



IHR

Report for Assessing Core Capacity Requirements  
at Designated Points of Entry in Taiwan, 2015

行政院  
Executive Yuan



「建置IHR指定港埠核心能力第二期計畫」  
2015年外部專家複評結果報告



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## ACRONYMS

IHR	International Health Regulations
IHR NFP	National IHR Focal Point
KIA	Kaohsiung International Airport
MOHW	Ministry of Health and Welfare
PHEIC	Public Health Emergency of International Concern
PoE	Point of Entry
PoKL	Port of Keelung
PoTC	Port of Taichung
PSC	Port State Control
TCA	Taichung Ching-Chuang-Kang Airport
TCDC	Taiwan Centers for Disease Control
TIPC	Taiwan International Ports Corporation, Ltd.
TSA	Taipei Songshan International Airport
WHO	World Health Organization



## **Executive Summary**

Internal Health Regulations 2005 (IHR 2005) require that each state party to designate points of entry (PoEs) which shall develop the core capacities of coordination, routine surveillance and preparedness, as well as responses to public emergencies. To meet the IHR requirements, Taiwan has been working on improving core capacity at its designated seaports and airports.

Based on the successful experiences gained from the first two designated PoEs (Taoyuan International Airport and Port of Kaohsiung), the Executive Yuan had approved the second-phase of "IHR PoE Project" on 10<sup>th</sup> of February, 2014. The Executive Yuan had also designated Taipei Songshan International Airport (TSA), Taichung Ching-Chuang-Kang Airport (TCA), Kaohsiung International Airport (KIA), Port of Keelung (PoKL) and Port of Taichung (PoTC) as the nation's second-phase designated PoEs in which to establish core capacities described in Annex 1B of the IHR 2005. To facilitate the implementation activities, PoE Taskforce were formed in the each designated PoE which served as communication and coordination platform in both vertically and horizontally purpose. A variety of stakeholders from public and private sectors at PoEs join the taskforce and then work altogether to establish the core capacity through training courses and learning experiences shared by the first two designated PoEs. The five designated PoEs then completed self-assessments, preliminary assessment in 2014 which reviewed by the PoE taskforce and 22 domestic experts.

This report stands at the final stage of the second-phase project, invited the team of Port Health Center of the Institute for Hygiene and Environment in Hamburg to give observations and recommendations. Dr. Dirksen-Fischer and Mr. Mathias Kalkowski were assisted as external reviewers in this visit. The aim of the visit is not only to evaluate the progress made since previous assessment but also to share external opinion concerning

the implementation status and compliance of IHR 2005.

The reviewers stated that the ports and airports assessed are fully equipped and in very good shape to fulfil the IHR regulations. In general, each PoE made huge improvement of those indicators identified as partial in previous assessment. The assessment team found the most impressive in multidisciplinary dialogue involving all stakeholders, highly motivated and devoted workforces at all levels of hierarchy in implementing the principle and practical requirement of the IHR.

In addition, the willingness to integrate new approaches for dealing with new challenges was delivered through the exercises and interaction with all members at 5 points of entry. The reviewers encouraged port stakeholders to keep up the spirit of workforce and fully support the upcoming SOP of the on board potable water testing and sampling.

## 摘要

依據國際衛生條例(IHR 2005)，各國應指定港埠建立溝通協調機制，進行例行監測整備，及具備公共衛生安全事件緊急應變的核心能力。臺灣政府陸續指定港埠，完成核心能力建置並持續強化，共同促進國際衛生安全。

臺灣已完成「建置 IHR 指定港埠核心能力」第一期計畫，擁有首二指定港埠(桃園國際機場及高雄港)的建置經驗後，行政院於 2014 年 2 月 10 日核定第二期計畫，新增指定臺北國際機場、臺中清泉崗機場、高雄國際機場、基隆港及臺中港等三空港、兩海港。由中央成立跨部會組成推動小組，指定港埠分別成立 IHR 專案推動小組，建構中央、港埠雙向協調整合之推動平台。指定港埠 IHR 專案推動小組成員由公、私部門及地方政府等共同組成，承襲首二港埠的寶貴經驗及辦理相關訓練，並合力推動，於同(2014)年分別通過指定港埠的自我評估，以及國內專家初評作業。

此份報告為第二期計畫的最後階段，邀請德國漢堡環境衛生部港埠衛生中心 Dr. Dirken-Fischer 以及 Mr. Mathias Kalkowski 擔任外部評估專家。本次目的除了確認指定港埠經國內專家初評後的改善情形，同時也客觀地評估其於 IHR(2005)推動及落實情形，透過彼此的專業經驗交流，提供未來追求卓越的建議。

複評結果：新增的指定港埠均已具備 IHR(2005)核心能力且高度符合國際衛生組織要求。對於初評建議事項，每個指定港埠都已改善完成。讓複評專家印象最深刻的是：指定港埠團隊裡多個專業部門的緊密溝通協調，以及各層級的成員都展現積極投入、落實建置的決心。

此外，於實地參與港埠演練及人員訪談過程中，觀察到每個指定港埠面對未來的新挑戰，都展現將以積極的態度及創新的方法來因應。複評專家肯定指定港埠的投入與用心，也期待未來發展對船舶及航空器飲用水抽測及管理政策。





## 1. Objectives of the Assessment

Following the self-assessment and initial assessment that carried out in March and November 2014, action plans were developed and implemented to closing gaps that were identified. The objective of this assessment is to verify the improvement progress, identify overlooked gaps for future sustainability and ensure all efforts are consistent with IHR core capacity requirements.

## 2. Methodology

### 2.1 Preparedness

#### Composition of the team

Dr. Martin Dirksen-Fischer and Mr. Mathias Kalkowski from Hamburg Port Health Authority, Institute for Hygiene and Environment, Germany are invited to serve as external reviewers (herein referred to as "the reviewers"). Taiwan Centers for Disease Control (TCDC) Division of Quarantine as secretariat took the responsibility of planning and logistic arrangement.

#### Activity Timeframe

Table below shows the assessment of five designated PoEs that carried out in first two weeks of November, 2015. Taipei Songshan International Airport (TSA), Kaohsiung International Airport (KIA) were conducted on first two days, followed with Taichung Ching-Chuang-Kang Airport (TCA), Port of Taichung (PoTC) on 5<sup>th</sup> and 6<sup>th</sup>, and 9<sup>th</sup> in Port of Keelung (PoKL). A closing and synthesis discussion for five PoEs was held on the following (10<sup>th</sup>) day. See Annex 1 for the detail agenda of the assessment activity.

Date	Schedule
2 <sup>nd</sup> of Nov (Mon)	Taipei Songshan Airport (TSA)
3 <sup>rd</sup> of Nov (Tue)	Kaohsiung International Airport (KIA)
5 <sup>th</sup> of Nov (Thu)	Taichung Airport (TCA)
6 <sup>th</sup> of Nov (Fri)	Port of Taichung (PoTC)
9 <sup>th</sup> of Nov (Mon)	Port of Keelung (PoKL)
10 <sup>th</sup> of Nov (Tue)	Closing & Synthesis discussion

## **Method, Assessment Protocol and Background Materials**

95 assessing indicators of “Assessment tool for core capacity requirements at designated airports, Ports and ground crossings” published by WHO was used to determine the consistency of IHR (2005) requirements. TCDC staffs and external reviewers held a pre-assessment coordinating meeting. The aim of the meeting is to introduce assessment framework including objectives, methodology, timeframe and process which formed as a protocol and used as application guidance. Moreover, relevant documents were sent a month in advance as background material in order to provide a full picture of PoE updated current status, and its core capacity development. The documents sent as listed below:

- Introduction of core capacity development at designated PoEs in Taiwan, in which gives project progress and strategies of adapting IHR (2005) core capacity requirements in brief.
- Report for Preliminary Assessing Core Capacity Requirements at Designated PoE in November 2014, provides the findings, recommendations and result of the initial assessment which was conducted by 22 domestic experts.
- Abstract of Current status for IHR Core Capacity at Each Designated PoEs, which filled and updated by each designated PoE using the 95 indicators checklist as well as providing past three years international entry and exit conveyances movement.

In addition to materials mentioned, reviewers based on checklist to select 8% from each part of 95 indicators for document verification (1 from Part A, 5 from Part B I , 2 from Part B II ) and 3±1 sites to visit. Pre-defined to be verified documents and sites were released to each PoE a week prior to the assessment day in order to facilitate documents preparation (e.g. title in English) and transportation route plan.

### **2.2 Onsite Assessment**

On each PoE assessment day, a ten-minute start meeting was held to introduce current core capacity progress of the designated PoE moderated by conveners. Along with selected indicators and sites reconfirmation, PoE then rolled out to introduce sites visit transportation plan accordingly.

#### **Desk Review**

Based on pre-defined IHR core capacity indicators (Annex 2), the reviewers raised

questions in turns which covered the administrative infrastructure, operational procedures, communication, and coordination of the PoE. Delegated staffs by each stakeholder were to reply the enquiries, together with current status relevant documentation were presented as well as explaining the role and responsibilities played. During the two hours interaction not only strengths and gaps were evaluated but also opinions exchange on relevant subjects.

### **Site Review**

The transportation route was arranged according to the reviewers pre-defined 3±1 sites by each PoE (Annex 3). In this two hours section, member staffs of the responsible site were to explain the routine work on scene, displayed relevant equipment as well as scenario exercises demonstration.

### **Closed-door Meeting**

In this section the reviewers discussed findings, noted down questions or recommendations for clarification and feedback. This meeting took 50 minutes in an individual room with two reviewers and one staff from secretariat (Division Quarantine, TCDC) for assistance.

### **Closed-assessment Meeting**

Before closing the assessment day, mutual discussion took place to give feedback concerning findings and recommendations of core capacity requirements. During the discussion, reviewers and PoE stakeholders engaged in a 20 minutes fruitful experiences exchange.

