Ted Stevens International Airport

Multiagency Airport Communicable Disease Response Plan

Preventing the Introduction, Transmission, and Spread of Communicable Diseases into and throughout the United States

This plan was developed by a consortium of federal, state, and local agencies as well as private stakeholders. The principal parties responsible for the maintenance of the plan are the Ted Stevens Anchorage International Airport, Municipality of Anchorage Department of Health and Human Services Emergency Programs, US Customs and Border Protection, Alaska Division of Public Health, and the CDC Anchorage Quarantine Station. This plan will be reviewed and updated as needed or on an annual basis. The current adaptation of this plan (dated May 31, 2013) replaces the prior version (Ted Stevens Anchorage International Airport Communicable Diseases Response Plan dated July 18, 2011, May 1, 2009 and April 1, 2006).

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The Anchorage Communicable Disease Response Plan provides the basis for a multi-sector and multi-state response to a public health disaster/emergency at the Ted Stevens International Airport.

The original version of this plan was developed in 2005; and the most recent revision was completed in 2020.

This plan is to be reviewed and updated annually by the Anchorage and local response partners with changes noted on the plan's Record of Revision page.

Inquiries about this plan should be directed to:
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I. Verification of Plan Approval

This plan has been reviewed and approved by:

_____	_____
CDC Quarantine Station OIC Date	CBP Port Director Date
_____	_____
Emergency Medical Services Date	Airport Authority Date
_____	_____
Local Public Health Dept. Date	State Public Health Dept. Date

II. Record of Revision

This plan is normally to be reviewed every year and updated as necessary. If any portion of the Base Plan or an annex is changed this should be captured in the table below:

*The revision number in the upper right corner of every page of that individual section will be increased by one.

Section	Summary of Changes	Date of Revision	Revision Number
Throughout Plan	Updated to include 42 CFR Parts 70/71 changes; added domestic components	03/28/2017	2
Throughout Plan	Updated to include Anchorage QS specific language	9/30/20	3

III. Plan Maintenance and Distribution

This plan is a living document and changes may be made as necessary.

Plan maintenance is a yearly occurrence. Every year, the plan is to be reviewed by all agencies listed in the Verification of Review section. This review should be documented by signature and date. If changes are required to the plan, those changes are to be noted in Section II. If the Quarantine Station has questions on how to document changes, contact the Regional Preparedness Coordinator.

A centralized location for the updated plan should be designated with a hard copy and electronic copy available. If it is determined that plans are to be numbered and distributed, plan distribution to a specific person/agency should also be documented.

IV. Background

A vast, interconnected and complex transportation system supports our critical infrastructure. This transportation sector is a decentralized network predominantly owned and operated by state and local governments and the private sector. Each day, more than 618,000 travelers transit domestically within the United States and 1 million travelers arrive or pass through the United States by air, sea or land. Our Nation's designated ports of entry represent the intersection of the transportation industry, public health, tourism, trade, and homeland security.

HHS/CDC staff have experienced first-hand the impact of globalization on public health. Implementation of public health measures at our borders supports the prevention or delay of communicable disease introduction into the United States. The rapid speed and tremendous volume of international and transcontinental travel, commerce, and human migration enable microbial threats to disperse worldwide in 24 hours – less time than the incubation period of most communicable diseases.

The Ted Stevens Anchorage International Airport is one such port and serves 21 passenger and 49 cargo destinations domestically and internationally. Anchorage is within 9.5 hours of major destinations worldwide and serves as a strategic air cargo hub for Asia and other parts of the world. It is currently one of the busiest international cargo airports in the world.

Because of the sheer volume of traffic flowing through this and other international ports of entry, the potential exists for the rapid and widespread dissemination of a communicable disease within the U.S. Therefore, expeditious implementation of public health measures at our ports of entry provides an opportunity to prevent the introduction of communicable diseases into the United States.

Under Section 361(b) of the Public Health Service Act, the CDC's Division of Global Migration and Quarantine (DGMQ) has the authority to isolate and quarantine individuals or groups of individuals who are known to have, suspected of being ill with, or exposed to the following diseases:

- Cholera
- Diphtheria
- Infectious Tuberculosis
- Plague
- Smallpox
- Yellow Fever
- Viral Hemorrhagic Fevers
- Severe acute respiratory syndromes (changed from SARS in July 2014)
- Flu that can cause a pandemic

NOTE: In K. Annex – Directory of Infectious Agents and Diseases there is a column titled "Precautions/Comments," where the above-listed diseases have a note stating that they are a "QUARANTINABLE DISEASE."

This plan meets the Collaborative Arrangement for the Prevention and Management of Public Health Events in Civil Aviation (CAPSCA) requirements for a public health emergency

response plan at an international airport as they relate to Quarantine Station duties and responsibilities. A crosswalk for these requirements are provided as N. Annex – CAPSCA Airport Checklist

V. Purpose and Objectives

A. Purpose

Prevent the introduction, transmission, or spread of communicable diseases from foreign countries into and throughout the United States.

B. Objectives

1. To prevent the introduction, transmission, and interstate spread of communicable diseases into the United States and its territories.
2. To support local, state and tribal public health during domestic travel communicable disease response, as requested.

VI. Organization of Plan

The Communicable Disease Response Plan is divided into two major parts: a base response plan and eleven supporting annexes.

A. Base Plan

The base plan focuses first and foremost on 1) the assignment of emergency responsibilities, and 2) general operations policies.

B. Annexes

The annexes expand on the emergency responsibility assignments made in the base -plan and are of principal value to those responsible for the assignments.

A. Annex: State of Alaska Agency Notification List – Diagram illustrating which agencies should be contacted upon notification of a communicable disease in a U.S. airport of entry.
B. Annex: Public Information Officer Contact List – Important points of contact for federal and state entities.
C. Annex: Alaska Pandemic Influenza Multi Agency Coordination Group Organizational Chart – Diagram illustrating the command structure of the Multi Agency Coordination Group.
D. Annex: Port of Entry Quarantine Response Timeline – Diagram illustrating the proper pathway for quarantine staff to respond to a communicable disease event at a U.S. airport of entry.
E. Annex: Process Map for Response to Illness Onboard an Aircraft – A Quarantine Station staff response flow chart for passenger illness onboard a flight arriving at a U.S. airport of entry.

Annex: Process Map for Response to Death Onboard an Aircraft – A Quarantine Station staff response flow chart for passenger death onboard a flight arriving at a U.S. airport of entry.

Annex 7: Standard Precautions – Precautions to be taken by Quarantine Station when interacting with a sick traveler.

Annex 8: Contact Precautions – Specialized precautions to be taken if traveler is ill with potentially contagious agent and when transmission may occur through contact with contaminated objects.

Annex 9: Droplet Precautions – Specialized precautions to be taken if traveler is ill with potentially contagious agent and when transmission may occur through the droplets of the agent.

Annex 10: Airborne Precautions – Specialized precautions to be taken if traveler is ill with potentially contagious agent and when transmission is possible through an airborne route of infection.

Annex 11: Directory of Select Infectious Agents and Diseases – Reference chart for the treatment guidance for select infectious agents and commonly seen illnesses.

Annex 12: Public Health Announcement Scripts – Sample scripts to be read to passengers by flight crew if THAN issued.

Annex 13: Communication Pathways for Reporting a Death or Suspected Case of Communicable Disease – Diagram illustrating communication paths for an aircraft to report a death or traveler illness.

Annex 14: CAPSCA Airport Checklist – Crosswalk and Checklist for Airports to ensure requirements for CAPSCA are met and where to find items within the Communicable Disease Response Plan.

Annex 15: Repatriation Flight Playbook – Comprehensive walkthrough on how Quarantine Station staff should handle repatriation flights.

VII. Legal Authorities

A. Federal

The CDC receives its authority under multiple federal laws and regulations. The public health laws (statutes) are located in Title 42 of the United States Code (U.S.C.). These statutes are regulated under Title 42 of the Code of Federal Regulations (CFR).

Title 42 of U.S.C. §§ 201-300 – Public Health Service Act

42 U.S.C. § 264 Regulations to Control Communicable Diseases
Provides the Secretary of HHS responsibility for preventing the introduction, transmission, and spread of communicable diseases from foreign countries into the United States and from one state or U.S. possession into another. This section is implemented through regulations found at 42 CFR Parts 70 and 71.

42 U.S.C. § 268(b). Quarantine duties of consular and other officers
It shall be the duty of the customs officers and of Coast Guard officers to aid in the enforcement of quarantine rules and regulations; but no additional compensation, except actual and necessary traveling expenses, shall be allowed any such officer by reason of such services.

42 U.S.C. § 271(a). Penalties for violation of quarantine laws
Any person who violates any regulation prescribed under sections 264 to 266 of this title, or any provision of section 269 of this title or any regulation prescribed thereunder, or who enters or departs from the limits of any Quarantine Station, ground, or anchorage in disregard of quarantine rules and regulations or without permission of the quarantine officer in charge, shall be punished by a fine of not more than $1,000 or by imprisonment for not more than one year, or both.

42 CFR Parts 70 and 71 Interstate and Foreign Quarantine

42 CFR 70.2. Measures in the event of inadequate local control
Whenever the Director of the CDC determines that the measures taken by health authorities of any State or possession (including political subdivisions thereof) are insufficient to prevent the spread of any of the communicable diseases from such State or possession to any other State or possession, he/she may take such measures to prevent such spread of the diseases as he/she deems reasonably necessary.

42 CFR 70.6. Apprehension and detention of persons with specific diseases
Under its delegated authority, CDC, through the Division of Global Migration and Quarantine (DGMQ), is empowered to apprehend, detain, medically examine, or conditionally release persons suspected of carrying a quarantinable disease.

42 CFR 71.21. Radio report of death or illness
Requires that the master of a ship destined for a U.S. port and commander of aircraft destined for a U.S. airport shall report immediately to the Quarantine Station at or nearest the port/airport at which the ship/aircraft will arrive, the occurrence, on board, of any death or ill person among travelers or crew.

42 CFR 71.33. Persons: Isolation and surveillance
The Director [CDC] may require isolation where surveillance is authorized in this subpart whenever the Director considers the risk of transmission of infection to be exceptionally serious. From time to time the Director may, in accordance with section 322 of the Public Health Service Act, enter into agreements with public or private medical or hospital facilities for providing care and treatment for persons detained under this part.

42 CFR 70.6. Apprehension and detention of persons with quarantinable communicable disease
(a) The Director may authorize the apprehension, medical examination, quarantine, isolation, or conditional release of any individual for the purpose of preventing the introductions, transmission, and spread of quarantinable communicable diseases as specified by executive order. The individual must be reasonably believed to be infected with such a disease, be in a qualifying stage, and may be moving from a State into another State.
(b) The Director will arrange for adequate food and water, appropriate accommodation and medical treatment, and provide a means of necessary communications for individuals held in quarantine or isolation

42 CFR 70.10. Public health prevention measures to detect communicable disease
The Director may conduct public health prevention measures at U.S. airports, seaports, and other locations where individuals may engage in interstate travel. The Director may require these individuals to provide contact and travel information as part of these prevention measures

42 CFR 70.18. Penalties
If the violation does not result in a death, persons in violation are subject to a fine of no more than $100,000 or one year in jail or both. Organizations in violation, if no death results, are subject to a fine of not more than $200,000 per event. The penalty is greater in both cases if death occurs and may be different if provided otherwise within the law

42 CFR 71.4. Requirements relating transmission of passenger, crew and flight information for public health purposes (International POE)
Any airline or flight arriving into the United States, including intermediate stops, shall make data elements available to the Director, to the extent that data is already available to the airline, for passengers and crew who may be at risk of exposure to a communicable disease within 24 hours of an order by the Director. Data includes: Full Name, date of birth, sex, country of residence, email, flight information, and other data elements.

42 CFR 70.11 and 71.21. Report of death or illness
Requires that the master of a ship destined for a U.S. port and commander of aircraft destined for a U.S. airport shall report immediately to the Quarantine Station at or nearest the port/airport at which the ship/aircraft will arrive, the occurrence, on board, of any death or ill person among travelers or crew.

42 CFR 71.33. Persons: Isolation and surveillance
The Director will arrange for adequate food and water, appropriate accommodation and medical treatment, and provide a means of necessary communications for individuals held in quarantine or isolation; Persons under these orders are to inform the Director prior to departing the United States or travelling to any location other than stated destination.

42 CFR 71.63. Suspension of entry of animals, articles, or things from designated foreign countries and places into the United States
The Director may suspend entry into the United States as necessary to protect the public health.

<u>ICAO Document 4444</u>
This document provides guidance for the reporting of suspected communicable diseases onboard an aircraft. It states that the flight crew is expected to provide Air Traffic Services (ATS) with information concerning the potential case(s). The ATS is then required to forward the message to the appropriate public health authority – in this case either state/local public health department or the Quarantine Station.

B. State Authorities:

The Alaska Department of Health and Social Services (DHSS) is the primary state agency responsible for preventing the introduction, transmission, and spread of communicable

diseases from foreign countries into the State of Alaska. These responsibilities are carried out by DHSS' Division of Public Health. Alaska law gives DHSS authority to investigate outbreaks of communicable diseases (AS 18.15.375) and in cases of emergency, use quarantine or isolation to control the outbreaks (AS 18.15.385(e)). DHSS has authority to seek court orders for isolation or quarantine in non-emergency situations (AS 18.05.385). In cases where the governor has declared a disaster emergency under AS 26.23.020(c) due to a disease outbreak, DHSS, in conjunction with the Department of Military and Veterans' Affairs, Division of Homeland Security and Emergency Management have additional powers to protect the public health (AS 18.15.390). The governor also has authority to respond to a communicable disease outbreak by limiting egress to or ingress from a declared disaster area (AS 26.23.020(g)(7)).

Alaska law requires DHSS to carry out its duties in cooperation with the federal government when national interests are implicated (AS 18.05.030). DHSS' duties are further defined in Title 7, Chapter 27 of the Alaska Administrative Code.

C. State and Local

State, local, territorial, and tribal governments are responsible for the health and safety of the people within their jurisdictional boundaries. Specific rules and regulations vary by state and local jurisdictions. Upon request, the CDC is authorized to assist their efforts to prevent disease transmission.

VIII. Planning Assumptions

The following planning assumptions were made when constructing this response plan:

- This plan is not static and is a flexible framework
- The plan fits the Anchorage Quarantine Station's, or port of entry (POE), current capabilities
- This plan is developed in coordination and collaboration with local response partner plans
- All local approvals for the plan are obtained by the Anchorage Quarantine Station or POE
- The plan is evaluated and updated yearly as needed by the Anchorage Quarantine Station or the POE
- The plan complies with international standards such as ICAO document 4444 and Annex 9 of the Chicago Convention

IX. Principal Considerations

The processes and public health response measures to be used during a suspected communicable disease response are guided by the following considerations:

A. Coordinated and Timely Response

The implementation of public health response measures is a multi-agency effort. The measures implemented by the respective agencies should be well coordinated to avoid confusion, inconsistencies, duplication of effort or waste of resources. Some measures may need to be rapidly implemented with resources deployed in a timely manner.

B. Sustainable Measures

Response to a suspected communicable disease event may be prolonged. The adopted measures should be sustainable until the situation reconciles.

