cause of death; ensure that autopsy has been arranged, if necessary; ensure IMGS *(17)* has been followed, and check if contact tracing is needed; ensure that death has been registered
• *Is there a doctor on board?*	• Ensure access to radio medical support • Send doctor to board the ship en route or upon arrival of the ship at the port
• *Is the event an immediate risk to health?* • *Is there a potential for spread on board or ashore or in the environment?*	• Consider activating the contingency plan at the port if necessary • Consider if contact tracing is needed
• *Are special measures needed upon arrival at the port?* • *Does the ship need any supplies?*	• Arrange delivery of supplies that the ship may need (e.g. PPE, medicines)
• *Are any precautions for disembarkation of ill and healthy travellers needed?*	• Communicate with the terminal station staff and start preparing arrangements
• *Is the event related to a hazard where other authorities/experts should be involved (clinicians, epidemiologists, environmentalists, experts on responding to chemical or radiological events)?*	• Communicate with other authorities/experts • If appropriate, report the event to the NFP for further assessment and notification to WHO if necessary
• *Is the ship coming from an affected area where WHO has recommended measures in place?*	• Consult WHO website for recommendations on health measures • If appropriate, report the event to the NFP for further assessment and notification to WHO if necessary
• *Have clinical specimens or environmental samples been collected or do officers of the competent authority need to collect them?*	• Arrange collection of clinical specimens or environmental samples • Arrange transport and delivery of clinical specimens to an appropriate laboratory • Communicate data related to the sample and its shipment to appropriate authorities.

Source: Guidance on Regulations for the Transport of Infectious Substances 2015-2016, http://www.who.int/ihr/publications/who_hse_ihr_2015.2/en/.

2.4.1. Activation of the plan

Criteria for activation of the PHECP: _____

Notes

In this section a set of predetermined criteria that activate the PHECP should be detailed. Based on the initial investigation and the predetermined criteria, the decision makers will initiate the response. These triggers should be formal, quantifiable events or conditions that when reached, certain response measures should be applied.

The level of response that is required for each public health event should be determined based on a risk assessment. Details on the risk assessment can be found in chapter 5 and 6 of the WHO'S Handbook for management of public health events on board ships (2).

WHO example triggers include: communication from the National Focal Point (NFP), relevant central public health authority or WHO about a public health emergency of international concern.

2.4.2. Deactivation of the plan

Criteria for deactivation of the PHECP: _____

Notes

This section includes the triggers for gradual deactivation of the PHECP as appropriate for the public health event. It can also include the specific authority responsible for deactivating the PHECP. Note that the deactivation of the PHECP may be completed in several phases having different triggers, while codes could be given for each phase such as red, orange, green.

2.5. Port operational response sections

In this section the PHECP should describe the operation of the Emergency Operations Centre (EOC) and the different structures involved in the operations.

2.5.1. Emergency Operations Centre (EOC)

Facilities of the EOC: _____

Function of the EOC: _____

Activation of the EOC: _____

Notes

The Emergency Operations Centre (EOC) is the hub of response operations, consisting of both facilities and functions.

Depending on the nature and scale of the emergency, there may be a single local centre (e.g. at a port), or several centres at ports and/or at the local level and/or at the national level.

An EOC is generally a dedicated room or facility where the Incident Commander and response teams are based and operate.

These dedicated rooms are usually secure and purpose built to enable the response management team to operate effectively, efficiently and securely without being interrupted by the public, media or other non-response personnel.

2.5.2. Response operations

Suggested topics/items for the response operations section:
Examples of items in a typical Operations section of a PHECP for a port may include:
- task lists allocated to agencies;
- declaration and/or locator card process;
- entry and exit screening tasks;
- dedicated space for the assessment of travellers
- escort and transport of suspected cases;
- staging area for personal protective equipment;
- rendezvous points for response personnel reporting for work; and
- briefing time and location of the Central Public Health Authority.
Specific operational protocols or SOPs may be included as an annex of the PHECP.