## **2.3 Data Analysis**

### **Scoring for the assisted visit**

The Annex 1 excel spreadsheet of WHO assessment tool were used as scoring system, final score fall above 80% defined as adequately consistent with requirements. The reviewers went through each indicator to determine whether the core capacity implementations were met as Full, Partial or None, based on the background materials read and verification during the assisted visit. In addition, short comments were noted in the observation column supporting the results in descriptive term as well as further suggestion. Results of assessment score then automatically calculated. In considering the limited stay in Taiwan, it was clearly understood a thorough process to determine results and to finish assessment report takes time. Therefore, it was

agreed the assessment team to provide manuscript report and the excel spreadsheet results after returning Germany.

### **3. Finding of the Assessment**

#### **3.1 Descriptive Results**

The assessment team undertook the site visits at the following places: (see annex 1 for agenda)

1. Taipei Songshan International Airport (TSA)
2. Kaohsiung International Airport (KIA)
3. Port of Keelung (PoKL)
4. Taichung Ching-Chuang-Kang- Airport (TCA)
5. Port of Taichung (PoTC)

This report was written with the knowledge of the filled-out “Checklists for the International Health Regulations Core Capacity Assessment at Ports, Airports, and Ground Crossings- 2009”. The local PoE competent authorities filled out these files and these reports were handed over to the reviewers beforehand and so enabled them to prepare the results.

The Documents of the Ports and Airports chosen beforehand can be found in the annex 2.

The reviewers decided on visiting certain areas of each Port or Airport respectively (see annex 3).

The reviewers would like to mention that this report profits from the work of the colleagues from the international public health community who shared our privilege of working together with TCDC on the question of implementing the IHR in Taiwan in the past.

The reviewers found all members of the exercises and visits at all airports and ports highly motivated. In general, there was a high motivation to integrate new approaches of dealing with new problems. The recommendation for sampling and testing of the water (water delivering boats, potable water trucks at the airport, sampling on board of cruise liner, cargo vessel and/or aircraft) is to have a permanent overview of the biological and chemical situation of the potable water delivered.

The ports and airports assessed are fully equipped and in very good shape to fulfil the IHR regulations. It is seen branch directors of TCDC and their partners like harbour masters or airport directors working together very successful. All questions were answered and reviewers are honoured to be part of this process. Moreover, the assessment team also have to remark the fact that they were met with great hospitality by the Staff of the TCDC and everyone else. It is very much looking forward to work with our partners at TCDC and other agencies on whatever issues might come up in the future.

The assessment team would like to mention especially the team of Dr. Wu including all her officers, especially Lilly-Ho and Yuhui-Tsai.

The visit was also a part of the beginning and ongoing cooperation between the Hamburg Port Health Center and the TCDC.

### **Working together in the SHIPSAN Network**

Dr. Martin would like to express a great joy to acknowledge the fact that the Taiwan CDC is now an associate partner of the EU SHIPSAN Act Joint Action.

This program is founded by the European Commission under the Public Health program. It unites 32 Partners from 24 European countries and also includes other collaborating partners. The aim of the EU SHIPSAN Joint Action is to deal with the impacts that biological, chemical and radiological agents have on health and on maritime transport. This includes especially communicable diseases. The Taiwan CDC is (for formal reasons only) not a collaborating partner as this is not possible for countries outside of Europe but is already high valued as a very active associated partner.

The TCDC has made the wise decision to use the new Shipsan Information System. This Information Systems contains information about cruise liners and other types of ships; it includes also notes on inspections of these ships. It enables all the partner of the SHIPSAN Network to communicate with each other in almost real-time.

This is a great step forward. It is also with great joy that the reviewers have learned that the TCDC is willing to cooperate on further scientific projects in the field of maritime health in the European context. Taking into account that TCDC is well known for its very well organized management of the SARS outbreak in 2002/2003. This is especially important as there is a tremendous knowledge within the TCDC of dealing with tropical diseases and other public health issues.

### **3.2 General Findings**

The reviewers found a highly educated and motivated workforce at all airports and seaports. All of them were very devoted to the principles of the IHR and to the practical implementation.

The assessment team were impressed about the multidisciplinary dialogue involving all stakeholders, like customs, police, fire department, ground handling staffs at the airports, Animal and Plant Quarantine and other agencies like coast guard, PSC, and pilots. All of them were devoted to the leadership of TCDC and TIPC to prevent diseases.

The reviewers were impressed by the many drills/exercises performed by different authorities concerning biological, chemical, radionuclear and terrorism related issues. All the exercises that we followed showed the “all-out-approach”, which means that all agencies worked very impressively together.

The reviewers are especially impressed that the TCDC is having the system of telephone number “1922” installed in all places. The TCDC is ensuring that 24/7-service is given to the public to enquire about any public health concern. In comparison with the largely divided public health system of Germany with many different institutions this is a clear plus for the public.

### **3.3 Taipei Songshan International Airport (TSA)**

Assessment Day: 2015.11.02

On the second of November (see Annex 1) the Assessment Team visited the Taipei Songshan International Airport. The airport is located within the city of Taipei. Further details about the Airport can be found at other places. In short: The airport serves with national and international flights the city of Taipei and its surrounding areas.

The assessment team found highly devoted and motivated people at all levels of the hierarchy. The reviewers were impressed by the interdisciplinary dialogue on a high level involving for instance Customs, Police, Immigrations, Public Health System, Quarantine (TCDC), and Animal and Plant quarantine Control and many others at Taipei Songshan international Airport.

The reviewers were especially impressed by the public communication materials that were presented by the TCDC as well as by the other authorities. It was impressive to find high-quality flyers in so many different languages to address the passengers in their native languages. For instance it can be found that the passengers from South Korea were addressed in their language concerning the problems during the MERS outbreak in their country. Besides the Korean language reviewers also found leaflets in English,

Japanese, Indonesian and other languages.

Taipei Songshan international Airport has greatly improved in dealing with all aspects of the International Health Regulation. It can be seen especially when compare the results found at this visit with assessment report in the past.

It was enlightening to be part of an interdisciplinary dialogue.

### **3.4 Kaohsiung International Airport (KIA)**

Assessment Day: 2015.11.03

When reading and judging on this report one has to be reminded that this report is the last part of a longer process that consists of self-assessments and assessments in the past from other experts. The Taiwanese authorities reacted to the recommendations in the past very quickly, so that in general there was less to remark on details than maybe in the past.

This includes especially progress in the training and the education for the outsourced cleaning staff. There was also an impressive improvement in the dealing with biological waste. This task was outsourced to a specialist company.

It can be found the responsible authorities well informed and well trained to deal with all aspects of handling toxic, chemical, radiological, or biological events.

The assessment team acknowledges the fact that the airport is focused on the diseases most likely to occur in Taiwan and the surrounding countries. These are especially in dengue, influenza and MERS, among others.

Kaohsiung international Airport is doing this concentrating on the diseases mentioned above without ignoring less frequent other diseases. Like in other airports and ports the reviewers found a very sophisticated level of public relation work.

The reviewers are fully aware of the fact that the region of Kaohsiung is rightly proud to be ready to deal with disasters of any kind. These include especially dealing with typhoons, power losses and flooding. The assessment team found a high experience in dealing with these problems that could influence the Airport.

The most impressive part has to be mentioned is highly motivated work force with a high knowledge in all positions. In the next years they will be an increase in the numbers of passengers in international flights as the Republic of China is now much better known to tourists. This will mean a new big challenge for the Airport of Kaohsiung. The



assessment team especially impressed by the fact that the local public health authority system as well as the veterinarians' public health systems is very well integrated in the workflow of the national agencies. Somehow though, the reviewers were less impressed by the hygienic conditions in the Sky Catering Buildings where we found pieces of mould and other hygienic deficits.

The authority of KIA told reviewers that these finding will be reviewed and they were looking for a very fast solution to get rid of these deficits.

### **3.5 Taichung Ching–Chuang–Kang Airport (TCA)**

Assessment Day 2015.11.05

The Airport of Taichung was visited by the same assessment team as the one mentioned above. The reviewers saw at this place the institutions and places asked for (see Annex 2). There were also many presentations at the Airport and different areas like the quarantine station. Additionally, demonstrations from the fire brigade and the flight operation offices were included in the site visit.

It has to be mentioned here that the visit at every port and airport included a revision through the documents and SOPs. It is remarkable that all SOPs and documents that the review team asked for, were presented at once. Due to the fact that the TCDC had taken care of two professional and very able translators, the reviewers were in the comfortable situation to ask very specific questions concerning the SOPs in English. All the answers were very convincing.

At Taichung-Ching-Chuang-Kang Airport there was a good integration of the work of the different agencies including the environmental protection agency, the Master of the Airport, the local public health authority, the military, the representatives from the airline companies, Customs, ground handing staff and last but not least, aviation police.

The people working at the Airport of Taichung offered to assessment team the view that they are willing to handle even greater amounts of people and airplanes in the future.

### **3.6 Port of Taichung (PoTC)**

Assessment Date 2015.11.06

At this date the Assessment Team visited the Port of Taichung. It was not a surprise that many of the authority representatives were present at both places (Port and Airport).

There was a big achievement on the way of implementing the IHR since the start and self-assessment in June 2014. Take for example, the additional drills and MoUs were made as recommended by reviewer colleagues in 2014.

The assessment team do have to recognize that during one travel tour, passengers change the mode of transportation quite often. So, for instance, they start with taking a plane, move than to the harbour via a taxi where there cruise starts and so on. This means that Authorities of Port and Airport Health e. g. have to work together very closely.

In the ideal case one institution is in charge, integrated in the local public health system. If this is not a given fact there should be at last a very close cooperation. The assessment team found this fulfilled at the Port of Taichung and the Taichung Airport. The reviewers expected to find the designated Port of Taichung to be presented on a high level regarding all IHR Issues of cargo handling and passenger handling and were not disappointed. There has progress been made since previous assessment in 2014.

In addition, the reviewers took part in drills and exercises and found highly motivated crews on every possible level. Take for example the Integration of a Customs and Military seemed to work well.