C. Minimize Inconvenience to Travelers and Trade

Processes and public health response measures introduced during a suspected communicable disease response event should be targeted to contain the event and to mitigate the risks to additional travelers and staff. Care should be given to minimize inconvenience to all travelers or the disruption of trade.

D. Rapid Return to Steady State as the Event Subsides

Returning to steady state is a priority. For extended responses, criteria for demobilization may be developed. Additional associated process may be needed to ensure return to routine operations is in line with the health risk.

X. Activation

This response plan will be activated should a person with a potentially communicable disease arrives at the POE. The base plan covers a wide variety of topics and it is intended to supplement Quarantine Station response with local partners. There are multiple factors considered when determining level of response (i.e., the number of ill travelers exceeds the capacity of responders, transmissibility of potential illness, or the number of potential cases). At the conclusion of the base plan, there are annexes to cover other response considerations to assist the Quarantine Stations.

Under the Public Health Service Act, DGMQ has the legal authority to isolate and quarantine individuals or groups of individuals who are known to have, suspected of being ill with, or exposed to certain diseases.

To help Quarantine Station staff act quickly, the following is recommended:

- Upon learning of a possible communicable illness or a death on board, the pilot, or designee, should immediately notify their land-based point of contact (for example, ATS, Operations Center, Flight Control, airline station manager) and provide the aircraft identification, departure airport, destination airport, estimated time of arrival, number of persons on board, number of suspected cases(s) on board, nature of the public health risk, if known. See Annex 10 - Communication Pathways for Reporting a Death or Suspected Case of Communicable Disease for a diagram of this reporting procedure. This reporting option also complies with International Civil Aviation Organization (ICAO) reporting standard (ICAO document 4444 and Annex 9 of the Chicago Convention).
- If possible, they should report the ill person's name, seat number (and seat changes, if any), symptoms, approximate age, point of origin, travel itinerary, and additional information about the ill person that may have been collected by volunteer, airline, or contract medical staff. http://www.cdc.gov/quarantine/pdf/airlines-tool.pdf
- That point of contact may then notify Anchorage Quarantine Station staff.

- The CDC Anchorage Quarantine Station staff can help evaluate an ill person and answer other questions regarding reporting requirements. If contact cannot be made with the nearest station, the pilot, or designee should contact the CDC Emergency Operations Center at 1-770-488-7100.
- CDC Quarantine Stations, their contact information, and areas of jurisdiction are found at: http://www.cdc.gov/quarantine/quarantinestations.html.
- A flowchart on the response to arrival of a flight with a suspected communicable disease is provided in Annex 5 – Process map for response to illness onboard an aircraft.

CDC provides case definitions and internal response protocols for illnesses of public health significance/threat onboard arriving flights. These internal protocols are updated periodically after review with subject matter experts or as more information regarding emerging/re-emerging infectious diseases is obtained.

XI. Coordinating and Responsible Organizations

During a communicable disease response, many organizations will be responding. For a public health emergency, the principle coordinating agency for the federal response is the Centers for Disease Control and Prevention. As such, that agency is discussed in the greatest detail below.

A. Centers for Disease Control and Prevention (CDC)

- Conduct public health assessments and arrange medical examinations of ill travelers and crew to determine the need for public health interventions.
- Authorize the temporary detention or quarantine, through federal order as necessary, of travelers and animals/cargo for appropriate public health evaluation and response to reports of illness, in consultation with other relevant federal entities.
- Notify and collaborate with other federal, state, and local agencies when ill travelers have been detained or paroled into the United States for evaluation or treatment for communicable diseases.
- Provide advice and guidance to the public health responders, including state and local public health authorities, in caring for ill and exposed persons.
- Provide training for CBP officers and other port and community partners regarding public health response at U.S. ports of entry.
- Obtain information on ill and exposed travelers (e.g., demographics, contact information, travel itinerary, illness history, and medical status) and the conveyance (number of travelers, manifest availability), in accordance with the law and existing information sharing agreements.
- Rescind federal quarantine orders when the public health situation allows.
- Provide access to a medical review in instances where travelers challenge federal isolation or quarantine orders.
- Advise Federal/State/Local/Private officials about travelers potentially exposed to a quarantinable disease or disease of public health importance throughout the course of the epidemiological investigation and upon the final medical determination of the nature of the illness.

- Coordinate with the World Health Organization (WHO) to provide information about ill international travelers to ministries of health at their place of origin and at intermediate destinations.
- Coordinate with the Department of State, as necessary, to notify applicable foreign consulates or embassies that their foreign nationals have been detained for evaluation or treatment of a quarantinable disease.
- Collaborate with PIO/JIC to develop and authorize information for the detained, responders, the media, and the public.
- Participate in the management of media relations, in collaboration with state and local health departments and information officers from other response partners.

In conjunction with the airport authority and other stakeholders, maintain and periodically update the POE's Communicable Disease.

B. **Responsible Agencies**

Responsibilities assigned within this section are generic. Each Quarantine Station should develop this table specific for the POE. Additional agencies and responsibilities may be added at the end user's discretion.

	Pilot in Command of Aircraft	Air Carrier Operations Center/On-Airport Airport Authority	Emergency Medical Services (EMS)	State and Local Public Health Departments	State and Local Law Enforcement Agencies	Local Healthcare Facilities	U.S. Customs and Border Protection	Immigration and Customs Enforcement (ICE)	Federal Aviation Administration (FAA)	Federal Bureau of Investigation (FBI)	Centers for Disease Control and Prevention
Notification to appropriate personnel	X	X	X		X	X	X	X				X
Request Assistance from partners	X	X	X	X	X	X	X			X		X
Provide updates to:												
- Response Organizations	X		X		X	X	X	X				X
- Other Travelers	X				X							X
- CDC	X		X		X		X	X				
Isolate Traveler(s) or Plane if needed	X		X	X			X			X		X
Transportation of ill travelers				X								
Exercise Plan			X	X	X		X	X	X	X	X	X
Provide assistance to partners				X	X	X	X	X	X	X	X	X
Evaluate traveler(s)				X	X		X					X
Implement or Rescind Federal Quarantine/ Isolation Orders												X
Provide training to other partners					X							X
Gather Preliminary Traveler information	X			X								X
Collaborate with International partners												X

Assist with public information dissemination			X	X	X	X	X	X	X	X	X	X
Assist in contact investigations					X							X
Assist with Security						X		X	X			
Control of Terrorist Event											X	

Table 1.1: Responsible Agencies

XII. Concept of Operations

If notified of a potential traveler illness on an U.S.-bound international or domestic flight, Quarantine Station personnel will follow CDC guidance. In addition to standard operating procedures, the following considerations should be site-specific for each Quarantine Station. Domestic flight response is coordinated with state, local, tribal, or territorial partners using their existing protocols and procedures.

A. Preliminary Information Gathering

- Upon notification of illness or death on an international or domestic flight, bound for a U.S. airport of entry, Quarantine Station staff should gather as much information as possible about the ill travelers. This may include:
  - Number of ill (or deceased)
  - Type of symptoms
  - Name(s)
  - Date(s) of birth
  - Itinerary
  - Seat number
  - Whether passenger or crew member
  - Was EMS notified
  - Flight information such as origin, carrier and flight number, estimated arrival time, and arrival gate
- Notify Officer in Charge (OIC) or Quarantine Medical Officer (Quarantine Medical Officer) if a quarantinable or communicable disease of public health significance is suspected
  - Determine if special precautions are needed for planeside response based off of OIC or Quarantine Medical Officer recommendations or symptomatology (Annex 5) contains a flow chart for ill passengers).
  - If passenger death occurs on flight, reference Annex 6.

B. Parking and Gate Procedures

- If a communicable disease emergency is suspected, the arriving aircraft will be directed to a parking spot determined by Anchorage airport authority. Whenever possible, location Anchorage may be used.
- Air conditioning to the aircraft cabins should be maintained at all times.
- All passengers should remain seated.

- The aircraft personnel (with assistance from CDC personnel) will inform the crew and travelers as to the nature of the situation and the sequence of events.

C. Planeside Response

- If a communicable disease emergency is suspected, the CDC Anchorage Quarantine Station personnel or their designated alternates will lead the illness response investigation, provide personal protection equipment (PPE) guidance, and direct the activities of all response staff present.
- The composition of an initial response group to a communicable disease emergency at the airport name may include one or more the following:
  - CDC Anchorage Quarantine Station
  - EMS
  - CBP
  - Police, fire
  - Operations
  - Affected airlines
- The CDC Anchorage Quarantine Station personnel or their designated alternate will board the aircraft with Anchorage to perform an initial assessment
  - In life-threatening situations, EMS may transport the traveler immediately
- All agencies that interact with ill or exposed travelers will use appropriate personal protective equipment (PPE), per agency-specific occupational health protocols. CDC personnel will consult with Quarantine Medical Officer if they are uncertain about the type of PPE to be worn.
- The CDC Anchorage Quarantine Station personnel, in consultation with the Quarantine Medical Officer, or their designated alternate may undertake one or more of the following in response to a report of a quarantinable/ communicable disease among travelers or crew aboard an inbound flight:
  - Interview travelers regarding symptoms, travel, and exposure history.
  - Obtain traveler information from all contact travelers using the Passenger Locator Form (PLF) as determined by the Quarantine Medical Officer.
  - Distribute CDC Traveler's Health Alert Notices (THANs).
  - In consultation with the Quarantine Medical Officer, and possibly Division of Global Migration and Quarantine (DGMQ) leadership, make a determination about the disposition of all travelers.
  - If required for specific disease protocol, contact investigations will be initiated by Anchorage Quarantine Station staff.
  - If a quarantinable disease is suspected, and the isolation of a traveler(s) is required, the CDC Anchorage Quarantine Station will follow DGMQ protocols to activate the standing Memorandum of Agreement (MOA) with a designated hospital. The Quarantine Station staff will request transportation by ambulance, ensure transportation personnel are briefed about the situation, and verify infection control procedures are in place. NOTE: Activation of MOA with hospitals must be approved by headquarters.
  - If the communicable disease is not quarantinable under federal regulations a recommendation will be made to the traveler to seek immediate medical attention.

D. Infection Control Measures

For ill travelers, it should be assumed that all are potentially infected with an organism that could be transmitted in the healthcare setting.

- Standard Precautions – used for all potentially ill travelers (for further information, see Annex 7 – Standard Precautions)
  - Hand washing
  - Gloves
  - Fluid-proof mask if passenger has a cough
- Transmission Based Precautions – Specialized precautions to be taken if traveler is sick with potentially contagious agent and when transmission is not prevented using standard precautions
  - Contact - Contact transmission is divided into two subgroups: direct contact and indirect contact (For further information, see Annex 8 – Contact Precautions)
  - Droplet - Respiratory droplets carrying infectious pathogens transmit infection when they travel directly from the respiratory tract of the infectious individual to susceptible mucosal surfaces of the recipient (For further information, see Annex 9 – Droplet Precautions)
  - Airborne - Airborne transmission occurs by dissemination of either airborne droplet nuclei or small particles in the respirable size range containing infectious agents that remain infective over time and distance (For further information, see Annex 10 – Airborne Precautions)
- Isolation or quarantine of affected individuals to protect the population.
  - Isolation is required when one or more individuals who are reasonably believed to be infected with a quarantinable disease must be separated from healthy individuals.
  - Quarantine is required when an individual has been exposed to an infectious disease, but it is unknown if they were infected.
- The Anchorage Quarantine Station may issue recommendations for handling baggage of potentially affected passengers
- Preventing Spread of Disease on Commercial Aircraft: Guidance for Cabin Crew – airlines should reference the latest CDC guidance at http://www.cdc.gov/quarantine/air/managing-sick-travelers/commercial-aircraft/infection-control-cabin-crew.html

E. Emergency Operations Center (EOC) Activation

For a public health emergency, there may be instances where the local/state, port, or CDC EOC activate.

- Local and State EOC - Depending on the type and extent of the situation, the local and/or state EOCs may be activated. Triggers for activation of the local and/or state EOC may include:
  - The extent of the response is beyond the capabilities of the on scene response
  - Number of ill travelers exceeds the capacity of EMS to evaluate them in a timely manner
  - The transmissibility of the illness is such that an entire plane would require medical evaluation to determine quarantine or isolation

  - The response involves more than illness, such as a structural fire or plane crash
- Airport EOC - The airport EOC has its own triggers for activation which are independent on the activation of this plan. The airport triggers should be outlined within the airport emergency plan.
- CDC EOC – there are three levels of CDC EOC activation which are independent on the activation of this plan.

F. Incident Management

This plan will follow protocols and guidelines established within the National Incident Management System (NIMS). If warranted, the Incident Management System may be implemented at the CDC level.

G. Screening of passengers

If a public health emergency is declared, Anchorage Quarantine Station staff and the port partners will establish an area to screen incoming international, and possibly domestic, passengers to prevent illness from spreading. At the Anchorage international airport, this location is located at Anchorage.

- Anchorage Quarantine Station staff will ensure that the screening location is known to applicable parties (EMS, Public Health, etc.).
- Anchorage Quarantine Station staff may screen passengers by multiple means, including, but not limited to, questionnaires, visual examination, and temperature assessments.
- Additional information about points of contact, procedures and timelines for seeking local/state, and/or federal orders to restrict movement is included in Annexes 1 and 2.
- Anchorage Quarantine Station staff will ensure that all equipment utilized for screening of passengers is maintained and, if needed, appropriately calibrated according to manufacturer's specifications.
- Prior to using specialized equipment, staff shall be trained on its operation.

Anchorage Quarantine Station may be asked to establish an exit screening procedure for outbound international, and possibly domestic, flights. At the Anchorage international airport, this location is located at Anchorage.

- Anchorage Quarantine Station staff will ensure that the screening location is known to applicable parties (EMS, Public Health, etc.).
- Anchorage Quarantine Station staff may screen passengers by multiple means, including, but not limited to, questionnaires, visual examination, and temperature assessments.
- Anchorage Quarantine Station staff will ensure that all equipment utilized for screening of passengers is maintained and, if needed, appropriately calibrated according to manufacturer's specifications.

H. Conditional Release

Under certain circumstances, the CDC Anchorage Quarantine Station may conditionally release those travelers not deemed as close contacts of the index case(s), allowing them to

continue their travel. Follow–up of these travelers may need to be coordinated between the CDC Anchorage Quarantine Station and state and local agencies.

I. Detention of passengers

Detention of passengers should be used only when necessary and after discussion with Quarantine Medical Officer, Branch leadership, and/or state/local health department officials. For temporary detention of passengers, Anchorage Quarantine Station staff may coordinate with local CBP and airport officials for a temporary location. For restriction of movement beyond [#] hours, a suitable off-site facility designated by the local or state agency may be established to house individuals.

J. Isolation and Quarantine

If a Federal Isolation or Quarantine Order is issued, the passenger(s) must be reevaluated 72 hours after issuance to determine if the order should be extended, rescinded, or passed along to the state or local public health department.

K. Surge Capacity

In the event of a large scale public health emergency, the CDC Anchorage Quarantine Station will likely require help to assist with medical screening and triage, public health screening of ill and exposed persons, distribution of health alert notices, administration of prophylaxis, and collection of personal locator information. The requests for surge capacity response staff will be handled through the DGMQ and headquarters. To assist leadership, Quarantine Station staff may be asked to identify the types of personnel required, if any specific skill sets are needed, or if a particular occupation is necessary.