2.5.2.1. Response operations for all types of public health events

Response operations for public health events: _____
Notes
Depending on the event and the risk assessment, a set of measures should be taken. These measures will differ depending on the type of the event:
-Response measures to events of infectious diseases
-Response measures to events related to risks in the environment
-Response measures to events of unknown etiology
-Response measures to chemical or radiological hazards
-Response measures that significantly interfere with international traffic
-Safeguard measures of personnel involved in event management

2.5.2.2. Response operations for public health measures implementation

It is recommended that SOPs are developed describing the procedures for outbreak investigation and implementation of the following public health measures:

Public health measures with respect to persons
The target population for the measures below could be dependent on the public health event: passengers on ships including ferries, cruise ships, others, crew members, port staff, visitors (regular or not), technicians, harbour pilots, staff of authorities, truck drivers etc.
-Review travel history in affected areas

-Review proof of medical examination and any laboratory analysis
-Medical examinations and assessments
-Review of proof of vaccination or other prophylaxis
-Requirement of vaccination or other prophylaxis
-Placement of persons suspected of exposure under public health observation
-Quarantine for travellers suspected of exposure
-Isolation and treatment of affected persons
-Contact tracing of suspected or affected persons
-Restriction/refusal of entry or exit of travellers
-Exit and entry screening at ports

Public health measures with respect to ships and inanimate objects
-Inspections
-Review of manifest and routing
-Review of proof of measures taken on departure or in transit to eliminate infection or contamination
- Treatment of the baggage, cargo, containers, conveyances, goods, postal parcels or human remains to remove infection or contamination, including vectors and reservoirs
-Disinfection, decontamination and vector control
-Disinsection and deratting
-Disinfection
-Decontamination
-Specific health measures to ensure the safe handling and transport of human remains
-Isolation and quarantine
-Seizure/destruction of infected or contaminated ships and other inanimate objects
-Supervision of removal and safe disposal of contaminated matter from a ship
-Refuse departure or entry of a ship

Public health measures for affected animals
-Review proof of veterinary examination and any laboratory analysis
-Veterinary examinations
-Review of proof of vaccination or other prophylaxis
-Requirement of vaccination or other prophylaxis
-Placement of animals suspected of exposure under public health observation
-Quarantine for travellers suspected of exposure
-Isolation and treatment of affected animals

2.5.2.3. Task allocation

Task allocation list

Who		What			When		How	Communication and reporting	
Agency	**Responsible person**	**Role**	**Responsibilities**	**Tasks**	**Time frequency**	**Decisions/ deliverables**	**SOPs**	**Reports to**	**Receives commands from**

2.5.3. Response logistics

Suggested topics/items in the response logistics section (1):
*Current supplies inventory:*_____
*Surge capacity stockpile:*_____
*Supply and distribution chains (transport):*_____
*Facilities list:*_____
*Communication facilities:*_____
*Supply process for requesting additional supplies:*_____
*Tracking system to manage supplies:*_____
*Staff deployment, security and safety:*_____

2.5.4. Response liaison and communication

Communication plan (roles, methods, time considerations): _____
Communication map and liaison information diagram: _____
Media/public information management: _____
Communication assessment and critical communication timelines/events: _____
*Updated contact details of agencies/stakeholders to be involved in response operations:*__
Communications infrastructure and assets, e.g. cell phones: _____

Notes

Communication plans should map out the critical roles for communication (who talks to whom) and the method of communication (phone, e-mail, written report, meeting). Alternate forms of communication should also be stated in case the primary method is unavailable, as well as any time considerations, e.g. daily situation briefings at a specific time. The plan must be regularly revisited and tested at regular intervals. Moreover, this section should include a list of updated contact details of all agencies/stakeholders to be involved in response operations.

The communication plan should address:

- Internal communication among the persons working for the port administration

- External communication with IHR NFP, EWRS NFP, central level coordination public health authority, regional level coordination authority, other complement 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 contractors responsible for the container loading areas, container consignees and consignors etc.)