### **3.7 Port of Keelung (PoKL)**

Assessment Date: 2015.11.09

Keelung is a major harbour of the Taiwanese Island, welcoming many Cruise Ships. As mentioned above, the Asian Cruise Market is a rising market.

More and more people are being able to afford these journeys. The Port of Keelung is very much looking forward to welcome more customers in the future. The Assessment Team supports the idea of TCDC to handle potable water probes according to the WHO and SHIPSAN standard. It is commented on this in other parts of this report.

Like in all other ports and airports the reviewers felt a great spirit of working together. The Port of Keelung has made impressive steps ever since the previous assessments by colleges of domestic experts.

## **4. Recommendations**

### **4.1 Recommendations in General**

The assessment team suggested that in cases of an unclear index case with heavy clinical

signs if there could be a possibility to assess the case at a place where there is no connection of the local air condition with the general air condition system. The reason for this suggestion is to prevent the possibility of cross contamination via air flow.

The reviewers agree with partners from the TCDC that in the years to come the Asian cruise ship market will get bigger and bigger, sending even more tourists to Taiwan. The reviewers believe that the ports of Taiwan will be met by more and more cruise liner companies that ask for the testing of the potable water, hereby following the WHO standard. ([http://www.who.int/water\\_sanitation\\_health/publications/dwq-guidelines-4/en/](http://www.who.int/water_sanitation_health/publications/dwq-guidelines-4/en/), last access: 9.3.2016)

The sampling and testing of the water (water delivering boats, potable water trucks at the airport, sampling on board of cruise liner and/or cargo vessels) can also generate additional income, due to the fee asked for.

The reviewers are fully aware that there are many laws concerning the field of potable water in Taiwan. They fully support an upcoming SOP of the TCDC specifying these laws for the very specific conditions of sampling potable water tests on ships and airplanes. Private or governmental companies can be part of this process of testing the potable water.

In the SHIPSAN manual a description that could be useful for the implementation of the SOP for drinking water in Taiwan. This manual, as well as the WHO-documents can be seen as support in developing the upcoming SOPs of the TCDC concerning water testing and sampling.

#### **4.2 Recommendations for TSA**

The reviewers were very impressive to see the passage of a sick patient through the quarantine station until the hospital. Hereby the authorities fully followed the SOP of the TCDC. For instance, there was directed airflow including HEPA equipment so protecting other people as well.

In the case of extremely severe clinical communicable diseases cases or if very many passengers are involved, the authorities might consider using the capacities of the airports nearby to help.

#### **4.3 Recommendations for KIA**

The suggested improvements from the last assisted visit (preliminary assessment) are fully implemented e.g. training and education for the outsourced cleaning staff every

half year and there are impressive improvements in the treating of biological waste. As another point the assessment team were delighted to find several medical advices for passengers in their native language e.g. Japanese, Korean.

In the next years there will be an increase in the number of passengers and international flights. This will involve all stakeholders to answer to many public health related questions. It is suggested that the knowledge of TCDC is involved concerning building hygiene in the future and present as well. Therefore, the reviewers agreed while being onsite that it might be useful to review the building of Sky Catering Service.

#### **4.4 Recommendations for TCA**

The achievement since the last assessment is impressive. During the presentation and demonstration of different areas like Quarantine station, Fire brigade, Flight Operation Office and Nursing station the assessment team were convinced that TCA is able to handle events of biological, radiological, and chemical concerns.

The reviewers also recommended that an index case with severe clinical signs of pulmonary infection should be dealt with at a place where no connection with the general air condition system is present. The reason for this is to hinder the possibility of cross contamination via airflow. The assessment team would like to mention that they had a very fruitful discussion at this point. The Authorities of Taichung Ching-Chuang-Kang Airport happily agreed to change their system of dealing with these cases.

#### **4.5 Recommendations for PoTC**

The reviewers considered the core capacity of designated sea port Taichung are presented on a high level regarding the IHR issues of cargo handling and passenger handling. It is recommended to the authorities to keep up the spirit of a working together, and especially to have continuous drills concerning the management of biological, chemical, and radio-nuclear dangers.

It is also seen the Port of Taichung fully fulfilling the recommendations of IHR and also ready to meet new challenges like the installations of Offshore Wind parks in the open sea. The assessment team had a lively discussion with the Authorities on the topic. This is due to the fact that offshore Wind Parks can be a challenge for the public health system, especially the rescue systems in the nearby ports. This is a specially the case when these offshore Wind Parks are far away in the sea and not easily accessible. The reviewers has a very close corporation with the university Zentralinstitut für Arbeitsmedizin und Maritime Medizin in Hamburg (Institute for Occupational Health and Maritime Medicine). This University Institution is specialized in the field of offshore

wind parks and how to rescue people from there. The reviewers are more than willing to connect TCDC with this institution if there are any further questions.

#### **4.6 Recommendations for PoKL**

The port of Keelung presented on a very high level what is possible if people work together to fulfil the spirit of IHR. The assessment team was impressed to see that Keelung port is dealing with almost one million passengers and crews coming in and out to this designated port of IHR.

Like in all other ports and airports, the reviewers recommend in the future as much as now to be devoted to the spirit of IHR. Especially when performing drills with the Military, the Veterinary Medicine Service and other Parts of the Harbour together. Reviewers see especially in Keelung many new inventions coming up concerning new buildings and capacities to make the port to one of the major cruise liner hubs of Asia. It is recommended to the authorities that they keep up the very good spirit working together with the Master of Port and his administration is important.

## Annex 1. The agenda of the assessment

<b>Date</b>	<b>Time</b>	<b>Subject</b>	<b>Location</b>
2 <sup>nd</sup> Nov. (Mon.)	09:30-09:50 09:50-11:50 13:30-15:30 15:40-16:30 16:40-17:00	Start Meeting Desk Review Site Review Close door meeting Close Assessment Meeting	Taipei Songshan Airport (TSA)
3 <sup>rd</sup> Nov. (Tue.)	09:30-09:50 09:50-11:50 13:30-15:30 15:40-16:30 16:40-17:00	Start Meeting Desk Review Site Review Close door meeting Close Assessment Meeting	Kaohsiung International Airport (KIA)
5 <sup>th</sup> Nov (Thu.)	09:30-09:50 09:50-11:50 13:30-15:30 15:40-16:30 16:40-17:00	Start Meeting Desk Review Site Review Close door meeting Close Assessment Meeting	Taichung Ching– Chuang–Kang Airport (TCA)
6 <sup>th</sup> Nov (Fri.)	09:30-09:50 09:50-11:50 13:30-15:30 15:40-16:30 16:40-17:00	Start Meeting Desk Review Site Review Close door meeting Close Assessment Meeting	Port of Taichung (PoTC)
9 <sup>th</sup> Nov (Mon.)	09:30-09:50 09:50-11:50 13:30-15:30 15:40-16:30 16:40-17:00	Start Meeting Desk Review Site Review Close door meeting Close Assessment Meeting	Port of Keelung (PoKL)
10 <sup>th</sup> Nov (Tue.)	09:20-10:50 10:50-12:00	Closing & Synthesis Discussion Courtesy Meeting	

## Annex 2. The list of pre-defined to be verified indicator and documents

Part	Requirement for Selection	Indicators with abstract
Part A. Coordination & Communication	10 items in total, please select <b>1</b> item among them.	<input checked="" type="checkbox"/> 1 International Communication :Link
Part BI. Routine	61 items in total, please select <b>5</b> items among them.	(a) Access to Medical Service and Adequate Staff, Equipment and Premises for Ill Travellers <input checked="" type="checkbox"/> 1.1
		(b) Access to Equipment and Personnel for the Transport of Ill Travellers <input checked="" type="checkbox"/> 1.1
		(c) Trained Personnel for the Inspection of Conveyance <input checked="" type="checkbox"/> 1
		(d) Save Environment for Travellers using PoE Facilities <input checked="" type="checkbox"/> 1.1.1
		(e) Vector and Reservoirs Control <input checked="" type="checkbox"/> 1
Part BII. Emergency Response	24 items in total, please select <b>2</b> items among them.	(a) Appropriate Public Health Response <input checked="" type="checkbox"/> 1
		(b) Assessment and Care for Affected Travellers or Animals <input checked="" type="checkbox"/> 1

### Annex 3. The list of pre-defined sites to be visited

Designated PoE	Sites	Competent Authority/organisation
Taipei Songshan Airport (TSA)	<ol style="list-style-type: none"> <li>1. Central Control Center</li> <li>2. TCDC Quarantine Station</li> <li>3. Terminal 1(Traffic Route for transporting ill passenger and inspection on arrival passenger)</li> <li>4. Equipment display area ( Medical facilities on board and relevant facilities)</li> </ol>	<ol style="list-style-type: none"> <li>1. Taipei Songshan Airport</li> <li>2. Centers for Disease Control</li> <li>3. CIQS</li> <li>4. Evergreen Airline Services Corporation</li> </ol>
Kaohsiung International Airport (KIA)	<ol style="list-style-type: none"> <li>1. Central Control Center</li> <li>2. Fire Brigade (Personal Protection Equipment for Chemical 、Biological and Nuclear)</li> <li>3. Fever Screen and Quarantine Station</li> <li>4. Food safety management of flight catering service</li> </ol>	<ol style="list-style-type: none"> <li>1. KIA</li> <li>2. KIA and CDC</li> <li>3. CDC</li> <li>4. Kaohsiung Airport Catering Service Co., Ltd</li> </ol>
Taichung Ching-Chuang-Kang Airport (TCA)	<ol style="list-style-type: none"> <li>1. Fire Fighter Group (Exhibition of Response Equipment for Microbiological, Chemical and Radiological Agents Disaster / Aircraft Accident Disaster / Port Sanitary Program)</li> <li>2. Nursing Station (Emergency Medical Care and Operation of AED , Automated External Defibrillator)</li> <li>3. Flight Operation Office(Operation of TCA Emergency Response Center)</li> <li>4. Quarantine Station(Fever Screening And Personal Quarantine)</li> </ol>	<ol style="list-style-type: none"> <li>1. TCA</li> <li>2. TCA</li> <li>3. TCA</li> <li>4. CDC</li> </ol>
Port of Taichung (PoTC)	<ol style="list-style-type: none"> <li>1. Vessel Traffic Service Center</li> <li>2. Passenger Service Center</li> <li>3. Operating exercise of infectious disease emergency case</li> <li>4. Detection equipment for radiation pollution, biological agent or leakage of toxic chemicals</li> </ol>	<ol style="list-style-type: none"> <li>1. TIPC Taichung</li> <li>2. TIPC Taichung</li> <li>3. Harbour Fire Brigade</li> <li>4. Customs, CDC, Harbour Fire Brigade</li> </ol>
Port of Keelung (PoKL)	<ol style="list-style-type: none"> <li>1. Passenger Terminal (Inspection on Arrival Passengers)</li> <li>2. Passenger Terminal (the PoE Facilities, such as: Drinking Water, Food and Public Washrooms)</li> <li>3. The Quarantine Station (Facilities for Passenger Quarantine and Ship Sanitation Inspection)</li> <li>4. Keelung Harbour Fire Brigade (PPE and Facilities for Nuclear, Biological and Chemical Disaster, and the Ones for Transferral Infected Passengers)</li> </ol>	<ol style="list-style-type: none"> <li>1. CIQS</li> <li>2. TIPC Keelung</li> <li>3. CDC</li> <li>4. Harbour Fire Brigade, Customs, CDC</li> </ol>