The DGMQ Emergency Operations Plan has an Annex for Surge Staffing that outlines the process of requesting surge staff during an emergency. The annex contains information such as:

- Qualifications and required training for surge personnel
- Types of personnel available to assist with surge staffing
- How to request surge staff through the appropriate CDC Incident Management System (IMS) staffing mechanism
- Requesting federal agency surge through Interagency Agreements
- Requesting non-federal surge from state, local, and tribal health departments; higher education institutions, and federally funded research centers
- Badging and Security requirements

L. Health Communication/Education

All travelers and flight crew will be provided information specific to the incident at hand. Examples of scripts that flight crew may use when speaking with travelers are located in Annex 12 – Public Health Announcement Scripts. THANs (Traveler Health Alert Notices) may be sufficient for these purposes. Quarantine staff will be on hand to answer questions for those affected by the incident. THANs will be written and in a language appropriate to the audience.

In addition to THANs, Quarantine Station staff will ensure that the proper information is displayed on terminal TravAlert monitors. These monitors are intended to deliver real-time health advisory messages to arriving international travelers. The most up-to-date messages used on the system may be found at the TravAlert SharePoint site - https://esp.cdc.gov/sites/ncezid/DGMQ/QBHS/cpr-t/TravAlert/SitePages/Home.aspx.

M. Communication Plan

The Communication Plan is to be developed in collaboration with all local response partners. The Quarantine Station guidance is located within the DGMQ Emergency Operations Plan as Annex J. This annex describes the development of the communication plan used during an emergency and includes some of the following guidance:

- The Communication Plan will be implemented for Quarantine Station incidents as needed and the response will be based out of Headquarters
- Triggers for activation of the Communication Plan includes the disease being on the quarantinable diseases list and one of the following:
  - Political implications
  - Involvement of three or more agencies
  - Of media interest
- If the situation warrants it, a Joint Information Center will be established and all responding agencies will provide a Public Information Officer (PIO), or representative.
- The PIOs are to coordinate talking points for press releases through the lead PIO as designated by the Incident Commander. Clearance of documents and/or press releases will be handled by Anchorage.
- Communication with international public health partners will be coordinated by the CDC Quarantine Stations.

N. Reporting Requirements

The following signs/symptoms are required to be reported per federal regulations. http://www.cdc.gov/quarantine/air/reporting-deaths-illness/guidance-reporting-onboard-deaths-illnesses.html.

- Fever (warm to the touch, history of feeling feverish, or measured temperature of 100.4ºF/38ºC or greater) reported to have lasted more than 48 hours;

OR

- Fever of any duration, AND one or more of these conditions:
  - Skin rash
  - Swollen glands (visible)
  - Jaundice (yellowing of the eyes or skin)
  - Difficulty breathing
  - Persistent cough
  - Decreased consciousness or confusion of recent onset
  - New unexplained bruising or bleeding (without previous injury)
  - Persistent diarrhea
  - Persistent vomiting (other than air sickness)
  - Headache with stiff neck, or

- Appears obviously unwell

OR

- Persistent diarrhea
- Has symptoms or other indications of communicable disease

O. Contact Investigations

A contact investigation may be required for travelers exhibiting signs and/or symptoms of certain diseases that are emerging, have pandemic potential, or may be contagious to other travelers. Contact investigations vary in scope and may include all travelers and flight crew on the aircraft or may be limited to persons in specified rows or seats surrounding the ill traveler. Contact investigations are conducted by Air Activity CDC, with support from Quarantine Station personnel and State/Local Public Health.

XIII. Special Circumstances

A. Detainment of foreign nationals or diplomats

The U.S. Department of State will be notified whenever any international flight or person is legally detained or quarantined, to verify the status of the traveler(s), and to confirm those claiming diplomatic affiliations. If a diplomatic pouch is present on board the aircraft its disposition will be determined by the U.S. Department of State in consultation with the Incident Commander.

B. Decontamination

If an ill traveler has used a conveyance or gone through the Quarantine Station, it may be advisable to decontaminate those areas after the traveler has departed. Decontamination is typically performed by the owner or operator of facilities or conveyance.

C. Travel Restrictions: Do Not Board / Look Out List

Another method of mitigating travelers' risk of transmission is through the public health Do Not Board (DNB) list developed by HHS/CDC and DHS. This list enables domestic and international public health officials to request that individuals with communicable diseases who meet specific criteria, including having a communicable disease that poses a public health threat to the traveling public, be restricted from boarding commercial aircraft arriving into, departing from, or traveling within the United States. The public health DNB list, administered by DHS and managed by CDC, is intended to supplement state and/or local public health measures to prevent individuals who are infectious, or reasonably believed to have been exposed to a communicable disease and may become infectious, from boarding commercial aircraft. Individuals included on the DNB list are assigned a Public Health Border Lookout ("Lookout") record that assists in ensuring that an individual placed on the DNB is detected if he or she attempts to enter or depart the United States through a port of entry. When this happens, officials from U.S. Customs and Border Protection (CBP), a DHS component agency, notify HHS/CDC so that a thorough public health inquiry and evaluation can be conducted and appropriate public health action taken, as needed.

about the DNB/LO lists including criteria for placement please click on this link: https://www.federalregister.gov/documents/2015/03/27/2015-07118/criteria-for-requesting-federal-travel-restrictions-for-public-health-purposes-including-for-viral.

XIV. Training, Exercises, and Drills

Training on the developed plan is key to a smooth, coordinated response. Training should occur annually and be followed by drilling or exercising at least one component of the plan (e.g. notification).

On the Planning and Exercise Activity SharePoint site, a multi-year exercise plan has been developed and posted on the site. This exercise plan explains the Branch exercise cycle, exercise oversight, resources available when developing an exercise, as well as the exercise program maintenance and evaluation components.

XV. Abbreviations

ATS	Air Traffic Services
CAPSCA	Collaborative Arrangement for the Prevention and Management of Public Health Events in Civil Aviation
CBP	Customs and Border Protection
CDC	Centers for Disease Control and Prevention
CDRP	Communicable Disease Response Plan
DGMQ	Division of Global Migration and Quarantine
EMS	Emergency Medical Services
EOC	Emergency Operations Center
FBI	Federal Bureau of Investigation
HHS	Department of Health and Human Services
ICAO	International Civil Aviation Organization
IMS	Incident Management System
MOA	Memorandum of Agreement
OIC	Officer in Charge
PIO	Public Information Officer
PLF	Passenger Locator Form
POE	Point of Entry
PPE	Personal Protective Equipment
QARS	Quarantine Activity Reporting System
Quarantine Medical Officer	Quarantine Medical Officer
ROIC	Regional Officer in Charge
TSA	Transportation Security Administration
THAN	Traveler's Health Alert Notice
WHO	World Health Organization

XVI. Definitions

Apprehension - The temporary taking into custody of an individual or group for purposes of determining whether Federal quarantine, isolation, or conditional release is warranted.

Communicable Disease – A disease that is transmitted through direct contact with an infected individual or indirectly through a vector.

Conditional Release – The temporary supervision by a public health official (or designee) of an individual or group, who may have been exposed to a quarantinable communicable disease to determine the risk of disease spread and includes public health supervision through in-person visits, telephone, or through electronic or Internet-based monitoring.

Contact – A person who has been in such association with an infected person, animal, or contaminated environment as to have had an opportunity to acquire that infection.

Detention – The temporary holding of ill or exposed travelers and crew at a POE while the threat to public health is being determined by the Director of CDC, or while transportation to a medical or quarantine facility is being arranged, or the quarantine facility is being established.

Epidemic – The occurrence, in a defined community, of cases of an illness with a frequency clearly in excess of normal expectancy.

Incubation Period – The time interval between initial contact with an infectious agent and the first appearance of symptoms associated with an infection.

Isolation – The separation of an individual or group infected with a communicable disease from those who are healthy in such a place and manner as determined by the Director of CDC to prevent the spread of communicable disease.

Pandemic – An epidemic occurring over a very wide area, crossing international boundaries and usually affecting a large number of people; a global epidemic.

Public Health Emergency - Any communicable disease event as determined by the Director with either documented or significant potential for regional, national, or international communicable disease spread or that is highly likely to cause death or serious illness if not properly controlled; or any communicable disease event described in a declaration by the Secretary; or any communicable disease event that the World Health Organization has determined to be a Public Health Emergency of International Concern.

Quarantinable Disease - Any of the communicable diseases listed in an Executive Order of the President, as provided under section 361(b) of the Public Health Service Act (42 USC 264). The current list of quarantinable diseases as set forth in Executive Order 13295 of April 4, 2003, as amended July 2014, is provided in section IV.

Quarantine – The separation of an individual or group that has been exposed to a communicable disease, but is not yet ill, from others who have not been so exposed, in such a manner and place as determined by the Director of CDC to prevent the possible spread of the communicable disease.

Screening – Active steps to identify the existence of disease in an individual or group of individuals through visual examinations, physical examinations, laboratory tests or other methods.

Surveillance – The ongoing systematic collection and analysis of data and the provision of information which leads to action being taken to prevent and control a disease.

Suspect – An ill person whose history and symptoms suggest that he or she may have or is developing a communicable disease.

Transmission – Mechanism by which an infectious agent is spread from a source to a person.

XVII. Quick Reference Guide for Links

Centers for Disease Control and Prevention, "Guideline for Isolation Precautions: Preventing Transmission of Infectious Agents in Healthcare Settings," 2007. Retrieved on November 20, 2015 from http://www.cdc.gov/hicpac/pdf/isolation/Isolation2007.pdf

Preventing Spread of Disease on Commercial Aircraft: Guidance for Cabin Crew - http://www.cdc.gov/quarantine/air/managing-sick-travelers/commercial-aircraft/infection-control-cabin-crew.html

Quarantine Station Information – www.cdc.gov/quarantine/quarantinestations.html

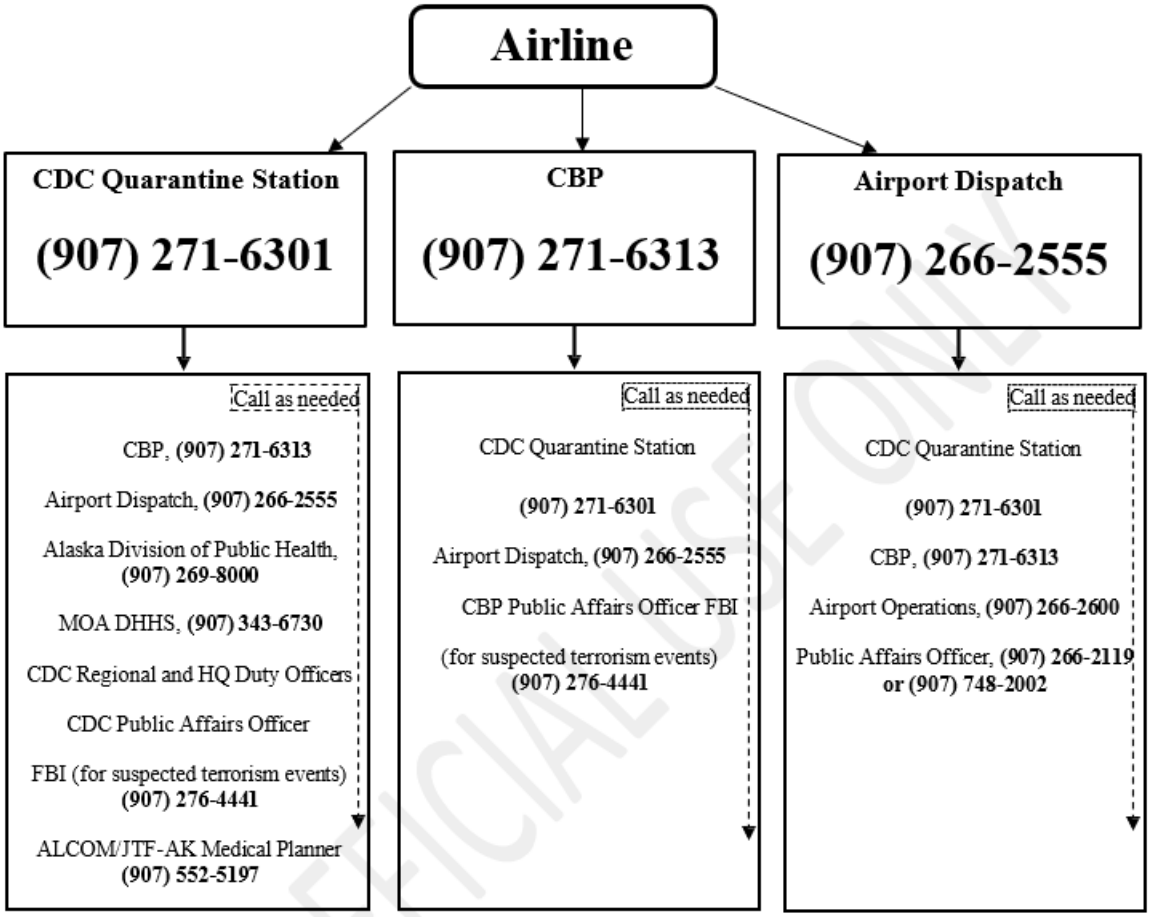
Required Reporting for airlines - http://www.cdc.gov/quarantine/air/reporting-deaths-illness/guidance-reporting-onboard-deaths-illnesses.html

XVIII. Acknowledgments

Special thanks to Minnesota's Division of Homeland Security and Emergency Management and the Center for Domestic Preparedness for the use of some of their documents in the preparation of this plan.

XIX. Annexes

A. Annex – State of Alaska Agency Notification List



Notifications among responding agencies to a communicable disease incident on an international aircraft should be timely and redundant. In particular, designated healthcare facilities/hospitals should be notified prior to transport and treatment of suspected ill persons.

Depending on the nature of the communicable disease event and the scope of the response (high public health significance vs. low public health significance), in addition to the responders listed in the notifications above, the entities listed below may be notified.

Information taken from the Response to Illness or Death Aboard Aircraft SOP located at http://qars.cdc.gov/FormListV.asp?FileTypeID=32. August 2015.