-Communication between the port and the ships/shipping companies

-Communication between the ports in the itinerary (inside the country or outside the country). The EU SHIPSAN Information System (SIS) provides a platform to the public health authorities in the EU to share information about public health events that occurred on ships (https://sis.shipsan.eu/)

-Communication with travellers (language requirements should be considered, depending on the nationalities of the expected travellers)

-Communication with the general public and the media

2.5.5. Risk communication

Aim of risk communication: _____

Target groups: _____

Communication platforms: _____

Notes

A risk communication strategy should be developed targeting the travelling public and the port staff. Planning for risk communication within and outside the port is imperative and involves local risk communicators from affected stakeholders.

Internal risk communication

The aim of risk communication is to protect life and health, build trust through transparency, and acknowledge uncertainty. Wrongful messages or false promises might impair all further communications.

The risk communication should be easy to understand taking into consideration the target audience (nationalities/languages, age-groups), be published in a timely manner, communicate when, how and where future information will be published, provide regular updates even if no further information is available, engage affected target groups, and facilitate factual information.

Target groups for risk communication may be:
-Ministry of Transport, Ministry of Health, other ports, etc.
-Local health authorities, health care institutions (e.g. hospitals)
-Passengers and crew
-Family, relatives and greeters ("meeters and greeters")
-Port staff
-Other companies reliant on shipping
-Travellers at port
-Shipping companies
-Media
-The general public including adjacent local communities
Several communication platforms may be used, for example:
-Official website of CPHA
-Official website of the port
-Official website of affected shipping companies
-Social media
-Traditional media
-Monitors at port
-Through port staff
-Speakers at port

2.5.6. Response planning and intelligence

Response planning section (1)

-Planning cycles

-Planning team deliverables and frequency

-Planning assumptions

-Planning information sources

Response intelligence section (1)

-Sources and frequency of information

-Analysis and processing of information

-Reporting and reporting frequency

-Decision support considerations

-Processing ad hoc requests

2.5.7. Response administration and finance

Suggested topics/items in the response administration/finance section (1)

-Existing emergency funds and source of additional emergency funds

-Process to apply for, release and accrue funding

-Emergency cost accounting process

-Post emergency audit and reconciliation process

-Annex of updated contact details and distribution lists

2.5.8. Technical advisory teams

This section can include information on individuals identified to provide advice during the response and better inform decision-making. It can also include how advisory teams will be activated (1).

2.6. Supporting information

This section should consist of supporting information to the operation of the PHECP, including detailed protocols and procedure relevant to the PHECP.

Some examples of information to be included in this section are:

-Standard operating procedures (SOPs and/or protocols

-Activating and staffing the Emergency Operations Centre (EOC)

-Reporting and briefing schedules

-Single inbound vessel

-Multiple inbound vessels

-Managing suspected and affected travellers (including the assessment, care and quarantine)

-Entry and exit screening

-Boarding of vessels

-Transportation of suspected or ill passengers

-Partial or full port closure

-Communications protocols

-Alert code or phase change protocols

-Protocols for disinfection, disinsection, decontamination, etc.

-Security protocols

-Other response standard operating procedures

-Forms and templates

-Meetings and teleconferencing procedures

-Sample of emergency meeting agenda

-Situation report template

-Other response reporting templates

-Health declaration, quarantine and other medical forms

-Alert notices

-Equipment procurement forms

-Timesheets and rostering forms for personnel

-Other administrative forms

-Forms to make changes or update the PHECP

-Other linked plans

-Risk communication including media plans

-Port/seaport operations plans

-National emergency response plan (relevant sections)

-Risk assessment and other technical guidance

-Risk assessment information

-Infection prevention and control advice including hand-washing, hygiene and personal protective equipment

-Specific technical medical or response information

-Infectious disease-specific information

-Legal information

References

1. World Health Organization. International health regulations (2005): a guide for public health emergency contingency planning at designated points of entry. 2012.
2. World Health Organization. Handbook for management of public health events on board ships. 2016.