● TIPC: Taiwan International Ports Corporation, Ltd.

● CIQS: Customs, Immigration, Quarantine of TCDC and Quarantine of Animal and Plant, S: Harbour/Aviation Police.



## Annex 4. The Summarised Results of the Assessment

### A. Taipei Songshan Airport (TSA)

Score: Self-assessment 90%; Preliminary assessment 95%; External review 100%

Requirements	indicators	N/A	Full (%)	Partial (%)	None (%)
Part A	10	0	10 (100%)	0 (0%)	0 (0%)
Part BI	61	6	54 (98%)	1 (2%)	0 (0%)
Part BII	24	0	24 (100%)	0 (0%)	0 (0%)
<b>Total</b>	95	6	88 (99%)	1 (1%)	0 (0%)

WHO File Model output	
Requirements	Score
Part A Coordination & Communication	100%
Part BI Core Capacity at all time	99%
Part BII Core Capacity for Responding to PHEIC	100%
<b>Total</b>	100%

### B. Kaohsiung International Airport (KIA)

Score: Self-assessment 80%; Preliminary assessment 94%; External review 100%

Requirements	indicators	N/A	Full (%)	Partial (%)	None (%)
Part A	10	0	10 (100%)	0 (0%)	0 (0%)
Part BI	61	6	54 (98%)	1 (2%)	0 (0%)
Part BII	24	0	24 (100%)	0 (0%)	0 (0%)
<b>Total</b>	95	6	88 (99%)	1 (1%)	0 (0%)

WHO File Model output	
Requirements	Score
Part A Coordination & Communication	100%
Part BI Core Capacity at all time	99%
Part BII Core Capacity for Responding to PHEIC	100%
<b>Total</b>	100%

### C. Taichung Ching–Chuang–Kang Airport (TCA)

Score: Self-assessment 85%; Preliminary assessment 95%; External review 100%

Requirements	indicators	N/A	Full (%)	Partial (%)	None (%)
Part A	10	0	10 (100%)	0 (0%)	0 (0%)
Part BI	61	6	54 (98%)	1 (2%)	0 (0%)
Part BII	24	0	24 (100%)	0 (0%)	0 (0%)
<b>Total</b>	95	6	88 (99%)	1 (1%)	0 (0%)

WHO File Model output	
Requirements	Score
Part A Coordination & Communication	100%
Part BI Core Capacity at all time	99%
Part BII Core Capacity for Responding to PHEIC	100%
<b>Total</b>	100%

### D. Port of Taichung (PoTC)

Score: Self-assessment 90%; Preliminary assessment 98%; External review 100%

Requirements	indicators	N/A	Full (%)	Partial (%)	None (%)
Part A	10	0	10 (100%)	0 (0%)	0 (0%)
Part BI	61	5	55 (98%)	1 (2%)	0 (0%)
Part BII	24	0	24 (100%)	0 (0%)	0 (0%)
<b>Total</b>	95	5	89 (99%)	1 (1%)	0 (0%)

WHO File Model output	
Requirements	Score
Part A Coordination & Communication	100%
Part BI Core Capacity at all time	99%
Part BII Core Capacity for Responding to PHEIC	100%
<b>Total</b>	100%

## E. Port of Keelung (PoKL)

Score: Self-assessment 90%; Preliminary assessment 99%; External review 100%

Requirements	indicators	N/A	Full (%)	Partial (%)	None (%)
Part A	10	0	10 (100%)	0 (0%)	0 (0%)
Part BI	61	5	55 (98%)	1 (2%)	0 (0%)
Part BII	24	0	24 (100%)	0 (0%)	0 (0%)
<b>Total</b>	95	5	89 (99%)	1 (1%)	0 (0%)

WHO File Model output	
Requirements	Score
Part A Coordination & Communication	100%
Part BI Core Capacity at all time	99%
Part BII Core Capacity for Responding to PHEIC	100%
<b>Total</b>	100%

**Annex 5. Assessment Result of 2<sup>nd</sup> – 9<sup>th</sup> November, 2015**

***[Airport and Seaport combination version]***

**(A) Checklist for core capacity requirements for coordination, communication of event information and adoption of measures (in regard to activities concerning designated airports, ports and ground crossings, according to Annex 1A)**

Core Capacities Measure of Compliance	State of Implementation	Short Comments by the reviewers
<b>1. International communication link with competent authorities at other points of entry</b>		
Competent authority at each point of entry has current contact details of officers in charge of international communication with other points of entry abroad and means of communication and procedures are available to inform relevant public health measures taken pursuant to the International Health Regulations, such as: - communication with competent authorities at other points of entry, internationally, to provide relevant information regarding evidence found and control measures still needed on arrival of affected conveyance.	<input checked="" type="checkbox"/> Full <input type="checkbox"/> Partial <input type="checkbox"/> None	
<b>2. National communication link between competent authorities at points of entry and health authorities at local, intermediate and national levels</b>		
<b>Local, intermediate and national levels (including National IHR Focal Point)</b> have current contact details of competent authorities at points of entry and current, regularly updated, documented and tested procedures, including any Memorandum of Understanding - MoU and protocols are in place for routine and urgent communication and collaboration during a public health emergency of international concern with: 1) the competent authority at other points of entry and health authorities at local, intermediate and national levels; 2) other relevant government ministries, agencies, government authorities and other partners involved with points of entry activities	<input checked="" type="checkbox"/> Full <input type="checkbox"/> Partial <input type="checkbox"/> None	

Core Capacities Measure of Compliance	State of Implementation	Short Comments by the reviewers
<p><b>Competent authority at each point of entry</b> has current contact details of officers within local, intermediate and national levels, including contact details of National IHR Focal Point and means of communication and procedures are available to inform relevant public health measures taken pursuant to the International Health Regulations. Such as:</p> <ul style="list-style-type: none"> <li>- To communicate with NFP in order to inform WHO within 24 hours of receipt of evidence, as manifested by exported or imported: 1) human cases; 2) vectors which may carry infection or contamination, or 3) goods that are contaminated, that may cause international disease spread</li> <li>- report all available essential information on event occurring at point of entry by competent authority to health authority at local, intermediate or national level for public health assessment, care and response.</li> <li>- for communication with competent authorities at other points of entry, nationally, to provide relevant information regarding evidence found and control measures needed on arrival of affected conveyance.</li> </ul>	<input checked="" type="checkbox"/> Full <input type="checkbox"/> Partial <input type="checkbox"/> None	
<b>3. Direct operational link with other senior health officials</b>		
<p>Current, regularly updated, documented and tested procedures, including any MoU and protocols, for direct operational link between local point of entry competent authority officer and other senior health officials, are in place for rapid decision approval, risk assessment and implementation of containment and controls measures</p>	<input checked="" type="checkbox"/> Full <input type="checkbox"/> Partial <input type="checkbox"/> None	
<b>4. Communication link with conveyance operators</b>		
<p>Current contact details of conveyance operators (including its agents or legal representatives at shore), means of communication and procedures are available for advance notice of application of control measures, for issuance of Ship Sanitation Certificates and for receipt of other health documents and conveyance operators provided with current contact details of competent authority.</p>	<input checked="" type="checkbox"/> Full <input type="checkbox"/> Partial <input type="checkbox"/> None	
<b>5. Communication link with travellers for health related information</b>		

Core Capacities Measure of Compliance	State of Implementation	Short Comments by the reviewers
Current contact details of competent authority at point of entry and means of communication and procedures are available for notice of application of control measures, for receipt of health documents and to provide health related information for travellers.	<input checked="" type="checkbox"/> Full <input type="checkbox"/> Partial <input type="checkbox"/> None	
<b>6. Communication link with service providers</b>		
Current contact details of service providers and means of communication and procedures are available for advance notice of application of control measures. Service providers have current contact details of competent authority:	<input checked="" type="checkbox"/> Full <input type="checkbox"/> Partial <input type="checkbox"/> None	
<b>7. Assessment of all reports of urgent events within 24 hrs</b>		
Current, regularly updated, documented and tested procedures (including any MoU and protocols) for communication and assessment within 24hrs all reports of urgent events related to ports, airports and ground crossings, including direct operational links exists among hospitals, clinics, airports, ports, ground crossings authorities, laboratories and other key operational areas.	<input checked="" type="checkbox"/> Full <input type="checkbox"/> Partial <input type="checkbox"/> None	
<b>8. Communication mechanism for the dissemination of information and recommendations received from WHO</b>		
Current, regularly updated, documented and tested communication mechanism for handling WHO reports, regarding national events or events in other countries involving point of entry activities and related public health measures, for use by competent authorities at points of entry.	<input checked="" type="checkbox"/> Full <input type="checkbox"/> Partial <input type="checkbox"/> None	
<b>9. Procedures and legal and administrative provisions to conduct inspections and receive reports of cases of illness and/or other evidence of public health risks on board arriving conveyances</b>		