B. Annex – Public Information Officer Contact List

B. Public Information Officer Contact List

Agency	Name	Phone	Email
AK DHSS/DPH	Greg Wilkinson	(907) 269-7285 (907) 382-7032	gregory.wilkinson@alaska.gov
ANC Airport	John Parrott	(907) 266-2199 (907) 748-2002	john.parrott@alaska.gov
Anchorage DHHS	Amory Lelake	(907) 343-4619 (907) 891-2470	LelakeAC@muni.org
Anchorage EOC	Julie Harvey	(907) 343-1407 (907) 538-6268	HarveyJR@muni.org
CBP	Roxanne Hercules	(425) 744-1530 ext-237	roxanne.h.hercules@dhs.gov
CDC	24/7 on call press duty officer	(404) 639-3286	
SEOC	Jeremy Zidek	(907) 428-7077	jeremy.zidek@alaska.gov

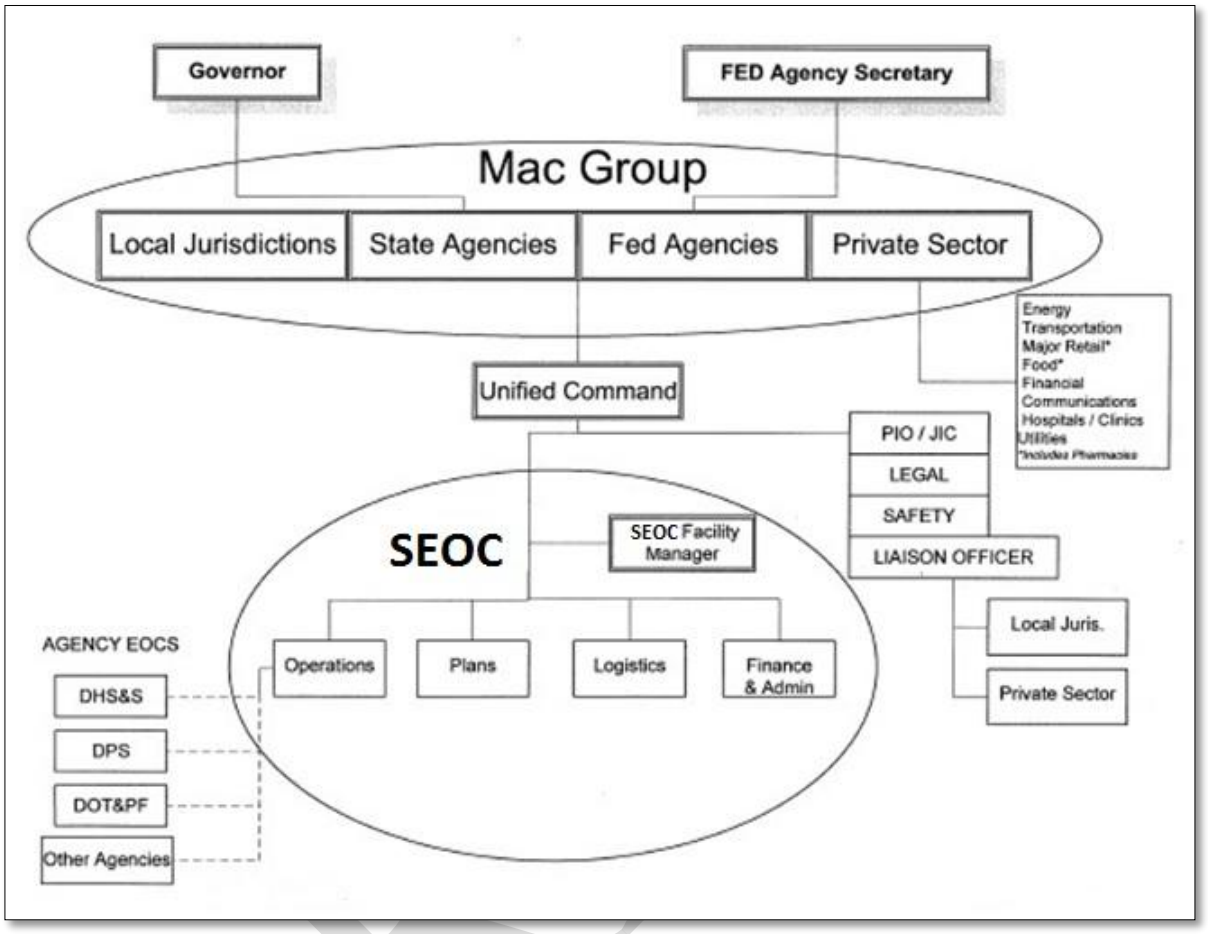
Municipality of Anchorage, Office of Emergency Management

Day: **(907) 343-1401**
Evenings/Weekends: **911**

State Emergency Operations Center	**(907) 428-7100**
State Troopers	**(907) 269-5511**
American Red Cross	**877-950-9144**

Information taken from the Response to Illness or Death Aboard Aircraft SOP located at http://qars.cdc.gov/FormListV.asp?FileTypeID=32. August 2015.

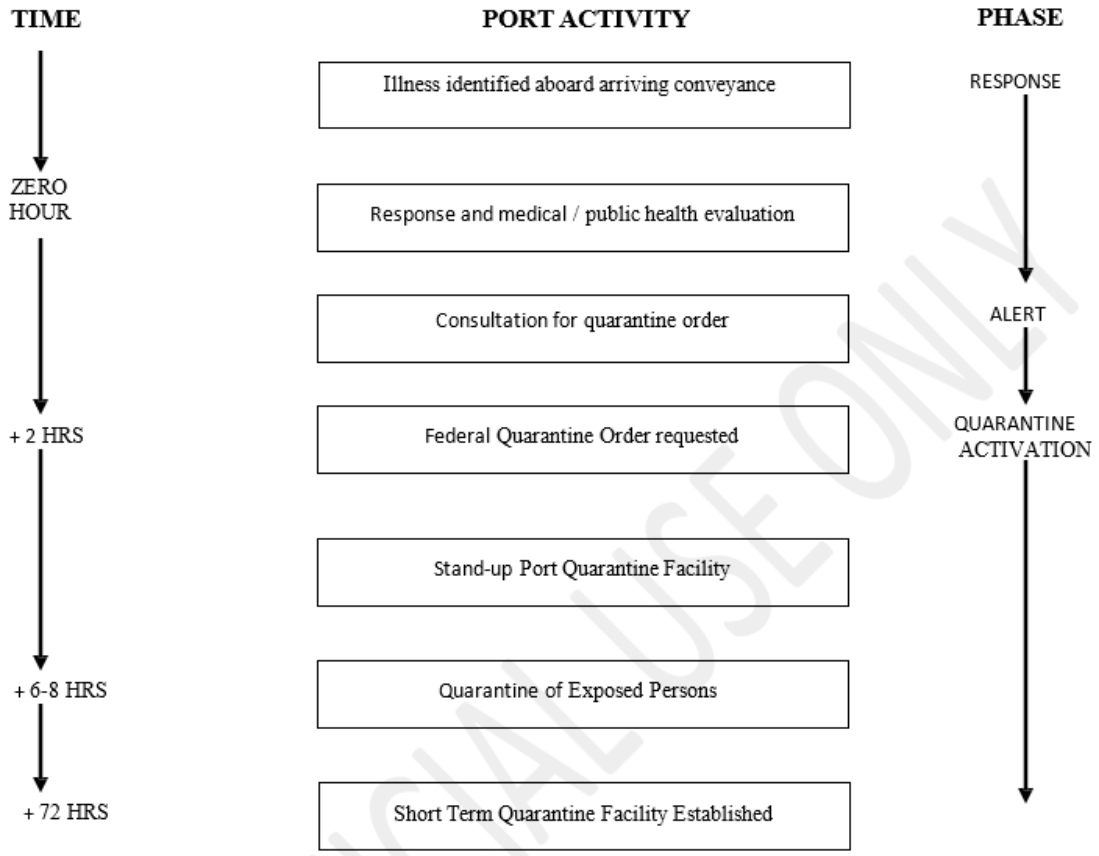
C. Annex – Alaska Pandemic Influenza Multi Agency Coordination Group Organizational Chart



Information taken from the Response to Illness or Death Aboard Aircraft SOP located at http://qars.cdc.gov/FormListV.asp?FileTypeID=32. August 2015.

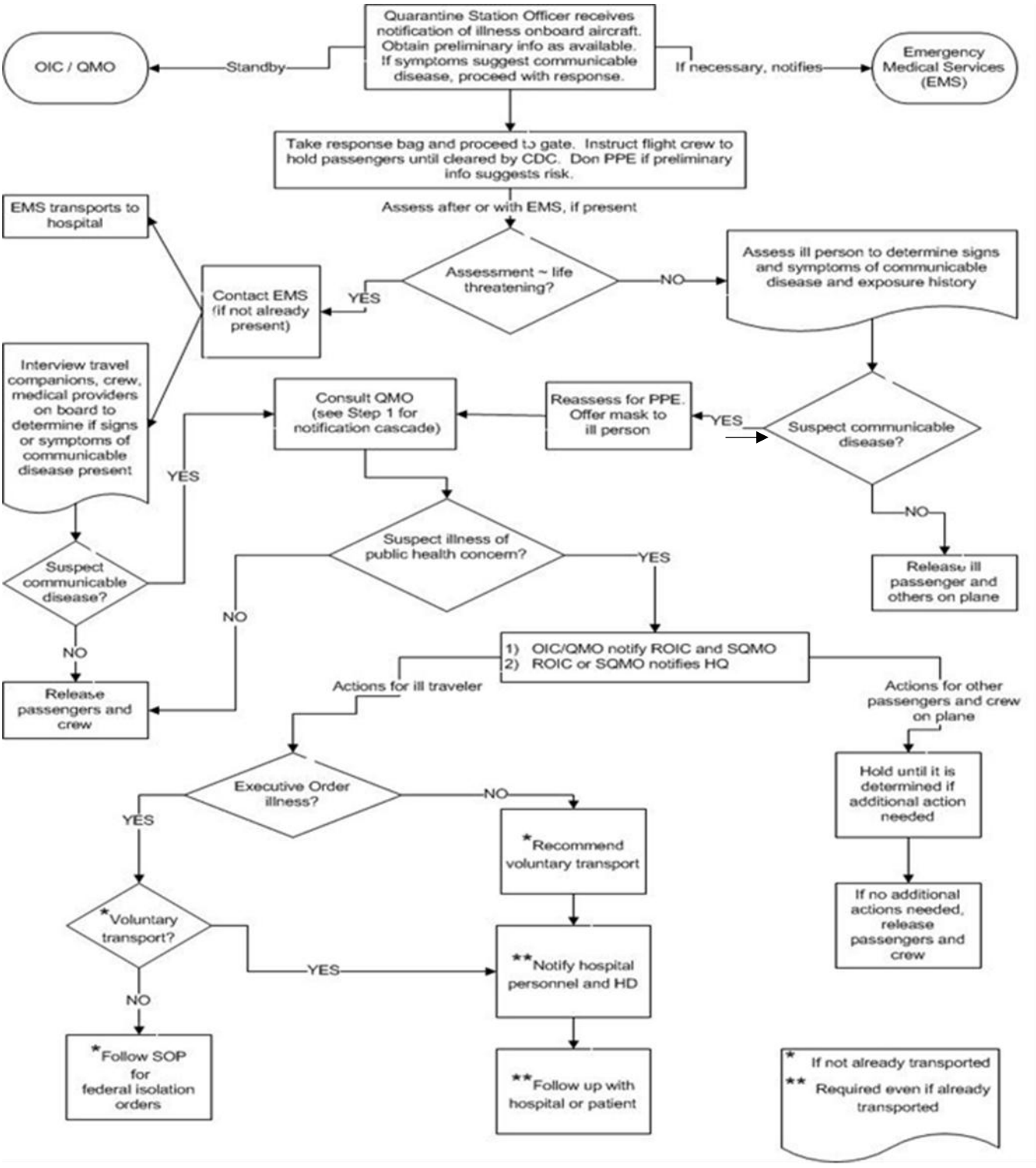
D. Annex – Port of Entry Quarantine Response Timeline

Port of Entry Quarantine Response Timeline



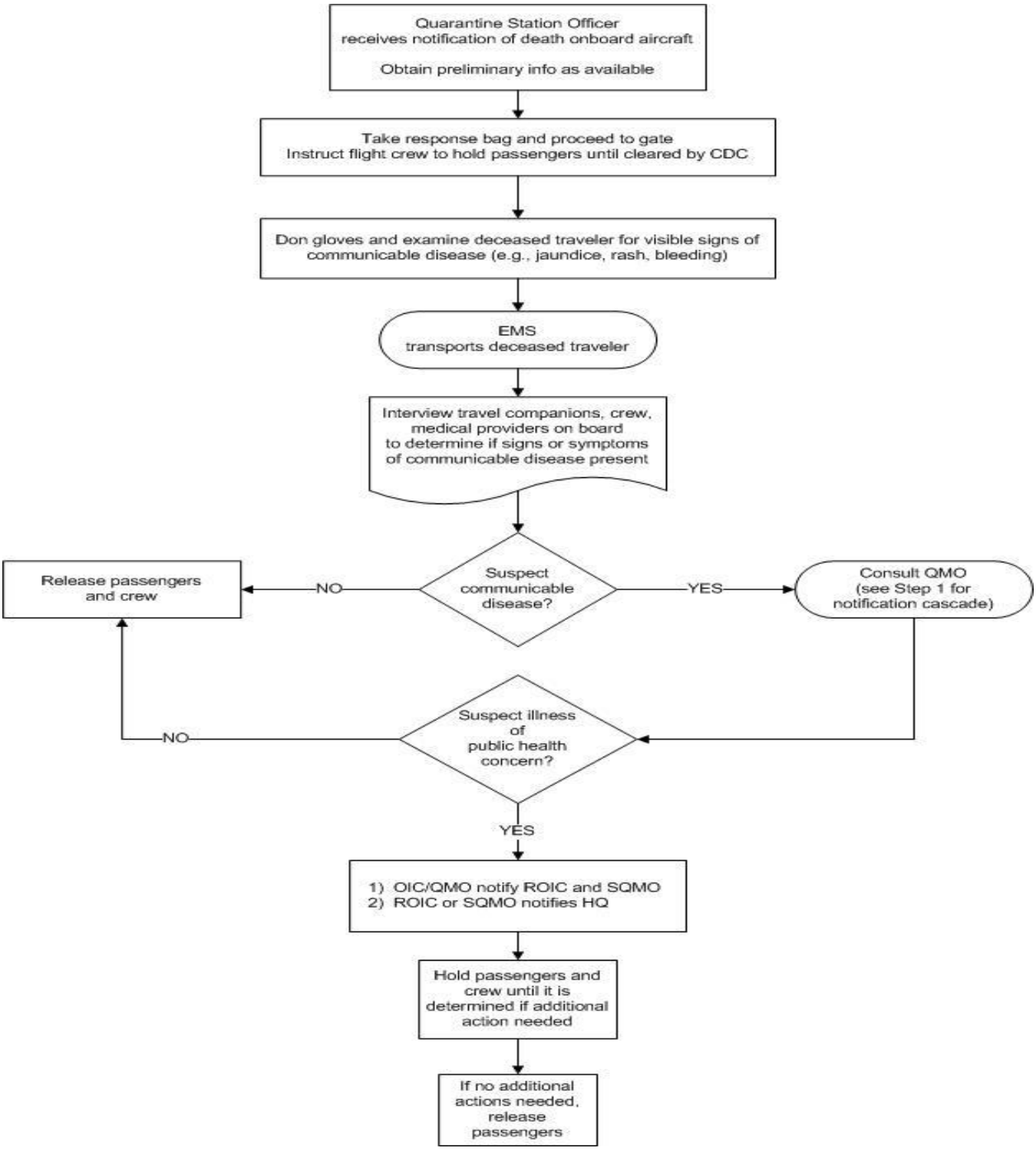
Information taken from the Response to Illness or Death Aboard Aircraft SOP located at http://qars.cdc.gov/FormListV.asp?FileTypeID=32. August 2015.

E. Annex – Process Map for Response to Illness Onboard an Aircraft



Information taken from the Response to Illness or Death Aboard Aircraft SOP located at http://qars.cdc.gov/FormListV.asp?FileTypeID=32. August 2015.

F. Annex – Process Map for Response to Death onboard an Aircraft



Information taken from the Response to Illness or Death Aboard Aircraft SOP located at http://qars.cdc.gov/FormListV.asp?FileTypeID=32. August 2015.