Core Capacities Measure of Compliance	State of Implementation	Short Comments by the reviewers
<p>National legislation, administrative acts, protocols and/or procedures is in place, updated and disseminated widely, empowering competent authority to conduct inspections to identify public health risks together with required control measures to be applied and providing requirements to report public health related events on board.</p> <p>Guidance documents explaining the requirements and procedures to immediately relay reports to the competent authority to ensure that appropriate assessment, care and other public health measures are developed and disseminated to cruise lines, airlines, ground transportation and their relevant industry associations and posted on appropriate websites.</p> <p>A standard operating procedure for competent authorities is in place to receive reports from arriving conveyances of all cases of illness indicative of an infectious disease or evidence of a public health risk on board.</p> <p>All the above activities should be provided on a 24-hour basis, seven days a week (24/7) or according to working hours at the points of entry, as appropriate.</p>	<input checked="" type="checkbox"/> Full <input type="checkbox"/> Partial <input type="checkbox"/> None	

**B) Checklist for core capacity requirements for designated airports, ports and ground crossings.**

**I) At all Times (Routine)**

Core Capacities Measure of Compliance	State of Implementation	Short Comments by the reviewers
<b>(a) Provide access to (i) appropriate medical service including diagnostic facilities located so as to allow the prompt assessment and care of ill travellers, and (ii) adequate staff, equipment and premises</b>		
<b>1. Assessment and care of ill travellers</b>		
<b>1.1. Access to medical and diagnostic facilities</b> Administrative arrangements and MoUs are in place to grant access to medical and diagnostic facilities for assessment and care of ill or suspect travellers, in consultation with local and/or nearby health services. If on-site, specialized warehouse for medicine and medical instruments and records for their use and replacement.	<input checked="" type="checkbox"/> Full <input type="checkbox"/> Partial <input type="checkbox"/> None	
<b>1.2. Assessment of requirements concerning vaccination or prophylaxis</b> Capability to do on-site assessment of proof of vaccination and prophylaxis recommended by WHO, such as for yellow fever, as applicable, and accordingly to the epidemiological situation, risk analysis and national requirements	<input checked="" type="checkbox"/> Full <input type="checkbox"/> Partial <input type="checkbox"/> None	
<b>1.3. Key information regarding medical and diagnostic facilities</b> List of all facility names and key contact information (address, phone number, distance from Point of entry and map of routes) created, maintained and updated, disseminated, regularly tested for accuracy and accessible to all relevant personnel, to which ill or suspect travellers from the Point of entry are to be transferred.	<input checked="" type="checkbox"/> Full <input type="checkbox"/> Partial <input type="checkbox"/> None	
<b>2. Adequate staff, equipment and premises</b>		



Core Capacities Measure of Compliance	State of Implementation	Short Comments by the reviewers
<p><b>2.1. Staff</b></p> <p>Sufficient personnel</p> <p>Access to appropriate number of trained personnel assigned for these duties, in relation to volume and frequency of travellers and complexity of the point of entry (regarding terminal facilities, destinations and multimodal practice in place among other factors).</p> <p>Arrangements for translation and interpreters where needed.</p> <p>Competent/qualified personnel for prompt assessment, care and reporting of ill travelers.</p> <p>Personnel have undergone a training program to recognize disease symptoms and are familiar with procedures regarding prompt assessment, care and reporting of ill travellers.</p>	<input checked="" type="checkbox"/> Full <input type="checkbox"/> Partial <input type="checkbox"/> None	
<p><b>2.2. Adequate space to conduct private interviews with ill travellers</b></p> <p>Hygienic and environmentally safe space(s) set aside to conduct private interviews that are of adequate size in relation to volume, type of conveyance and frequency of travellers and complexity of the point of entry (regarding terminal facilities, destinations and multimodal practices).</p> <p>Desirable to have independent exit passage through which suspect travellers can be transported to medical care facilities, if needed, and in order to avoid infecting other persons.</p>	<input checked="" type="checkbox"/> Full <input type="checkbox"/> Partial <input type="checkbox"/> None	
<p><b>2.3. Personal protective equipment (PPE) for interviewing ill travellers</b></p> <p>Access to necessary equipment (e.g. PPE) for initial interview and triage. Personnel use personal protective equipment for initial interview and triage.</p>	<input checked="" type="checkbox"/> Full <input type="checkbox"/> Partial <input type="checkbox"/> None	
<b>(b) Provide access to equipment and personnel for the transport of ill travellers to an appropriate medical facility</b>		
<b>1. Equipment to transport ill travellers</b>		

Core Capacities Measure of Compliance	State of Implementation	Short Comments by the reviewers
<b>1.1. Equipment for transport of ill travellers to appropriate medical facility</b> Arrangements are in place for transporting ill travellers to appropriate medical facility by safe, hygienic means of transport.	<input checked="" type="checkbox"/> Full <input type="checkbox"/> Partial <input type="checkbox"/> None	
<b>1.2. Access to personal protective equipment (PPE) for transport staff</b> Transport staff have access to and uses adequate personal protective equipment, when transporting ill travellers.	<input checked="" type="checkbox"/> Full <input type="checkbox"/> Partial <input type="checkbox"/> None	
<b>2. Personnel to transport ill travellers.</b>		
<b>2.1. Number of trained personnel</b> Appropriate number of trained personnel available to adequately transport ill travellers, according to technical requirements	<input checked="" type="checkbox"/> Full <input type="checkbox"/> Partial <input type="checkbox"/> None	
<b>2.2. Training of Standard operational procedures for transport of ill travellers</b> Personnel trained and knowledgeable in infection control techniques for the safe removal of ill travellers, in application of personal protective equipment and in use of key information regarding contacting and accessing medical facilities in a safe and timely manner	<input checked="" type="checkbox"/> Full <input type="checkbox"/> Partial <input type="checkbox"/> None	
<b>c) Provide trained personnel for the inspection of conveyances</b>		
<b>1. Number of trained personnel</b>		
Appropriate number of trained personnel available in relation to the volume and frequency of traffic, type, size, kind of conveyance at the point of entry to ensure that conveyances are adequately and safely inspected on a timely basis and according to technical requirements.	<input checked="" type="checkbox"/> Full <input type="checkbox"/> Partial <input type="checkbox"/> None	

Core Capacities Measure of Compliance	State of Implementation	Short Comments by the reviewers
<b>2. Training for inspectors</b>		
2.1. <b>Understanding of inspection standard operating procedures</b> - Personnel have undergone a training program, can produce certificates/ documentation and/or can demonstrate a thorough understanding of standard operating procedures set in place for the sanitary inspection of conveyances, and should demonstrate competency in the following areas, according to the assigned inspection duties:	<input checked="" type="checkbox"/> Full <input type="checkbox"/> Partial <input type="checkbox"/> None	
2.2. <b>Required health related documents for conveyances</b> – Demonstrable knowledge of required health related documents and the correct use of information therein for detecting, reporting, assessing and providing first control measures for public health events, according to type and kind of conveyance.	<input checked="" type="checkbox"/> Full <input type="checkbox"/> Partial <input type="checkbox"/> None	
2.3. <b>Epidemiological situation at the point of entry</b> - Knowledge of common public health risks detected on a routine basis and of the usual public health risks associated with type, size, kind, common origins and destinations of conveyances that use the point of entry;	<input checked="" type="checkbox"/> Full <input type="checkbox"/> Partial <input type="checkbox"/> None	
2.4. <b>Public health events</b> - Knowledge and skills for detecting, reporting, assessing and provide first control measures to public health events;	<input checked="" type="checkbox"/> Full <input type="checkbox"/> Partial <input type="checkbox"/> None	
2.5. <b>Public health risks from microbiological, chemical and radiological agents</b> – Knowledge of how they can affect human health and be transmitted person to person and by food, air water, waste, vectors, fomites and the environment;	<input checked="" type="checkbox"/> Full <input type="checkbox"/> Partial <input type="checkbox"/> None	
2.6. <b>Personal protective techniques and related equipment</b> - Demonstrable knowledge of application and correct use.	<input checked="" type="checkbox"/> Full <input type="checkbox"/> Partial <input type="checkbox"/> None	

Core Capacities Measure of Compliance	State of Implementation	Short Comments by the reviewers
2.7. <b>Public health measures</b> - Demonstrable knowledge of the use of correct methods and understanding of techniques, such as: disinfection, decontamination, isolation, quarantine, contact tracing, entry and exit control.	<input checked="" type="checkbox"/> Full <input type="checkbox"/> Partial <input type="checkbox"/> None	
2.8. <b>Testing and sampling techniques</b> - Demonstrable knowledge of the use of correct testing and sampling techniques and equipment to support initial observation, detection and assessment of public health risk, e.g. water, food, vector control.	<input type="checkbox"/> Full <input checked="" type="checkbox"/> Partial <input type="checkbox"/> None	See recommendation for SOP for water testing
2.9. <b>Vector control</b> - Demonstrable knowledge of the use of correct control methods for relevant vector-borne diseases and for hosts and vectors, including disinsecting and deratting.	<input checked="" type="checkbox"/> Full <input type="checkbox"/> Partial <input type="checkbox"/> None	
2.10. <b>Food safety management</b> - Knowledge of use of correct practices for safe food management, especially with regard to handling, supply, source, preparation, storage and distribution.	<input checked="" type="checkbox"/> Full <input type="checkbox"/> Partial <input type="checkbox"/> None	
2.11. <b>Water safety management</b> - Knowledge of correct practices of safe water management, especially with regard to source, storage, distribution, treatment and control methods	<input checked="" type="checkbox"/> Full <input type="checkbox"/> Partial <input type="checkbox"/> None	
2.12. <b>Solid and liquid waste management</b> - Knowledge of solid and liquid waste treatment, control methods and systems for detection, assessment and recommended control measures for present and potential risks from solid and liquid waste (including bilge water and ballast water for ships).	<input checked="" type="checkbox"/> Full <input type="checkbox"/> Partial <input type="checkbox"/> None	

Core Capacities Measure of Compliance	State of Implementation	Short Comments by the reviewers
2.13. <b>Swimming pool and SPA</b> -Knowledge of present and potential risks from recreational swimming and spa areas on board and methods and systems for detection, assessment and recommended control measures.	<input checked="" type="checkbox"/> Full <input type="checkbox"/> Partial <input type="checkbox"/> None	Not Applicable for Airport.
2.14. <b>Medical facilities</b> - Knowledge of requirements, bio safety procedures, equipment, medical chest and environmental requirements for medical facilities on board, according to the size, type and kind of conveyance and related applicable guidelines (e.g. WHO, IMO, ILO, ICAO). -Foreign language skills or arrangements for translation and interpreters, where needed.	<input checked="" type="checkbox"/> Full <input type="checkbox"/> Partial <input type="checkbox"/> None	
2.15 <b>Air quality management</b> –Understanding of correct practices of air health quality management. Capacity for detection, assessment and recommended control measures for present and potential risks from air quality.	<input checked="" type="checkbox"/> Full <input type="checkbox"/> Partial <input type="checkbox"/> None	
<b>(d) To ensure a safe environment for travellers using point of entry facilities, including potable water supplies, eating establishments, flight catering facilities, public washrooms, appropriate solid and liquid waste disposal services and other potential risk areas, by conducting inspection programmes, as appropriate; and adequate numbers of trained staff.</b>		
<b>1. Safe environment for travellers using point of entry facilities</b>		
<b>1.1. Water</b> A documented, tested and updated water safety programme, conducted or under supervision of competent authority; maintenance records and testing results are documented and available, including:	<input checked="" type="checkbox"/> Full <input type="checkbox"/> Partial <input type="checkbox"/> None	
<b>1.1.1 Treatment</b> Adequate treatment to remove and control public health risks.	<input checked="" type="checkbox"/> Full <input type="checkbox"/> Partial <input type="checkbox"/> None	

Core Capacities Measure of Compliance	State of Implementation	Short Comments by the reviewers
<p><b>1.1.2 Source</b> Potable water sources, under surveillance and supervision, in secure places, far away from sources of pollution, approved by the relevant health authority and quality considered satisfactory under national standards.</p>	<input checked="" type="checkbox"/> Full <input type="checkbox"/> Partial <input type="checkbox"/> None	
<p><b>1.1.3 Water quality monitoring programme</b> Water quality regularly monitored, including the effect of disinfection at the points of potable water: all present and potential public health risks from water supply are detected, assessed and recommended control measures are implemented and programme agenda, dates and results of testing and inspection are recorded and accessible, covering: -Public distribution within point of entry boundary -Passenger terminals -Cargo and container terminals -Infrastructure and courtyards -Transport and water service providers for conveyances -Water supply services for food production</p>	<input checked="" type="checkbox"/> Full <input type="checkbox"/> Partial <input type="checkbox"/> None	
<p><b>1.2. Food</b> Eating establishment/food suppliers/production stores approved or considered satisfactory by the relevant health administration and/or under competent authority supervision, including flight catering facilities, meals or foods and other perishable commodities that are prepared from outside the point of entry jurisdictional area, but destined for use on conveyances, are regularly monitored: all present and potential public health risks from food are detected, assessed and recommended control measures are implemented, maintenance records and testing results are documented and available. food safety, including eating and catering facilities.</p>	<input checked="" type="checkbox"/> Full <input type="checkbox"/> Partial <input type="checkbox"/> None	

Core Capacities Measure of Compliance	State of Implementation	Short Comments by the reviewers
<p><b>1.3. Public washrooms</b></p> <p>Public washroom premises consistent with volume and frequency of travelers, in good operational condition and are regularly and hygienically cleaned with regard to the volume of passengers and personnel using the terminal and other facilities at the point of entry.</p>	<input checked="" type="checkbox"/> Full <input type="checkbox"/> Partial <input type="checkbox"/> None	
<p><b>1.4. Solid and liquid waste– residual water</b></p> <p>Documented, tested and updated solid waste management, liquid waste – residual water management plans in place and under competent authority supervision, including:</p>	<input checked="" type="checkbox"/> Full <input type="checkbox"/> Partial <input type="checkbox"/> None	
<p><b>1.4.1 Waste management quality monitoring</b></p> <p>where all present and potential public health risks from solid and liquid waste are detected, assessed and recommended control measures are implemented, maintenance of records and testing results are documented and available, covering:</p> <ul style="list-style-type: none"> <li>-Public collection within Point of entry boundary</li> <li>-Passenger terminals</li> <li>-Cargo and containers terminals</li> <li>-Infrastructure and courtyards</li> <li>-Transport and liquid waste service providers for conveyances</li> <li>-Waste services for food production</li> <li>-Espcial dangerous waste (Medical/infectious, chemical and other)</li> </ul>	<input checked="" type="checkbox"/> Full <input type="checkbox"/> Partial <input type="checkbox"/> None	

Core Capacities Measure of Compliance	State of Implementation	Short Comments by the reviewers
<p><b>1.4.2. Final destination of the solid and liquid waste generated at the point of entry</b></p> <p>The above documented, tested and updated solid and liquid waste management programmes, including standard operating procedures, for safe transport and final destination of the solid and liquid waste generated and or treated at the point of entry, according to its type and volume.</p>	<input checked="" type="checkbox"/> Full <input type="checkbox"/> Partial <input type="checkbox"/> None	
<p><b>1.5. Other potential risk areas: indoor air quality</b></p> <p>A documented, tested and updated indoor air quality management plan in place, where applicable, to avoid sources of contamination and infection and under competent authority supervision, where all present and potential health risks from Indoor air quality are detected and identified and recommended control measures are implemented, maintenance records and testing results are documented and available.</p>	<input checked="" type="checkbox"/> Full <input type="checkbox"/> Partial <input type="checkbox"/> None	
<p><b>1.6. Other potential risk areas: human remains</b></p> <p>Current, regularly updated, documented and tested procedures are in place for monitoring human remains departing and arriving from affected areas and for the use of specific health measures to ensure the safe handling and transport of human remains; under the supervision of competent authority, such as measures of issuance of permits, proper sanitary treatment for leakage in the conveyance, records are available, assessable, traceable and retrievable</p>	<input checked="" type="checkbox"/> Full <input type="checkbox"/> Partial <input type="checkbox"/> None	
<p><b>2. Inspection programmes</b></p>		
<p><b>2.1. Sufficient number of staff for inspections</b></p> <p>Access to appropriate number of trained personnel assigned for these duties, in relation to volume and frequency of travellers and complexity of the point of entry (regarding terminal facilities, destinations and multimodal practice in place among other factors).</p>	<input checked="" type="checkbox"/> Full <input type="checkbox"/> Partial <input type="checkbox"/> None	



Core Capacities Measure of Compliance	State of Implementation	Short Comments by the reviewers
<p><b>2.2. Competent/qualified personnel for inspection programmes</b>  Understanding of inspection standard operating procedures - Personnel have undergone a training program, can produce certificates/ documentation and/or can demonstrate a thorough understanding of standard operating procedures set in place for the sanitary inspection, and should demonstrate competency in the following areas, according to the assigned inspection duties:</p>		
<p><b>2.2.1. Epidemiological situation of the point of entry</b> - Knowledge of common public health risks detected on a routine basis and of the usual public health risks associated with type, size, kind, common origins and destinations of conveyances that use the point of entry</p>	<input checked="" type="checkbox"/> Full <input type="checkbox"/> Partial <input type="checkbox"/> None	
<p><b>2.2.2. Public health events</b> - Knowledge and skills for detecting, reporting, assessing and providing first control measures to public health events;</p>	<input checked="" type="checkbox"/> Full <input type="checkbox"/> Partial <input type="checkbox"/> None	
<p><b>2.2.3. Public health risks from microbiological, chemical and radiological agents</b> – Knowledge of how they can affect human health and be transmitted person to person and by food, air water, waste, vectors, fomites and the environment;</p>	<input checked="" type="checkbox"/> Full <input type="checkbox"/> Partial <input type="checkbox"/> None	
<p><b>2.2.4. Personal protective techniques and related equipment</b> - Demonstrable knowledge of application and correct use.</p>	<input checked="" type="checkbox"/> Full <input type="checkbox"/> Partial <input type="checkbox"/> None	
<p><b>2.2.5. Public health measures</b> - Demonstrable knowledge of the use of correct methods and understanding of techniques, such as: disinfection, decontamination, isolation, quarantine, contact tracing, entry and exit control.</p>	<input checked="" type="checkbox"/> Full <input type="checkbox"/> Partial <input type="checkbox"/> None	

Core Capacities Measure of Compliance	State of Implementation	Short Comments by the reviewers
<b>2.2.6. Testing and sampling techniques</b> -Demonstrable knowledge of the use of correct testing and sampling techniques and equipment to support initial observation, detection and assessment of public health risk, e.g. water, food, vector control.	<input checked="" type="checkbox"/> Full <input type="checkbox"/> Partial <input type="checkbox"/> None	
<b>2.2.7. Vector control</b> - Demonstrable knowledge of the use of correct control methods for relevant vector-borne diseases and for hosts and vectors, including disinsecting and deratting.	<input checked="" type="checkbox"/> Full <input type="checkbox"/> Partial <input type="checkbox"/> None	
<b>2.2.8. Food safety management</b> - Knowledge of use of correct practices of safe food management, especially with regard to handling; supply, source, preparation, storage and distribution	<input checked="" type="checkbox"/> Full <input type="checkbox"/> Partial <input type="checkbox"/> None	
<b>2.2.9. Water safety management</b> - Knowledge of use of correct practices of safe water management, especially with regard to source, storage, distribution, treatment and control methods	<input checked="" type="checkbox"/> Full <input type="checkbox"/> Partial <input type="checkbox"/> None	
<b>2.2.10. Solid and liquid waste management</b> - Knowledge of solid and liquid waste treatment control methods and systems for detection, assessment and recommended control measures for present and potential risks from solid and liquid waste (including bilge water and ballast water for ships).	<input checked="" type="checkbox"/> Full <input type="checkbox"/> Partial <input type="checkbox"/> None	
<b>2.2.11 Swimming pool and SPA</b> - Knowledge of present and potential risks from recreational swimming and spa areas and methods and systems for detection, assessment and recommended control measures (including on board systems).	<input checked="" type="checkbox"/> Full <input type="checkbox"/> Partial <input type="checkbox"/> None	Not Applicable for Airport.