G. Annex – Standard Precautions

Assume that every person is potentially infected or colonized with an organism that could be transmitted in the healthcare setting and apply the following infection prevention practices:

Hand Hygiene

- Hand washing is the single most important means of preventing the spread of infection. All employees shall practice good hand hygiene, even when gloves are used
- Soap and water hand washing is required when hands are visibly dirty or visibly contaminated with blood, body fluids, or body substances
- When hands are not visibly soiled, alcohol-based hand gel/rinse may be used in lieu of hand washing

Respiratory Hygiene/Cough Etiquette

- People with symptoms of a respiratory infection should cover their mouths/noses when coughing or sneezing, use and dispose of tissues, and perform hand hygiene after hands have been in contact with respiratory secretions
- N-95 masks should be placed onto travelers with respiratory symptoms if possible

Mouth, Nose, Eye Protection

- If a traveler has a productive cough, it is recommended that staff wear a fluid-proof surgical mask if they will be interacting with the traveler
- Fluid-proof surgical masks are to be changed if saturated with secretions

Traveler Education

As part of the CDCs mission, you may assist in the role of prevention by providing travelers with information concerning suspect illness (e.g., T-HANs, pamphlets, etc.)

Gloves

- Hand hygiene is to be performed before donning and after removing gloves
- Employees will wear gloves when touching blood, body fluids, secretions, excretions, and contaminated items; and will put on clean gloves after performing hand hygiene and just before touching mucous membranes or non-intact skin

Gowns

- Long sleeve fluid-proof disposable gowns will be worn to protect skin and prevent soiling of clothing during patient care activities in which body fluid, secretions, or excretions are present
- A soiled gown will be removed as promptly as possible to avoid transfer of microorganisms to other patients or environments. Wash hands after removing and dispose of soiled gown properly
- Gowns need to be worn as intended. Sleeves must not be cut off or tied around neck
- Remove gown away from face, head, and body and roll downward to prevent accidental contamination with body fluid

Transporting Infected Travelers

- Standard precautions will be practiced when transporting ALL ill travelers.
- If needed, appropriate barriers (masks, impervious dressings, etc.) to prevent transmission should be placed on the traveler.
- Personnel in the area to which the patient is to be taken should be notified of the impending arrival of the patient and of precautions to be used to prevent transmission of infection.

Trash

Biomedical waste will be disposed of in appropriately labeled receptacles in accordance with the local, state, or federal guidelines.

Specimens

- Blood and all other specimens are transported in a sealed bag or other sealed rigid container
- If the outside of the container is contaminated by spillage or leakage, disinfect by using approved disinfectant

H. Annex – Contact Precautions

Contact Precautions are aimed at preventing the transmission of infectious agents which spread through direct or indirect contact with a patient or patient environment. It is the most common mode of transmission.

CONTACT PRECAUTIONS		
	Direct Contact	Indirect Contact
General Information	Direct transmission occurs when microorganisms are transferred from one infected person to another person without a contaminated intermediate object or person	Indirect transmission involves the transfer of an infectious agent through a contaminated intermediate object or person.
PPE	Gloves required. Gowns may be recommended	Gloves required. Gowns may be recommended
Special Notes	• Opportunities for direct contact transmission between patients include: blood or other blood-containing body fluids from a patient directly enters a caregiver's body through contact with a mucous membrane or breaks (i.e., cuts, abrasions) in the skin • Extensive evidence suggests that the contaminated hands of healthcare personnel are important contributors to indirect contact transmission • Perform hand hygiene before touching patient and prior to wearing gloves • Perform hand hygiene after removal of PPE; *note:* use soap and water when hands are visibly soiled or after caring for patients with known or suspected infectious diarrhea	
Example Diseases	• Multi-drug resistant organisms • Skin infections • *C.difficile* • SARS • MERS-CoV	
Information from this table is taken from the Guideline for Isolation Precautions: Preventing Transmission of Infectious Agents in Healthcare Settings 2007 (http://www.cdc.gov/hicpac/pdf/isolation/Isolation2007.pdf) and the CDC Hospital Acquired Infections page (http://www.cdc.gov/HAI/settings/outpatient/basic-infection-control-prevention-plan-2011/transmission-based-precautions.html).		

I. Annex – Droplet Precautions

Droplet Precautions are intended to prevent the spread of pathogens through close contact of respiratory and mucous membranes secretions. Droplet precautions are to be used for patients who are known, or suspected of being infected, with organisms that are transmitted by large droplets (>5 μm).

DROPLET PRECAUTIONS	
General Information	• Droplet transmission is a form of contact transmission, and some infectious agents transmitted by the droplet route also may be transmitted by the direct and indirect contact routes. • Respiratory droplets carrying infectious pathogens transmit infection when they travel directly from the respiratory tract of the infectious individual to susceptible mucosal surfaces of the recipient, generally over short distances, necessitating facial protection. • Respiratory droplets are generated when an infected person coughs, sneezes, or talks
PPE	• It may be prudent to don a mask when within 6 to 10 feet of the patient, especially when exposure to emerging or highly virulent pathogens is likely. • Wear a facemask, such as a procedure or surgical mask, for close contact with the patient. • If substantial spraying of respiratory fluids is anticipated, gloves and gown as well as goggles (or face shield in place of goggles) should be worn
Special Notes	• Historically, the area of defined risk has been a distance of <3 feet around the patient and is based on epidemiologic and simulated studies of selected infections. • Perform hand hygiene before and after touching the patient and after contact with respiratory secretions and contaminated objects/materials; note: use soap and water when hands are visibly soiled (e.g., blood, body fluids)
Example Diseases	• Pertussis • Influenza • Diphtheria • Meningococcal disease
Information from this table is taken from the Guideline for Isolation Precautions: Preventing Transmission of Infectious Agents in Healthcare Settings 2007 (http://www.cdc.gov/hicpac/pdf/isolation/Isolation2007.pdf) and the CDC Hospital Acquired Infections page (http://www.cdc.gov/HAI/settings/outpatient/basic-infection-control-prevention-plan-2011/transmission-based-precautions.html).	

J. Annex – Airborne Precautions

Airborne Precautions are implemented to prevent the transmission of infectious agents that, when suspended in the air, continue to remain infectious. Airborne Precautions are used for patients known to be or suspected of being infected with epidemiologically important pathogens that can be transmitted person-to-person by the airborne route. The airborne droplets nuclei (≤ 5 μm) can remain suspended and be dispersed over long distances via air currents

General Information	• Airborne transmission occurs by dissemination of either airborne droplet nuclei or small particles in the respirable size range containing infectious agents that remain infective over time and distance • Microorganisms carried in this manner may be dispersed over long distances and may be inhaled by susceptible individuals who have not had face-to-face contact with (or been in the same room with) the infectious individual
PPE	• Wear a fit-tested N-95 or higher level disposable respirator, if available, when caring for the patient; the respirator should be donned prior to room entry and removed after exiting room • If substantial spraying of respiratory fluids is anticipated, gloves and gown as well as goggles or face shield should be worn
Special Notes	• Perform hand hygiene before and after touching the patient and after contact with respiratory secretions and/or body fluids and contaminated objects/materials; note: use soap and water when hands are visibly soiled (e.g., blood, body fluids)
Example Diseases	• Tuberculosis • Measles • Chickenpox (until lesions are crusted over) • Localized or disseminated herpes zoster (until lesions are crusted over)
Information from this table is taken from the Guideline for Isolation Precautions: Preventing Transmission of Infectious Agents in Healthcare Settings 2007 (http://www.cdc.gov/hicpac/pdf/isolation/Isolation2007.pdf) and the CDC Hospital Acquired Infections page (http://www.cdc.gov/HAI/settings/outpatient/basic-infection-control-prevention-plan-2011/transmission-based-precautions.html).	

K. Annex – Directory of Select Infectious Agents and Diseases

NOTE: Unless otherwise stated, PPE is Standard Precautions

Infection/Condition	Type	PPE	Precautions/Comments
Acquired human immunodeficiency syndrome (HIV)	S		Post-exposure chemoprophylaxis for some blood exposures.
Anthrax	S		Infected patients do not generally pose a transmission risk
Cutaneous	S		Transmission through non-intact skin contact with draining lesions possible, therefore use Contact Precautions if large amount of uncontained drainage. Handwashing with soap and water preferable to use of waterless alcohol based antiseptics since alcohol does not have sporicidal activity
Pulmonary	S		Not transmitted from person to person
Environmental: aerosolizable spore-containing powder or other substance			Until decontamination of environment complete. Wear respirator (N95 mask or PAPRs), protective clothing; decontaminate persons with powder on them (Notice to Readers: Occupational Health Guidelines for Remediation Workers at Bacillus anthracis-Contaminated Sites — United States, 2001–2002) Hand hygiene: Handwashing for 30-60 seconds with soap and water or 2% chlorhexidene gluconate after spore contact (alcohol handrubs inactive against spores. Post-exposure prophylaxis following environmental exposure: 60 days of antimicrobials (either doxycycline, ciprofloxacin, or levofloxacin) and post-exposure vaccine under IND
Arthropod-borne viral encephalitides (eastern, western, Venezuelan equine encephalomyelitis; St Louis, California encephalitis; West Nile Virus) and viral fevers (dengue, yellow fever, Colorado tick fever)	S		YELLOW FEVER IS A QUARANTINABLE DISEASE. Not transmitted from person to person except rarely by transfusion, and for West Nile virus by organ transplant, breastmilk or transplacentally. Install screens in windows and doors in endemic areas Use DEET-containing mosquito repellants and clothing to cover extremities
Botulism	S		Not transmitted from person to person
Cholera (Vibrio cholerae)	S		QUARANTINABLE DISEASE. Use Contact Precautions for diapered or incontinent persons for the duration of illness or to control institutional outbreaks
Creutzfeldt-Jakob disease (CJD, vCJD)	S		Use disposable instruments or special sterilization/disinfection for surfaces, objects contaminated with neural tissue if CJD or vCJD suspected and has not been R/O; No special burial procedures

Types of Precautions: A, Airborne; C, Contact; D, Droplet; S, Standard

Information from this table is taken from the Guideline for Isolation Precautions: Preventing Transmission of Infectious Agents in Healthcare Settings 2007 Appendix A available at: http://www.cdc.gov/hicpac/pdf/isolation/Isolation2007.pdf.

Diphtheria	D, C		QUARANTINABLE DISEASE. Transmission is via respiratory droplets and in rare circumstances, via contact with cutaneous lesions or contact with contaminated items.
E. coli (Enteropathogenic O157:H7 and other shiga toxin-producing strains)	S		Use Contact Precautions for diapered or incontinent persons for the duration of illness or to control institutional outbreaks
Food Poisoning			
Botulism	S		Not transmitted from person to person
C. perfringens or welchii	S		Not transmitted from person to person
Staphylococcal	S		Not transmitted from person to person
Adenovirus	S		Use Contact Precautions for diapered or incontinent persons for the duration of illness or to control institutional outbreaks
Campylobacter sp.	S		Use Contact Precautions for diapered or incontinent persons for the duration of illness or to control institutional outbreaks
Cholera (Vibrio cholerae)	S		Use Contact Precautions for diapered or incontinent persons for the duration of illness or to control institutional outbreaks
C. dificile	C		Hand washing with soap and water preferred because of the absence of sporicidal activity of alcohol in waterless antiseptic hand rubs
Hepatitis, viral			
Type A	S		Provide hepatitis A vaccine post-exposure as recommended
Type B-HBsAg positive; acute or chronic	S		See specific recommendations for care of patients in hemodialysis centers
Type C and other unspecified non-A, non-B	S		See specific recommendations for care of patients in hemodialysis centers
Type D (seen only with hepatitis B)	S		
Type E	S		Use Contact Precautions for diapered or incontinent individuals for the duration of illness
Type G	S		
Human immunodeficiency virus (HIV)	S		Post exposure chemoprophylaxis for some blood exposures
Human metapneumovirus	C	Mask	HAI reported, but route of transmission not established. Assumed to be Contact transmission as for RSV since the viruses are closely related and have similar clinical manifestations and epidemiology. Wear masks according to Standard Precautions
Influenza			
Human (seasonal influenza)			See http://www.cdc.gov/flu/professionals/infectioncontrol/healthcaresettings.htm for current seasonal influenza guidance.

Types of Precautions: A, Airborne; C, Contact; D, Droplet; S, Standard

Information from this table is taken from the Guideline for Isolation Precautions: Preventing Transmission of Infectious Agents in Healthcare Settings 2007 Appendix A available at: http://www.cdc.gov/hicpac/pdf/isolation/Isolation2007.pdf.

Avian (e.g., H5N1, H7, H9 strains)			See www.cdc.gov/flu/avian/professional/infect-control.htm for current avian influenza guidance.
Pandemic influenza	D		QUARANTINABLE DISEASE. See http://www.pandemicflu.gov for current pandemic influenza guidance
Malaria	S		Not transmitted from person to person except through transfusion rarely and through a failure to follow Standard Precautions during patient care. Install screens in windows and doors in endemic areas. Use DEET-containing mosquito repellants and clothing to cover extremities
Measles (rubeola)	A		Susceptible HCWs should not enter room if immune care providers are available; no recommendation for face protection for immune HCW; no recommendation for type of face protection for susceptible HCWs, i.e., mask or respirator. For exposed susceptibles, post-exposure vaccine within 72 hrs. or immune globulin within 6 days when available. Place exposed susceptible patients on Airborne Precautions and exclude susceptible healthcare personnel from duty from day 5 after first exposure to day 21 after last exposure, regardless of post-exposure vaccine.
Meningitis			
Haemophilus influenza, type b known or suspected	D	Mask	
Neisseria meningitides (meningococcal) known or suspected	D	Mask	See meningococcal disease below
M. tuberculosis	S		Concurrent, active pulmonary disease or draining cutaneous lesions may necessitate addition of Contact and/or Airborne Precautions; For children, airborne precautions until active tuberculosis ruled out in visiting family members (see tuberculosis below)
Meningococcal disease: sepsis, pneumonia, meningitis	D	Mask	Postexposure chemoprophylaxis for household contacts, HCWs exposed to respiratory secretions; postexposure vaccine only to control outbreaks
MERS-CoV (Middle East Respiratory Syndrome Coronavirus)	A, C	Mask, gowns, goggles	QUARANTINABLE DISEASE. Standard, contact and airborne precautions including use of negative pressure rooms. Personal protective equipment includes N-95 respirators, gloves, gowns, and face-shields or goggles.
Monkeypox	A, C		Use See www.cdc.gov/ncidod/monkeypox for most current recommendations. Transmission in hospital settings unlikely. Pre- and post-exposure smallpox vaccine recommended for exposed HCWs
Multidrug-resistant organisms (MDROs), infection or colonization (e.g.,	S/C		Contact Precautions recommended in settings with evidence of ongoing transmission, acute care settings with increased risk for transmission or wounds that cannot be contained by dressings.

Types of Precautions: A, Airborne; C, Contact; D, Droplet; S, Standard

Information from this table is taken from the Guideline for Isolation Precautions: Preventing Transmission of Infectious Agents in Healthcare Settings 2007 Appendix A available at: http://www.cdc.gov/hicpac/pdf/isolation/Isolation2007.pdf.

MRSA, VRA, VISA/VRSA, ESBLs, resistant S. pneumoniae)			
Mumps (infectious parotitis)	D	Mask	After onset of swelling; susceptible HCWs should not provide care if immune caregivers are available. Note: Recent assessment of outbreaks in healthy 18-24 year olds has indicated that salivary viral shedding occurred early in the course of illness and that 5 days of isolation after onset of parotitis may be appropriate in community settings; however the implications for healthcare personnel and high-risk patient populations remain to be clarified.
Noroviruses	S		Use Contact Precautions for diapered or incontinent persons. Alcohol is less active, but there is no evidence that alcohol antiseptic hand rubs are not effective for hand decontamination.
Pertussis (whooping cough)	D	Mask	Post-exposure chemoprophylaxis for household contacts and HCWs with prolonged exposure to respiratory secretions. Recommendations for Tdap vaccine in adults under development.
Plague (Yersinia pestis)			QUARANTINABLE DISEASE.
Bubonic	S		
Pneumonic	D	Mask	Antimicrobial prophylaxis for exposed HCW
Pneumonia			
Adenovirus	D, C	Mask	Outbreaks in pediatric and institutional settings reported. In immuno-compromised hosts, extend duration of Droplet and Contact Precautions due to prolonged shedding of virus
B. cepacia in patients with CF, incl. respiratory tract colonization	C		Avoid exposure to other persons with CF. Criteria for D/C precautions not established. See CF Foundation guideline
Haemophilus influenza, type b			
Adults	S		
Infants and children	D		
Meningococcal	D		See meningococcal disease above
Pneumococcal pneumonia	S		Use Droplet Precautions if evidence of transmission within a patient care unit or facility
Viral	S		
Q fever	S		
Rabies	S		Person to person transmission rare; transmission via corneal, tissue and organ transplants has been reported. If patient has bitten another individual or saliva has contaminated an open wound or mucous membrane, wash exposed area thoroughly and administer post exposure prophylaxis.

Types of Precautions: A, Airborne; C, Contact; D, Droplet; S, Standard

Information from this table is taken from the Guideline for Isolation Precautions: Preventing Transmission of Infectious Agents in Healthcare Settings 2007 Appendix A available at: http://www.cdc.gov/hicpac/pdf/isolation/Isolation2007.pdf.

Respiratory syncytial virus infection, in infants, young children and immunocompromised adults	C	Mask	Wear mask according to Standard Precautions. In immunocompromised patients, extend the duration of Contact Precautions due to prolonged shedding.
Rheumatic fever	S		Not an infectious condition
Rhinovirus	D	Mask	Droplet most important route of transmission. Outbreaks have occurred in NICUs and LTCFs. Add Contact Precautions if copious moist secretions and close contact likely to occur (e.g., young infants)
Rickettsial fevers, tickborne (Rocky Mountain spotted fever, tickborne typhus fever)	S		Not transmitted from person to person except through transfusion, rarely
Rubella (German measles) (also see congenital rubella)	D	Mask	Susceptible HCWs should not enter room if immune caregivers are available. No recommendation for wearing face protection (e.g., a surgical mask) if immune. Pregnant women who are not immune should not care for these patients. Administer vaccine within three days of exposure to non-pregnant susceptible individuals. Place exposed susceptible patients on Droplet Precautions; exclude susceptible healthcare personnel from duty from day 5 after first exposure to day 21 after last exposure, regardless of post-exposure vaccine.
Salmonella sp. (including S. typhi)	S		Use Contact Precautions for diapered or incontinent persons for the duration of illness or to control institutional outbreaks
Severe acute respiratory syndrome (SARS)	A, D, C	Mask	QUARANTINABLE DISEASE. Airborne Precautions preferred; D if Airborne Infection Isolation Room (AIIR) unavailable. N95 or higher respiratory protection; surgical mask if N95 unavailable; eye protection (goggles, face shield); aerosol-generating procedures and "supershedders" highest risk for transmission via small droplet nuclei and large droplets. (see www.cdc.gov/ncidod/sars)
Smallpox (variola; see vaccinia for management of vaccinated persons)	A, C	Mask	QUARANTINABLE DISEASE. Until all scabs have crusted and separated (3-4 weeks). Non-vaccinated HCWs should not provide care when immune HCWs are available; N95 or higher respiratory protection for susceptible and successfully vaccinated individuals; post exposure vaccine within 4 days of exposure protective
Tuberculosis (M. tuberculosis)			QUARANTINABLE DISEASE WHEN INFECTIOUS.
Extrapulmonary, draining lesion	A, C	Mask	Discontinue precautions only when patient is improving clinically, and drainage has ceased or there are three consecutive negative cultures of continued drainage. Examine for evidence of active pulmonary tuberculosis.
Extrapulmonary, no draining lesion, meningitis	S	Mask	Examine for evidence of pulmonary tuberculosis. For infants and children, use Airborne Precautions until active pulmonary tuberculosis in visiting family members ruled out

Types of Precautions: A, Airborne; C, Contact; D, Droplet; S, Standard

Information from this table is taken from the Guideline for Isolation Precautions: Preventing Transmission of Infectious Agents in Healthcare Settings 2007 Appendix A available at: http://www.cdc.gov/hicpac/pdf/isolation/Isolation2007.pdf.

Pulmonary or laryngeal disease, confirmed	A	Mask	Discontinue precautions only when patient on effective therapy is improving clinically and has three consecutive sputum smears negative for acid-fast bacilli collected on separate days
Pulmonary or laryngeal disease, suspected	A	Mask	Discontinue precautions only when the likelihood of infectious TB disease is deemed negligible, and either 1) there is another diagnosis that explains the clinical syndrome or 2) the results of three sputum smears for AFB are negative. Each of the three sputum specimens should be collected 8-24 hours apart, and at least one should be an early morning specimen
Skin-test positive with no evidence of current active disease	S		
Tularemia			
Draining lesion	S		Not transmitted from person to person
Pulmonary	S		Not transmitted from person to person
Varicella Zoster	A, C	Mask	Susceptible HCWs should not enter room if immune caregivers are available; no recommendation for face protection of immune HCWs; no recommendation for type of protection, i.e. surgical mask or respirator for susceptible HCWs. In immunocompromised host with varicella pneumonia, prolong duration of precautions for duration of illness. Post-exposure prophylaxis: provide post-exposure vaccine ASAP but within 120 hours. Use Airborne Precautions for exposed susceptible persons.
Viral hemorrhagic fevers due to Lassa, Ebola, Marburg, Crimean-Congo fever viruses	S, D, C, A	Mask, eye protection, gown	QUARANTINABLE DISEASE. Emphasize: 1) use of sharps safety devices and safe work practices, 2) hand hygiene; 3) barrier protection against blood and body fluids upon entry into room (single gloves and fluid-resistant or impermeable gown, face/eye protection with masks, goggles or face shields); and 4) appropriate waste handling. Largest viral load in final stages of illness when hemorrhage may occur; additional PPE, including double gloves, leg and shoe coverings may be used, especially in resource-limited settings where options for cleaning and laundry are limited. Notify public health officials immediately if Ebola is suspected
Whooping cough (see pertussis)			

Types of Precautions: A, Airborne; C, Contact; D, Droplet; S, Standard

Information from this table is taken from the Guideline for Isolation Precautions: Preventing Transmission of Infectious Agents in Healthcare Settings 2007 Appendix A available at: http://www.cdc.gov/hicpac/pdf/isolation/Isolation2007.pdf.

L. Annex - Public Health Announcement Scripts

No Ill Traveler Script

Scenario 1: Travel Health Alert Notice (THAN) being distributed – no ill traveler

Please remain seated for an announcement. This flight is returning from an area where cases of [*insert name of the infectious disease*] have been reported.

- There is a slight risk that travelers may have been exposed to the disease while in the country.
- As a precaution, public health officials have asked us to give you information about the disease and what to do if you become sick.
- Please read this card carefully and keep it for the time specified on the card.

Travel Health Alert Notice (THAN) and Passenger Locator Forms (PLFs) distributed but no ill traveler

Scenario 2: Travel Health Alert Notice (THAN) and Passenger Locator Forms (PLFs) distributed but no ill traveler

Please remain seated for an announcement. This flight is returning from an area where cases of [*insert name of the infectious disease*] have been reported.

- There is a slight risk that travelers may have been exposed to the disease while in the country.
- As a precaution, public health officials have asked us to give you information about the disease and what to do if you become sick.
    - Please read this card and keep it for the time specified on the card.
- We are also asking you to provide information about how you can be reached in the next 3 weeks, just In case Public health officials need to contact you.
    - Flight attendants are passing out the forms now, including Instructions on how to fill it out.
    - Please fill out the form completely and hand it back to a flight attendant before you leave the plane.
    - Please note that only one form per family that is traveling together is needed.

Thank you very much for your cooperation

Types of Precautions: A, Airborne; C, Contact; D, Droplet; S, Standard

Information from this table is taken from the Guideline for Isolation Precautions: Preventing Transmission of Infectious Agents in Healthcare Settings 2007 Appendix A available at: http://www.cdc.gov/hicpac/pdf/isolation/Isolation2007.pdf.

Ill traveler is suspected of having a communicable illness of public health concern AND a decision has been made to collect Passenger Locator Forms (PLFs) and distribute Travel Health Alert Notice (THAN)

Scenario 3: Ill traveler is suspected of having a communicable illness of public health concern AND a decision has been made to collect Passenger Locator Forms (PLFs) and distribute Travel Health Alert Notice (THAN)

Please remain seated for an announcement. An ill person has been taken off the plane to receive medical treatment.

- As a precaution, [we are collecting information on how to contact passengers who sat near the ill person] **OR** [we are collecting information on how to contact other passengers who are on this flight]. Please provide information about how you can be reached in the next 3 weeks in case public health authorities need to contact you.
- Flight attendants are passing out the forms now, including Instructions on how to fill it out.
    - Please fill out the form completely and hand it back to a flight attendant before you leave the plane.
    - Please note that only one form per family that is traveling together is needed.
- We are also giving you a Travelers Health Alert Notice to inform you about the suspected illness and what to do if you become sick. Please read the card and keep it with you.

Thank you very much for your cooperation.

Types of Precautions: A, Airborne; C, Contact; D, Droplet; S, Standard

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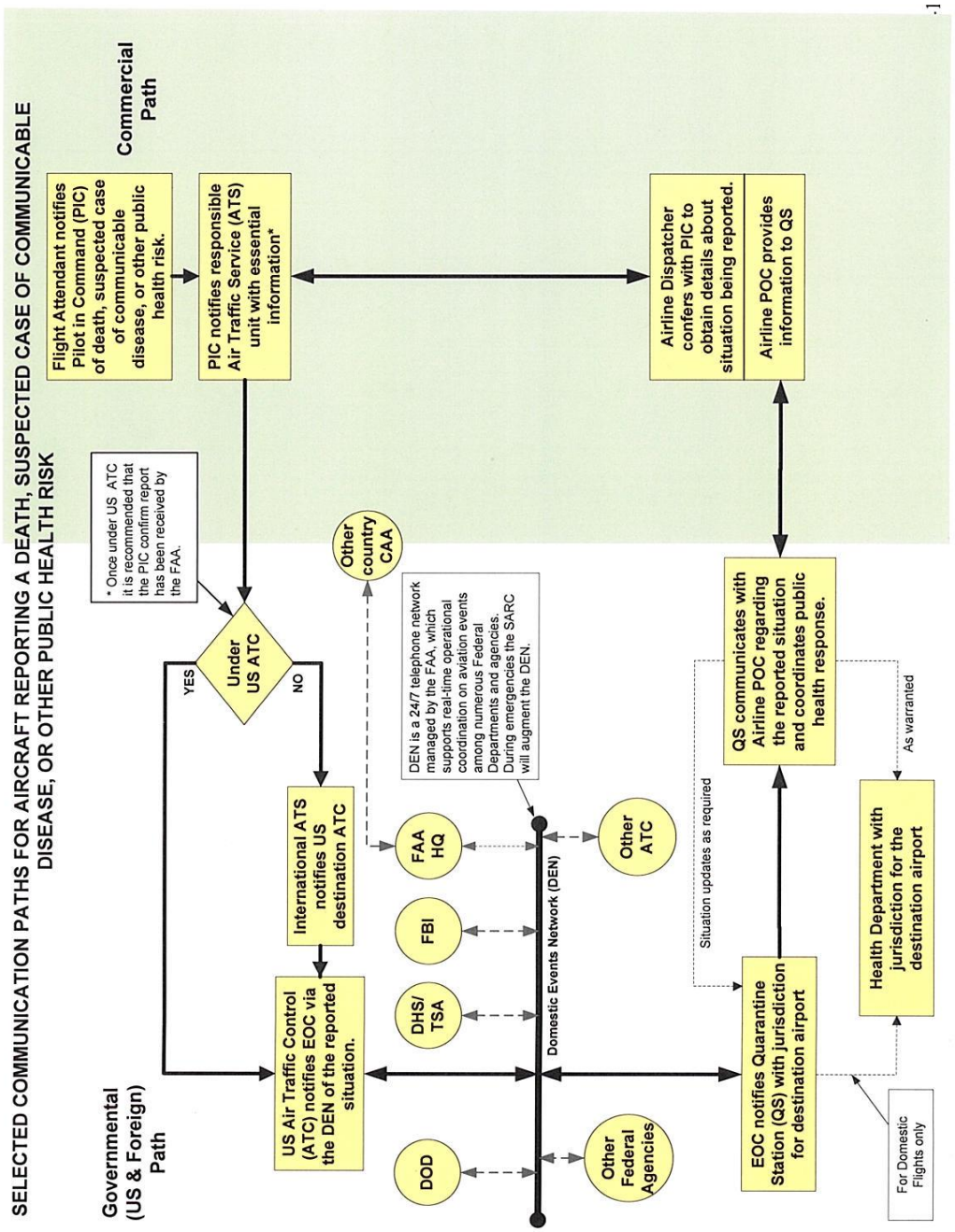
M. Annex – Communication Pathways for Reporting a Death or Suspected Case of Communicable Disease



Types of Precautions: A, Airborne; C, Contact; D, Droplet; S, Standard

Information from this table is taken from the Guideline for Isolation Precautions: Preventing Transmission of Infectious Agents in Healthcare Settings 2007 Appendix A available at: http://www.cdc.gov/hicpac/pdf/isolation/Isolation2007.pdf.