Core Capacities Measure of Compliance	State of Implementation	Short Comments by the reviewers
<p><b>2.2.12. Medical facilities</b> - Knowledge of requirements, bio safety procedures, equipment, medical chest and environmental requirements for medical facilities, according to the size, type and kind of conveyance and related applicable guidelines (e.g. WHO, IMO, ILO, ICAO).</p>	<input checked="" type="checkbox"/> Full <input type="checkbox"/> Partial <input type="checkbox"/> None	
<p><b>2.3. Harmful contamination other than microbial contamination</b>, such as radionuclear sources, could also be found on ships but is outside the scope of this guidance. There are national and international agencies exist to deal with radionuclear incidents and emergencies. The National IHR Focal Point should have the contact information for these agencies.</p>	<input checked="" type="checkbox"/> Full <input type="checkbox"/> Partial <input type="checkbox"/> None	
<p><b>2.4. Facilities, equipment and supplies for use by inspection staff</b> Facilities, equipment and supplies are available for use by inspection staff, according to the needs of its duties and kept in safe and hygienic conditions; including: communication devices, testing and sampling supplies and equipment, updated guidance tools and other technical information sources, personal protective equipment, vector control devices and supplies, records/data collection storage and forms; etc.</p>	<input checked="" type="checkbox"/> Full <input type="checkbox"/> Partial <input type="checkbox"/> None	
<p><b>(e) To provide as far as practicable a programme and trained personnel for the control of vector and reservoirs in and near points of entry</b></p>		

Core Capacities Measure of Compliance	State of Implementation	Short Comments by the reviewers
<p><b>1. Plan for vector and reservoir control</b></p> <p>Integrated vector control programme in place, including special arrangements or agreement/contract covering the following areas:</p> <ul style="list-style-type: none"> <li>-Passenger terminals</li> <li>-Cargo and containers terminals</li> <li>-Infrastructure and courtyards</li> <li>-Service providers facilities at terminal and for conveyance ground support operation</li> <li>-Surrounding areas of Point of entry (minimum 400 meters)</li> </ul>	<input checked="" type="checkbox"/> Full <input type="checkbox"/> Partial <input type="checkbox"/> None	
<p><b>2. Trained personnel for control of vector and reservoirs</b></p> <p>Adequate number of personnel with training and knowledge to detect and control public health risks of vectors and reservoirs as well as to oversee and audit services and facilities of the point of entry.</p>	<input checked="" type="checkbox"/> Full <input type="checkbox"/> Partial <input type="checkbox"/> None	
<p><b>3. Monitoring of vectors in the point of entry facilities and in the surrounding area of at least 400 meters from terminal.</b></p> <p>Monitoring is continuous done on site: vectors and reservoirs are detected, identified, tested for pathogens and controlled. Results of the latest audit of services and facilities are available and accessible</p>	<input checked="" type="checkbox"/> Full <input type="checkbox"/> Partial <input type="checkbox"/> None	

Core Capacities Measure of Compliance	State of Implementation	Short Comments by the reviewers
<p><b>4. Dedicated space, equipment and supplies for use by vector and reservoir control staff.</b></p> <p>Dedicated and secure space/room for use by vector and reservoir control staff and for storage of public health equipment and supplies, including:</p> <ul style="list-style-type: none"> <li>-insecticides, rodenticides, traps and application equipment</li> <li>-inspection equipment</li> <li>-workplace and supplies for staff to: prepare inspections, complete reports, and to prepare, calibrate and store sampling equipment</li> </ul>	<input checked="" type="checkbox"/> Full <input type="checkbox"/> Partial <input type="checkbox"/> None	
<b>(f) Special capacities according to type of point of entry:</b>		
<b>1. Airports</b>		
<p>1.1 Procedures in place concerning communication of events for a suspected case of communicable disease or other public health related event on board aircraft, encompassing air traffic control, airport authorities and public health sector competent authorities.</p>	<input checked="" type="checkbox"/> Full <input type="checkbox"/> Partial <input type="checkbox"/> None	Not Applicable for seaport.
<p>1.2. Procedures in place to assess, monitor and safely apply aircraft disinsection and other vector control measures if required, according to WHO recommendations and guidance, as applicable (this procedures should be part of the integrated vector management control plan at the airport)</p>	<input checked="" type="checkbox"/> Full <input type="checkbox"/> Partial <input type="checkbox"/> None	Not Applicable for seaport.
<p>1.3 Procedures concerning communication with aircraft and air transport operators regarding: free pratique (including radio free pratique) request and authorization; and health part of the General Declaration of Aircraft, if and when requested by national authorities</p>	<input checked="" type="checkbox"/> Full <input type="checkbox"/> Partial <input type="checkbox"/> None	Not Applicable for seaport.

Core Capacities Measure of Compliance	State of Implementation	Short Comments by the reviewers
<b>2. Ports and ships</b>		
2.1 Procedures concerning communication with ship and ship industry operators regarding: free pratique (including radio free pratique) request and authorization; and the Maritime Health Declaration, if and when requested by national authorities	<input checked="" type="checkbox"/> Full <input type="checkbox"/> Partial <input type="checkbox"/> None	Not Applicable for airport.
2.2 Arrangements in place for designated ship quarantine anchorage area, if and when requested, according to risk assessment (such as vector borne disease, ballast water, waste and other public health risks) and safety, security and facilitation principles, as applicable	<input checked="" type="checkbox"/> Full <input type="checkbox"/> Partial <input type="checkbox"/> None	Not Applicable for airport.
<b>3. Ground crossings</b>		
3.1 Procedures concerning communication with ground transport conveyances/ground crossing operators regarding border control measures when massive suspected cases or high public health related risk detected, if and when requested by national authority.	<input checked="" type="checkbox"/> Full <input type="checkbox"/> Partial <input type="checkbox"/> None	Not Applicable for 5 PoEs.
3.2 Arrangements in place for carrying out public health measures on affected ground transport conveyances, when recommended or requested by national authority.	<input checked="" type="checkbox"/> Full <input type="checkbox"/> Partial <input type="checkbox"/> None	Not Applicable for 5 PoEs.

**BII-For responding to events that may constitute PHEIC (Emergencies)**

Core Capacities Measure of Compliance	State of Implementation	Short Comments by the reviewers
<b>(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>		
<b>1.Public health emergency contingency plan</b> An agreed, updated, documented public health emergency contingency plan, integrated with other public health response plans (national/intermediate/local levels) and other emergency operational plans at point of entry, covering relevant services at point of entry and disseminated to all key stakeholders	<input checked="" type="checkbox"/> Full <input type="checkbox"/> Partial <input type="checkbox"/> None	



<p><b>2. Integration with other response plans</b></p> <p>A clearly structured allocation of functions within the public health emergency contingency plan, for all services and sectors involved at point of entry to carry out policy /guidance, coordination, management and evaluation functions during a public health response:</p> <ul style="list-style-type: none"> <li>-Coordinator/committee identified;</li> <li>-Sub-sector/ services contacts and plans in place</li> <li>-Sub-sector/services contact points identified.</li> <li>-contact points for key sectors/services at point of entry identified/nominated and details shared with competent authority.</li> <li>-integration with possible sectoral plans contact points of key sectors/services at point of entry, including public health, immigration, transportation, security, public information/media</li> <li>-Identification of mechanism/system in operation and procedures in place for communication/collaboration between public health authorities, within national health surveillance system, with regard to reporting, information exchange, assessment and coordinated response, in coordination with national, intermediate and local public health alert and response plans.</li> <li>-a reliable system for informing the local competent authority in charge to implement health measures of the pending arrival of a suspected case of a communicable disease, when traffic control or others authorities at point of entry have been notified of this by conveyances operators;</li> </ul>	<input checked="" type="checkbox"/> Full <input type="checkbox"/> Partial <input type="checkbox"/> None	
<p><b>3. Training and/or drill exercises</b></p> <p>Periodic training and/or drill exercises to familiarize contact points of key sectors/services at point of entry with the public health contingency plan and their respective roles and functions within it.</p>	<input checked="" type="checkbox"/> Full <input type="checkbox"/> Partial <input type="checkbox"/> None	

**(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**

**1. Affected travellers on board**

Administrative arrangements and written procedures are in place and agreed with local authorities, conveyance operators and service providers for information sharing and coordinated intersectoral alert and response actions for affected conveyances regarding support and decision making for ill or suspect traveller on board, as part of the public health emergency contingency plan.

- Full
- Partial
- None

**2. Assessment of, and care for affected travellers**

**2.1. Access to treatment, isolation and diagnostic facilities**

Administrative arrangements and a written, formal agreement, such as memorandum of understanding, are in place with local and/or nearby hospitals, clinics, health services, to receive affected travellers from the point of entry for isolation, treatment and other support services

- This agreement should describe the potential nature of the risk (e.g. infectious disease, other sources of contamination) and the responsibilities of each signatory;
- Reference source, date and expiry of the agreement;
- Facilities and types of health care covered (e.g. assessment, isolation, treatment such as first aid, intensive care unit, contagious disease reference centre, etc.);
- Competent/qualified personnel assigned for prompt assessment, care and isolation of affected travellers;
- Access to laboratory facilities;
- Access to necessary equipment, supplies and personal protective equipment (e.g. PPE) ;
- Procedures in place for routine written reports of traveller transfer, follow-up care and results of laboratory analysis.
- Arrangements for translation and interpreters.