N. Annex – CAPSCA Airport Checklist

CAPSCA Airport Checklist	Communicable Disease Response Plan Reference	
	Base Plan	Annex
A. Administrative		
1. Does the State have an entity that fulfills the function of the "competent Authority" (as defined by the WHO International Health Regulations 2005).		
2. Do the Civil Aviation Regulations cover public health related provisions of ICAO Annexes and guidance material?		
- Annex 6	n/a	
- Annex 9 (PLF)		
- Annex 11	n/a	
- Annex 14	n/a	
- Annex 18/Technical Instructions for the Safer Transport of Dangerous Goods by Air	n/a	
- PANS-ATM Doc 4444	n/a	
3. Is a national contact point established for policy formulation and operational organization of a public health preparedness plan for aviation?	n/a	
4. Does the state public health authority have designated personnel at the airport?		
5. Has the state established a national committee for public health preparedness planning?	n/a	
6. Is this committee involved in airport public health preparedness planning?	n/a	
7. Which entities are included in the committee?	n/a	
8. Civil Aviation Authority?	n/a	
9. Public Health Authority?	n/a	
10. Aircraft operator(s)?	n/a	
11. Rescue and firefighting services?	n/a	
12. Air Navigation?	n/a	
13. Immigration/Customs Services?	n/a	
14. Security services?	n/a	
15. Private health services?	n/a	
16. Service providers (Ground handling Service (GHS), cargo, etc.)?	n/a	
17. Are formal contracts/agreements (Hospital MOA) utilized specifying the involvement of above stakeholders?	XII	
B. Documentation		
1. Does the airport have in place a plan for Public Health Events/Emergencies?	Communicable	

Types of Precautions: A, Airborne; C, Contact; D, Droplet; S, Standard

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CAPSCA Airport Checklist	Communicable Disease Response Plan Reference	
	Base Plan	Annex
	Disease Response Plan	
2. Is it part of the Airport Emergency Plan?	n/a	
3. Is it compatible with the national Aviation Preparedness Plan for Public Health Events/Emergencies?	n/a	
4. Is it compatible with the national preparedness plan for public health events/emergencies?	n/a	
5. Has the airport emergency plan (Public Health Emergency component) been tested by conducting full-scale exercises and/or table-top exercises? Specify what and when.	n/a	
6. Does Communicable Disease Response Plan include references to the role of:		
a. Public health?	XI	
b. Civil aviation authority?	XI	
c. Airport operator?	XI	
d. Aircraft operator?	XI	
e. Air Navigation services provider?	XI	
f. Other service providers? Specify	XI	
7. Does documentation include reference to Annex 6, in particular Attachment B (Medical Supplies)?	n/a	
8. Does documentation include references to Annex 9, Chapter 8, Appendices 1 (General Declaration-most recent version) and 13 (Public Health Passenger Locator card-most recent version)?		
9. Specify (1) who collects the Health part of the Aircraft General Declaration and Passenger Location Cards and (2) who processes the information on arrival.	XI	
10. Does documentation include references to Annex 11, in particular Attachment C (Material Relating to contingency Planning)?	n/a	
11. Does documentation include references to Annex 14, Chapter 9 (Aerodrome operational services, equipment and installations) in particular paragraph 9.1 (Aerodrome Emergency Planning)?	n/a	
12. Does documentation include references to WHO International Health Regulations (2005)?	n/a	
13. Does documentation include references to ICAO Procedures for Air Navigation Services-Air Traffic Management, Doc. 4444, in particular paragraph 16.6: “Notification of suspected communicable diseases on board an aircraft, or other public health risk”?		
14. For travelers designated as suspect cases and asymptomatic contacts are there systems in place for:	XII	

Types of Precautions: A, Airborne; C, Contact; D, Droplet; S, Standard

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CAPSCA Airport Checklist	Communicable Disease Response Plan Reference	
	Base Plan	Annex
- Handling of their baggage? n/a - Security Screening? - Customs Clearance? - Immigration?		
15. Are Stakeholders generally familiar with relevant guidance material from:		
- ICAO	n/a	
- WHO	n/a	
- IATA	n/a	
- ACI	n/a	
16. Which stakeholders receive training concerning a Public Health Event/Emergency (airport personnel, public health authority, etc.)?	n/a	
17. Does the Public Health Preparedness Plan have the capability to respond to temporary recommendations that WHO may put out as part of the declaration of a Public Health Emergency of International Concern (PHEIC)? Is the airport covered under this plan?	n/a	
18. How does the plan cater to changing situations typical of a public health emergency? Eg. Does the plan have a phased response to cater to an escalating emergency situation? If so, how?		
19. Does a mechanism exist for deciding when to initiate the public health preparedness plan - Is there a mechanism to de-escalate the measures and end them?		
20. Are communication methods and procedures in place to inform public on travel risks associated with a public health event/emergency?	XII	
21. Is there a National business Continuity Plan for Public Health Emergencies? Is the aviation sector considered in this business continuity plan?	n/a	
22. Is there an Airport Operator Business Continuity Plan for Public Health Emergencies? Are all stakeholders considered in this plan?	n/a	
C. Emergency Operation Center (EOC)		
1. Is there in place a flow chart to initiate the aviation public health event/emergency response plan process?		Annex 1, 2, 8, 10
2. Are Command and control systems established for management of Public health event/emergency “on the day”?	XII	
3. Do Public Health Authority personnel participate in developing the aviation preparedness plan?	n/a	
D. Rescue and Firefighting (RFF) Services		

Types of Precautions: A, Airborne; C, Contact; D, Droplet; S, Standard

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CAPSCA Airport Checklist	Communicable Disease Response Plan Reference	
	Base Plan	Annex
1. Do the RFF Services participate in the development and testing of the public health component of the Airport emergency plan for public health events/emergencies?	n/a	
2. Are personnel familiar with related guidance material, available on www.capsca.org?	n/a	
3. Are there procedures for handling passengers suspected of being affected by a public health event?	XII	
4. Are personnel trained on protective measures for handling suspected passengers?	n/a	
E. Immigration		
1. Does the immigration service participate in development and testing of the public health component of the Airport Emergency Plan for public health emergencies?	n/a	
2. Are personnel familiar with related guidance material, available on www.capsca.org?	n/a	
3. Are there procedures for handling passengers suspected of being affected by a public health event?	XII	
4. Are personnel trained on protective measures for handling suspected passengers?	n/a	
F. Customs		
1. Does the customs service participate in development and testing of the public health component of the airport Emergency Plan for public health events/emergencies?	n/a	
2. Are personnel familiar with related guidance material, available on www.capsca.org?	n/a	
3. Are there special procedures for handling luggage from passengers suspected of being affected by a public health event?	n/a	
4. Are customs personnel trained to use appropriate protective measures for handling luggage from suspected passengers?	n/a	
G. Cargo and Baggage Handlers		
1. Do personnel handling cargo/baggage participate in development and testing of the public health component of the airport Emergency plan for public health events/emergencies?	n/a	
2. Are personnel familiar with related guidance material, available on www.capsca.org?	n/a	
3. Are relevant personnel trained to use protective measures for handling cargo/baggage that may contain infectious substances (ICAO Annex 18 – The Safe Transport of Dangerous Good by Air)?	n/a	
4. Are cargo and baggage handlers trained to use appropriate protective measures for handling luggage from suspected passengers?	n/a	

Types of Precautions: A, Airborne; C, Contact; D, Droplet; S, Standard

Information from this table is taken from the Guideline for Isolation Precautions: Preventing Transmission of Infectious Agents in Healthcare Settings 2007 Appendix A available at: http://www.cdc.gov/hicpac/pdf/isolation/Isolation2007.pdf.

CAPSCA Airport Checklist	Communicable Disease Response Plan Reference	
	Base Plan	Annex
H. Air Navigation Service Provider (ANSP)		
1. Does the ANSP participate in development and testing of the public health component of the airport Emergency plan for public health events/emergencies?	n/a	
2. Are personnel familiar with related guidance material, available on www.capsca.org?	n/a	
3. Does the ANSP provide training with the PANS-ATM (Doc 4444, paragraph 16.6) procedure for notifying the destination/departure airport of a potential on-board public health event?	n/a	
4. Is a procedure in place for transfer of information from the ANSP to the public health authority (and other stakeholders), notifying the arrival of an affected aircraft? Provide detailed flow chart indicated the procedure from the place that receives the information – may involve entities other than the ANSP.		
5. Does the ANSP have a contingency plan for managing public health events/emergencies?	n/a	
6. Does the ANSP have a Business Continuity Plan for managing Public Health events/emergencies?	n/a	
I. Medical Services		
1. Is the airport medical service provided by the state or a private enterprise? Is there a separate provider specific to Public health events/emergencies?	n/a	
2. Has the service provider received training in managing public health events/emergencies?	n/a	
3. Has the airport medical service provider established a communication process with the Public Health Authority?		Annex 1
4. Has ease of access to the affected aircraft by medical service provider(s) been considered in designating an aircraft parking position for the affected aircraft? If there is a designated parking position for an affected aircraft, is it the same as the position for other types of emergency event, e.g., bomb threat, terrorist activity, etc.?	n/a	
5. Are medical service providers aware of (1) Notification procedure of a suspected case by the pilot in command (2) Health part of the aircraft general declaration? Are they involved in the processing of these documents upon arrival of the affected aircraft?		
6. Is there a procedure enabling the medical service provider/public health authority to communicate with the affected aircraft before landing?	XII	
7. Is there a standard operating procedure for managing the arrival of an affected aircraft?	XII	

Types of Precautions: A, Airborne; C, Contact; D, Droplet; S, Standard

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CAPSCA Airport Checklist	Communicable Disease Response Plan Reference	
	Base Plan	Annex
8. How long, after parking, will it take for the public health service to release an aircraft for unrestricted operations if the case in question is diagnosed as NOT posing a significant public health threat?	n/a	
9. Have the medical service providers/public health officers been made aware of how cabin crew identify suspect cases/s on board an aircraft? (Health part of aircraft General Declaration)?	XII	
10. Does the medical service provider/public health authority participate in the development and testing of the airport emergency plan for public health events/emergencies?	n/a	
11. Are suitable designated areas/facilities provided at the airport for:		
- Review of suspect cases by medical staff?	XII	
- Transport of cases to medical facility designated for purpose?		Annex 1
- Review of passengers in close proximity to the suspect case/s	XI, XII	
- Filling of Passenger Locator Form (if not already done)	XI	
12. Does the medical service provider/public health officers have easy access to the suspect or affected traveler's assessment area?	XII	
13. Is the use of personal protective equipment (PPE) considered? Are there sufficient numbers of PPE available at the airport? Types of PPE to be used –	XII	
14. Which personnel are required to use PPE	n/a	
- Training provided to personnel?	n/a	
15. Does the medical service provider/public health authority have procedures for transfer of suspect or affected travelers to appropriate hospital or evaluation units?	XII	
16. Are facilities available to enable rapid testing of biological specimens? What are they? Does the public health authority have appropriate communication links to these labs so that the status of the suspect passenger/s can be transmitted to them?	n/a	
17. Does the airport have in place procedures for aircraft disinfection?	n/a	
18. What is the disinfectant product(s) used to disinfect an affected aircraft? How is it chosen/is it different for different diseases of interest?	n/a	
19. What procedure is used? How long does it normally take? Are the cleaning contractors adequately trained to carry out disinfection of aircraft?	n/a	
20 Is the medical service provider/public health authority aware of relevant aspects of the IHR (2005) in relation to their role at the airport?	n/a	

Types of Precautions: A, Airborne; C, Contact; D, Droplet; S, Standard

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CAPSCA Airport Checklist	Communicable Disease Response Plan Reference	
	Base Plan	Annex
21. In the case of an affected aircraft carrying a suspected case of a communicable disease, are efforts made to minimize the delay to other travelers and the return to service of the aircraft as quickly as possible? Are Standard Operating Procedures (SOPs) in place to ensure minimizing unnecessary delays to passengers and aircraft?	n/a	
22. Are procedures in place for the safe removal, transport, and disposal of liquid and solid waste generated from the on board management of a case of a potential public health event (bio-hazard waste management procedures)?	n/a	
J. Security/Airport Police		
1. Does the aviation security (AVSEC) provider participate in the development and testing of the airport emergency plan for public health events/emergencies?	n/a	
2. Are there procedures in place for managing aviation security and facilitating the medical service provider/public health authority to access the designated passenger assessment area for suspect or affected travelers?	n/a	
3. Are personnel trained in the use of protective measures for managing suspect or affected travelers?	n/a	
K. Infrastructure		
1. Are the international passenger flows mixed, on arrival and departure?	n/a	
2. Are there provisions for maintaining electricity, water supply, waste disposal, etc. at the aircraft after parking? How will the aircraft's air conditioning system continue to operate after parking if the aircraft auxiliary power unit is inoperable?	n/a	
3. Does the airport have a designated holding or waiting area for suspect or affected travelers, after disembarkation?	XII	
4. If so, does the designated area have easy access for passengers (air bridge, ground transportation, etc.)?	n/a	
5. Does the designated area have easy access to medical service providers/public health authority?	n/a	
6. Does the designated area have adequate services such as power supply, lighting, air conditioning and toilets?	n/a	
7. Is the position of the designated area promulgated to appropriate personnel?	XII	
8. Are there processes and procedures in place to inform in-coming or out-going passengers of what to do if coming from or traveling to an affected are with a public health event/emergency or in the event of a declaration of a PHEIC?	XII	

Types of Precautions: A, Airborne; C, Contact; D, Droplet; S, Standard

Information from this table is taken from the Guideline for Isolation Precautions: Preventing Transmission of Infectious Agents in Healthcare Settings 2007 Appendix A available at: http://www.cdc.gov/hicpac/pdf/isolation/Isolation2007.pdf.

CAPSCA Airport Checklist	Communicable Disease Response Plan Reference	
	Base Plan	Annex
9. Are screening measures available/to be rapidly introduced? If so, for: 1 – Entry? 2 – Exit? 3 – Transit?	XII	
10. What screening measures are to be available?	XII	
- Questionnaire	XII	
- Temperature measurement	XII	
- Others	XII	
11. Availability at short notice (48 hours) if required?	XII	
12. Designated area for screening is provided?	XII	
13. Information concerning public health action being taken in available to travelers at entry, exit and in holding area?	XII	
14. Requirements considered for screening equipment	XII	
- Maintenance	XII	
- Calibration	XII	
- Personnel Training	XII	
L. Aircraft Operators		
1. Do aircraft operators participate in development and testing of the public health component of the airport Emergency plan for public health events/emergencies?		
2. Are aircraft operators aware of (1) Notification procedure of a suspected case by the pilot in command (2) health part of the aircraft general declaration (latest version)?	n/a	
3. Are aircraft operators aware of IATA guidelines for: cabin crew; maintenance crew; bird-strike; cleaning crew; passenger agents in responding to a public health event?	n/a	
4. Do the aircraft operators have procedures enabling cabin crew to identify travelers suspected of having a communicable disease or to manage a public health event on board a flight?	n/a	
5. Do the aircraft operators have procedures for managing a public health event on board a flight?	n/a	
6. Number of trained ground personnel assigned for public health event duties, in relation to volume and frequency of travelers.	n/a	
7. Are arrangements for translation and interpreters considered?	n/a	
8. Have personnel undergone training, to recognize and mange a public health event/emergency:	n/a	
9. Are personnel familiar with procedures regarding prompt assessment, care and reporting of ill travelers?	n/a	
M. Media		

Types of Precautions: A, Airborne; C, Contact; D, Droplet; S, Standard

Information from this table is taken from the Guideline for Isolation Precautions: Preventing Transmission of Infectious Agents in Healthcare Settings 2007 Appendix A available at: http://www.cdc.gov/hicpac/pdf/isolation/Isolation2007.pdf.

CAPSCA Airport Checklist	Communicable Disease Response Plan Reference	
	Base Plan	Annex
1. Is there a communications strategy and plan?	XII	

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O. Annex – Repatriation Flight Playbook

Assumptions

1. There will be approximately ____ persons on the flights, primarily United States citizens.
    - Approximately ___ children are expected.
2. All persons will have been screened for fever symptoms prior to departure from Wuhan.
3. The plane will be on the ground for approximately __ hours.
4. The lead coordinating agency is the State of Alaska, Division of Public Health.
5. The lead for _____ is the Municipality of Anchorage.
6. The lead agency for screening operations is the Centers for Disease Control.
7. The lead agency for the transportation of passengers to the airport is the Department of State.
8. The lead agency for is _____ Airport Operations at the Ted Stevens International Airport.