- Full
- Partial
- None

<p><b>2.2. Key information regarding treatment, isolation and diagnostic facilities and transport of affected travellers</b></p> <p>List of all facilities to which affected travellers from the point of entry are to be transferred and names and key contact information (address, phone number, distance from point of entry and map of routes) created, disseminated and maintained/updated, regularly tested for accuracy and accessible to all relevant personnel.</p> <p>Key information provided to transportation services regarding the name, address, distance and route to hospitals/clinics facility to which affected travellers from the points of entry must be taken.</p>	<input checked="" type="checkbox"/> Full <input type="checkbox"/> Partial <input type="checkbox"/> None	
<p><b>3. Assessment, care and isolation of affected animals</b></p>		
<p><b>3.1. A written, formal agreement in place with veterinary centres to provide diagnostic tests, assessment and recommended measures related to affected animals</b></p> <p>-Staff trained in infection control and available on-site or on-call to examine affected animals;</p> <p>-Standby infection control plan, including adequate equipment and procedures to manage or to use other clinical care facilities to deal with heightened level of public health risk (other than routine level risk);</p> <p>-Personal protective equipment and personnel trained available to carry out assessment, treatment and isolation of affected animals;</p> <p>-Written reports of results of affected animal diagnostic tests, follow-up care and infection control.</p>	<input checked="" type="checkbox"/> Full <input type="checkbox"/> Partial <input type="checkbox"/> None	
<p><b>3.2. Referral and transport of animals to designated veterinary facility through appropriate safe transport arrangements.</b></p> <p>Documented administrative arrangements are in place:</p> <p>-Cleaning/disinfection equipment and supplies and personnel familiar with these procedures;</p> <p>-Personal protective equipment to transport staff.</p>	<input checked="" type="checkbox"/> Full <input type="checkbox"/> Partial <input type="checkbox"/> None	

<b>(c) to provide appropriate space, separate from other travellers, to interview suspect or affected persons</b>		
<b>1. Space to interview suspect or affected travellers-</b> Hygienic and environmentally safe space(s) set aside to conduct private interviews that are of adequate size in relation to volume, type of conveyance and frequency of travellers and complexity of the point of entry (regarding terminal facilities, destinations and multimodal practice). Desirable to have independent exit passage which suspect travellers can be transported to medical care facilities, if needed, and avoid infecting other persons. Arrangements for translation and interpreters where needed	<input checked="" type="checkbox"/> Full <input type="checkbox"/> Partial <input type="checkbox"/> None	
<b>2. Regularly updated, documented, tested on-site control measures,</b> including equipment and products for cleaning, disinfection and decontamination, for the purpose of elimination all possible contamination at the facility used to interview affected travelers.	<input checked="" type="checkbox"/> Full <input type="checkbox"/> Partial <input type="checkbox"/> None	
<b>3. Personal protective equipment (PPE)</b> for interviewing ill travellers Access to necessary equipment (e.g. PPE) for initial interview and triage. Personnel use personal protective equipment for initial interview and triage.	<input checked="" type="checkbox"/> Full <input type="checkbox"/> Partial <input type="checkbox"/> None	
<b>(d) to provide for the assessment and, if required, quarantine of suspect travellers, preferably in facilities away from the point of entry</b>		
<b>1. Assessment of suspect travellers</b>		
<b>1.1. Staff</b> Appropriate number of trained personnel, proportional to the volume and frequency of travellers, available at short notice, on or off site, to interview and to provide first assessment of suspect travellers on a timely basis.	<input checked="" type="checkbox"/> Full <input type="checkbox"/> Partial <input type="checkbox"/> None	

<p><b>1.2. Procedures for reporting</b></p> <p>Procedures in place for reporting to the competent authority at the point of entry events related to travellers, indicative of infectious disease or evidence of a public health risk to ensure appropriate assessment, care and other public health measures</p>	<input checked="" type="checkbox"/> Full <input type="checkbox"/> Partial <input type="checkbox"/> None	
<p><b>2. Quarantine of suspect travellers</b></p>		
<p><b>2.1. Designation of facilities</b></p> <p>Administrative arrangements and a written, formal agreement, such as memorandum of understanding, are in place with local and/or nearby hospitals, clinics, health services, or other facilities to receive suspect travellers from the point of entry for quarantine and other support services (preferably away from the point of entry).</p> <p>-This agreement should describe the potential nature of the risk (e.g. infectious disease; other sources of contamination) and the responsibilities of each signatory;          -Reference source, date and expiry of the agreement;          -Facilities and type of support and logistics services covered;          -Competent/qualified personnel for quarantine of suspected travellers, assigned to these duties;          -Access to laboratory facilities;          -Access to necessary equipment, supplies and personal protective equipment (e.g. PPE) ;          -Procedures in place for routine written reports of traveller transfer, follow-up care and results of laboratory analysis.          Arrangements for translation and interpreters where needed.</p>	<input checked="" type="checkbox"/> Full <input type="checkbox"/> Partial <input type="checkbox"/> None	
<p><b>2.2. Staff</b></p> <p>Appropriate number of trained personnel at the quarantine facility to recognize disease symptoms and who are familiar with procedures and measures for suspect travellers</p>	<input checked="" type="checkbox"/> Full <input type="checkbox"/> Partial <input type="checkbox"/> None	

<b>(e) to apply recommended measures to disinsect, derat, 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</b>		
<p><b>1. Location for application of recommended measures</b> - Depending on the movement of baggage, cargo, containers, conveyances, goods and postal parcels, a specially equipped location should be designated, for:</p> <ul style="list-style-type: none"> <li>-disinsecting</li> <li>-deratting</li> <li>-disinfecting</li> <li>-decontaminating</li> </ul> <p>The location should be properly designed to avoid possible injury/discomfort/harm to persons and damage to the environment. Factors such as wind direction and distance to human habitats should be taken into consideration,</p>	<input checked="" type="checkbox"/> Full <input type="checkbox"/> Partial <input type="checkbox"/> None	
<p><b>2. Standard operational procedures</b></p> <p>Documented, updated and tested standard operational procedures are in place</p>	<input checked="" type="checkbox"/> Full <input type="checkbox"/> Partial <input type="checkbox"/> None	
<p><b>3. Trained staff</b></p> <p>Appropriate number of trained personnel available to apply health measures according to technical requirements, adequately and in a timely manner.</p>	<input checked="" type="checkbox"/> Full <input type="checkbox"/> Partial <input type="checkbox"/> None	
<p><b>4. Personal protective equipment</b></p> <p>Equipment available and staff trained in application of personal protective equipment</p>	<input checked="" type="checkbox"/> Full <input type="checkbox"/> Partial <input type="checkbox"/> None	
<b>(f) to apply entry or exit controls for arriving and departing travellers</b>		
<b>1. Entry or exit controls for travellers</b>		

<p>A formal plan in place to apply entry exit controls at point of entry, if and when recommended, to enable a risk assessment of the individual traveller to be made during events that may constitute a public health emergency of international concern; the plan should have:</p> <ul style="list-style-type: none"> <li>-An identified staff/committee to make, coordinate and implement key decisions on entry/exit controls at point of entry</li> <li>-A communication procedure for sharing/ disseminating information to the public and travellers regarding entry/exit controls during a public health emergency</li> <li>-A 'toolbox' of methods for screening, including visual inspection, questionnaire/health declaration forms and temperature measurement (using thermal scanners or other suitable methods).</li> <li>-Operational standard procedures</li> <li>-Training/briefing/drills to orient staff, including public health, airlines, travel agents, security, customs and other, on additional responsibilities in carrying out entry/exit controls.</li> <li>-Reliable equipment calibrated and maintained in accordance with the manufacturer's recommendations.</li> <li>-Personnel trained in procedures and use of equipment and in the interpretation of recordings.</li> <li>-A system to incorporate the results of exit screening at airports with the national surveillance and reporting system for outbreaks of a specified illness.</li> <li>-Logistics, especially baggage, security and customs formalities for travelers arriving from and to abroad, for suspected cases and for asymptomatic contacts.</li> </ul>	<input checked="" type="checkbox"/> Full <input type="checkbox"/> Partial <input type="checkbox"/> None	
<p><b>(g) to provide access to specially designated equipment and to trained personnel using appropriate personal protection, for the transfer of travellers who may carry infection or contamination</b></p>		
<p><b>1. Provide access to special equipment</b></p>		
<p>Arrangements are in place for transporting suspect travellers to appropriate medical or quarantine facilities by safe, hygienic means of transport. Transport service should have in place cleaning/disinfection equipment and supplies and personal protective equipment for transport staff.</p>	<input checked="" type="checkbox"/> Full <input type="checkbox"/> Partial <input type="checkbox"/> None	

<b>2. Personnel to transport suspect travellers.</b>		
2.1. Appropriate number of trained personnel available to transport suspect travellers according to technical requirements, adequately and in a timely manner.	<input checked="" type="checkbox"/> Full <input type="checkbox"/> Partial <input type="checkbox"/> None	
2.2. Personnel trained in application of personal protective equipment and disinfection techniques, as applicable.	<input checked="" type="checkbox"/> Full <input type="checkbox"/> Partial <input type="checkbox"/> None	
2.3. Personnel trained in the use of key information regarding hospital/clinic/diagnostic facilities related to the point of entry.	<input checked="" type="checkbox"/> Full <input type="checkbox"/> Partial <input type="checkbox"/> None	





**指導單位:**行政院

**秘書單位:**衛生福利部疾病管制署

**參與單位:**交通部、衛生福利部、外交部、國防部、內政部、財政部、  
法務部、經濟部、行政院環境保護署、行政院農業委員會、  
行政院海岸巡防署、行政院原子能委員會