Concept of Operations

Prepositioned transportation resources

1. **An Anchorage Fire Department ambulance (at the airport fire department)**
2. **A vehicle to transport noncritical patients to healthcare facilities for evaluation**
3. **Buses to be used in the event of a terminal evacuation**

Response areas within the airport

1. **Passenger area**: Includes secondary screening area, tertiary screening area, bathrooms, and waiting areas (including lactation area and any other areas identified for specific passengers, for example, Department of State personnel).
2. **Outside the passenger area:**
    a. **Staging area for staff (could also be the onsite operations area)**
    b. **Onsite operations area (as above)**
    c. **Storage area:** Should allow for quick deployment of requested resources inside the passenger area.
    d. **Donning/doffing area:** Immediately outside the passenger area

Personnel

1. **Required personnel (passenger area)** (Please note: An effort should be made to limit the number of personnel inside the passenger area. At least one person staffing the passenger area should have medical training at the EMS level or higher.)
    a. Passenger communication lead
    Roles and responsibilities: Enters plane upon arrival, provides welcome and official briefing. Confirms with crew the number of, if any, ill passengers/crew on board. Shares this information with the Command/Control/Communications lead; instructs those that are ill to remain on the flight until notified. (The next steps for these passengers will be determined on a case-by-case basis.)

    b. Passenger navigator positioned at terminal door
    Roles and responsibilities: Does quick initial assessment of passengers to identify obvious signs of illness – refer to escort if needed. Provides all healthy-appearing

passengers hand sanitizer, and directs them to the secondary screening area.

c. Secondary screeners (ideally 10)
Roles and responsibilities: Signals navigator when station is available for a passenger. Welcomes passengers, reviews their THD, takes temperature using noncontact thermometer. Refers passengers with fever or other symptoms to tertiary screening, signals patient escort to accompany those passengers to the tertiary screening area.

d. Photographer
Roles and responsibilities: Photographs each Travelers Health Declaration after secondary screening.

e. Passenger escort (one at a minimum)
Roles and responsibilities: Escorts passengers either identified at plane exit as ill or who are identified by a screener as requiring tertiary screening to the tertiary screening area.

f. Tertiary screener (one at a minimum), dedicated tertiary screening area
Roles and responsibilities: Completes additional screening as required by DGMQ. Triages patients so that persons who may require transport to a medical facility are prioritized.

g. Passenger support (two, but dependent on number of passengers)
Roles and responsibilities: Provides passengers with basic logistical information (e.g., where the bathrooms are) and psychosocial support as needed.

h. Command/Control/Communications lead
Roles and responsibilities: Provides onsite leadership and updates to response leadership on flight and passenger-related information. Coordinates PPE, personnel requests)

i. Airline personnel
Roles and responsibilities: To be defined by organization, but assumption is that they will include removing trash from the plane and resupplying catering.

j. Customs and Border Patrol
Roles and responsibilities: To be defined by organization.

2. Required personnel (outside passenger area)

a. Response leadership (e.g., Incident Manager or his/her designee, other command staff as desirable)
b. Security (situation dependent, remember that security for both directly outside the passenger area and public places where there may be media may be required)
c. Infection control advisor
d. Primary Public Information Officer
e. Anchorage Fire Department liaison

f. Runner (to help move resources into passenger screening area as needed, and other tasks as assigned)

3. **Pre-deployment Personnel-Associated Requirements**
    a. Name and date of birth to the coordinating quarantine station (this must be done at least 12 hours before the plane is due to arrive)
    b. For passenger area personnel: Evidence of MMR and seasonal influenza vaccination, and fit testing (if required) this must be done at least 12 hours before the plane is due to arrive)
    c. For ground crew: Do they also need to provide immunization info
    d. All personnel should be offered just-in-time training on the correct use of PPE.
    e. Ensure that personnel meet their agency-specific medical clearance requirements.
    f. Ensure that screeners take the CDC training.

Materials

1. **PPE** (Please note: It is the expectation that all agencies participating provide their personnel with the appropriate PPE, or make a specific resource request to the EOC as early as possible.)
    a. All personnel in the passenger areas (screeners, passenger support, etc.) should be in their agency-approved personal protective equipment (PPE). It is ideal if all personnel outside the tertiary screening area are wearing the same PPE, but that may not be possible due to agency requirements.
    b. At a minimum, screeners and other personnel in the passenger areas outside the tertiary screening area should be wearing (subject to change, consult with quarantine state staff for most current guidance):
        i. Mask (may alternatively be an N95 if the staff member has been trained and is fit tested)
        ii. Gloves (10-12, do not require a full box)
    c. At a minimum, staff in the tertiary screening area and staff escorting patients from secondary to tertiary should be wearing (subject to change, consult with quarantine state staff for most current guidance):
        i. Gloves
        ii. N95
        iii. Gown
        iv. Eye protection
2. **Hand sanitizer for the passenger navigator**
3. **Screening table supplies**
    a. Hand sanitizer
    b. Tissues
    c. No-touch thermometer
    d. Extra Travel Health Declaration forms
    e. T-HAN (Health education information for travelers on signs and symptoms)
    f. (Optional) stickers for children
4. **Tertiary screening area supplies**
    a. PPE
    b. Paperwork
    c. Beverages and snacks
5. **Passenger waiting area**

a. Food (including for people with dietary restrictions) and beverages
b. (If possible) diapers, activities for children, other "creature comforts"
(Note: A and B above may be supplied by ACF and the Red Cross.)
c. Sign denoting lactation area and other areas requiring privacy (e.g., an area for Department of State staff and their families)
d. Over-the-counter medications (e.g., pain medication, antidiarrheal, heartburn relief)
e. Other medical care as needed (i.e. Emergency Medical Services)
f. Charging stations
g. Extra trash bags
h. Cleaning supplies for spills, etc.

6. **Partitions to close off lactation area, any other waiting area once all passengers have left the screening area**
7. **Donning/doffing area**
    a. Hand hygiene materials
    b. Trash receptacles
    c. PPE
8. **Documents**
    a. A communications list for all response personnel
    b. A sign-in sheet for passenger area personnel (must include contact information)
    c. At least one copy of the passenger manifest
    d. A list of other persons on the airplane that do not appear on the manifest (e.g., airline crew members). The list needs to designate whether or not each person will require screening.
    e. T-HANs (enough for all passengers)
    f. Extra Travelers Health Declarations
    g. Tertiary screening documents

For PPE or other materials that are going to be destroyed after the passengers have re-boarded a flight, efforts should be made to minimize the amount in the passenger area. Back-up supplies that may be required for restocking or other reasons, should be kept elsewhere in the airport that is convenient to the passenger area.

Passenger movement

Order off the plane upon arrival:

1. *If required*, crew or passengers experiencing a medical emergency (see below)
2. Pilots and other flight crew
3. Healthy passengers in groups of 20-40
4. Ill persons TBD
5. Department of State paramedics

In the event that a crew member or passenger experiencing a medical emergency, Anchorage Fire Department personnel will board the plane before other passenger disembark and evacuate the patient following routine protocols.

Upon arrival:

1. **Pilots and other flight crew**

Pilots and other flight personnel who have not entered the main deck of the aircraft (and are thus "clean") will disembark the plane using stairs and will not enter the airport terminal via the jet

bridge; these crew will then be driven to normal CBP screening, since they are considered "clean." Flight crew who traveled in the main deck will be screened alongside passengers.

2. **Healthy passengers and crew from the main deck**

Healthy passengers will be asked to disembark the plane in small groups to avoid crowding in the screening area. Passengers will be asked to take their medical screening questionnaire and will be directed to screening stations prior to passing through Customs. After passing through Customs, passengers will be sent to the waiting area. Snacks and beverages are to be provided in the waiting area and in the tertiary screening.

3. **Ill but clinically stable passengers or crew (identified on the flight)**

Unless critical, ill persons from the plane will remain on the plane until a decision can be made about whether they will be medevac'd or transported to Providence Alaska Medical Center. If the latter, transportation of these persons will be coordinated by the Anchorage Health Department.

4. **Passengers or crew that are clinically stable but require further evaluation (identified during screening)**

Passengers/crew that are determined to require additional assessment will be directed to tertiary screening, instead of being routed through Customs. This will be coordinated by the passenger communication lead and the passenger navigator.

5. **U.S. Department of State (DOS) paramedics**

Following disembarkation of all passengers, DOS paramedics will disembark the plane using external stairs, walk to N6, and doff their PPE in the "knuckle" of N6. They will not remain at the airport and will not re-board the aircraft.

While waiting in the airport

An area for nursing mothers will be made available in the alcove near the restrooms. An area for Department of State staff and their families will be made available at the far end of the waiting area. The signage here should read "DOS staff and families" (not "Diplomats and families" as originally thought.) (Please note: Passengers and personnel supporting the passengers inside the waiting area should not enter the screening areas at any time before the passengers return to the aircraft.) During the waiting process the airplane will be refueled and catering will restock the plane.

Before departing

All passengers and crew returning the flight must have their temperatures checked prior to boarding. When the plane is ready, the flight crew will board first. Passengers will then be called up by seating area; they will have their temperatures recorded and will board. If any passengers have become ill, they will be escorted to the tertiary screening area,

Following departure

Personnel from the passenger area will throw out all disposable items and then bag the trash; they will then meet in the staging area for debrief. Guidance for cleaning the area can be found in the attached document.

Security

Anchorage airport police (should other agencies have a presence?) will be present in the main lobby. Additional security personnel will be outside the passenger area. Additional personnel may be positioned at other secure doors, this is pending. When determining the placement and role of security, decisions should be based on the question, "What needs to be protected?"

Additional information

Before departing from China, passengers will have been screened 4 times: before leaving their homes, and boarding the flight. Passengers will be monitored by DOS paramedics during the flight. Passengers who become ill will be moved to the back of the aircraft. There are also 2 or 3 physicians associated with the Embassy on the flight; they will be screened and will wait with the other passengers.

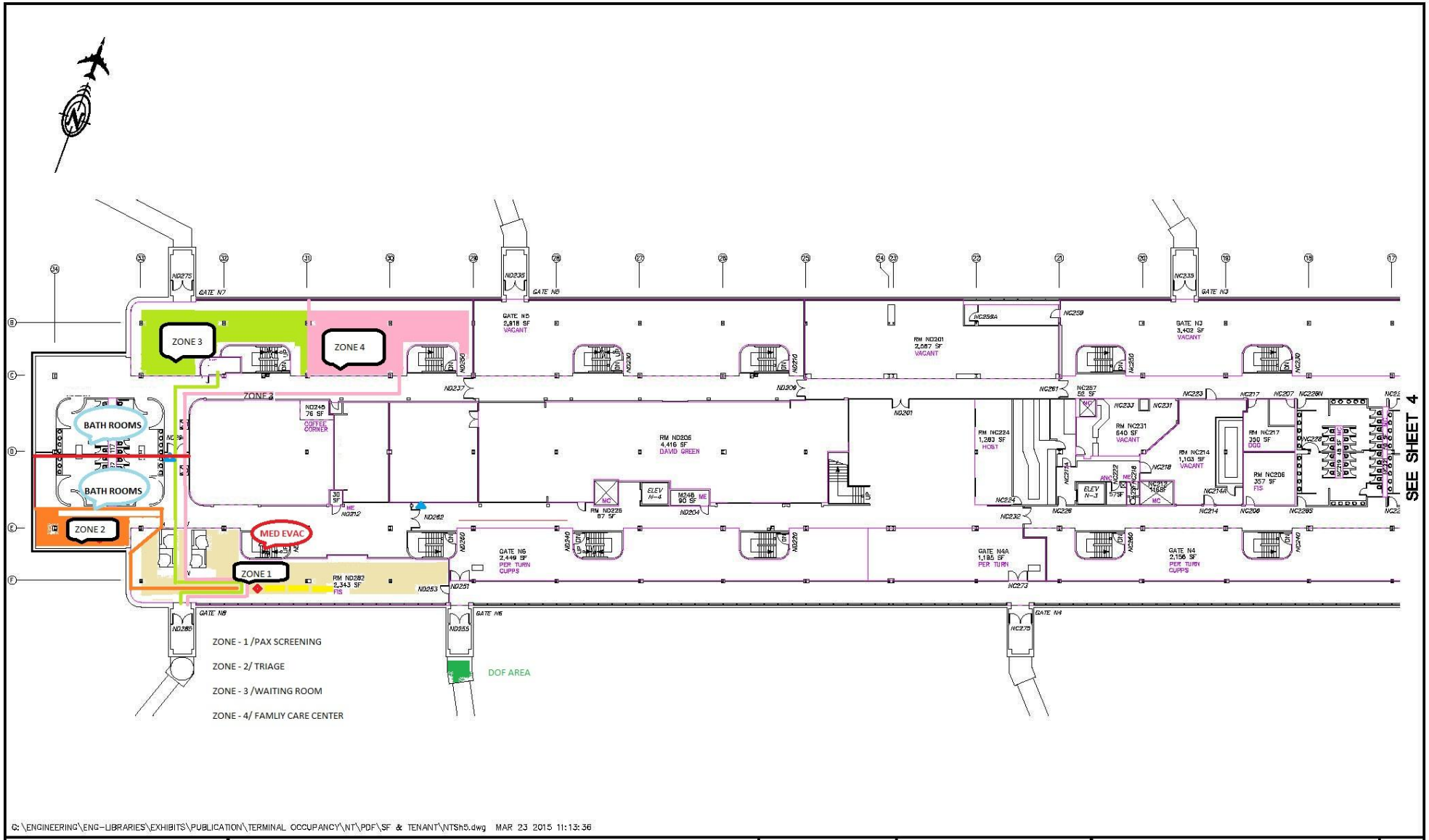
Contingencies

1. In the event of a fire or other emergency requiring evacuation of the airport, passengers will return to the plane and the plane will move away from the terminal. This decision will be made after airport police verify that a fire alarm does truly indicate an emergency.
2. In the event of a delayed departure due to mechanical problems or otherwise, cots will be provided by the Municipality of Anchorage. Food and other items will need to be identified by ACF / AK Medical Station, kid supplies
3. What if a passenger refuses to go further and wishes to stay in Alaska?
4. What if a passenger becomes mentally unstable and is a danger to themselves or others?
5. What if the plane is diverted to a weather or mission divert?

Other discussion items still pending

1. Phone/video restriction
2. Badging
3. Media access

Map of Screening and Waiting Areas



Order of operations after flight lands (duplicates some of the above)

1. Flight crew leaves for normal CBP screening (flight crew is considered clean)
    a. Travelers needed emergency services will be departed before anyone.
2. CBP and CDC rep meet the medical staff at gate before travelers disembark.
    a. CDC, CBP and flight medical staff have discussion about cases on the plane.
3. Non-symptomatic travelers are disembarked by medical staff in groups of 20 to 40 individuals.
4. Non-symptomatic travelers will go from Gate N8 to CDC Zone 1 Screening areas and then to CBP for Customs.
    a. Travelers requested for additional CDC screens will be take to Zone 2 for further screening. CBP will use portable device to complete CBP customs.
5. Ill travelers will be disembarked next and preferably be taken for further screening at designated hospitals.
    a. Would like to minimize their interaction with non-symptomatic travelers and travelers in Zone 2.
6. If travelers are designated as "clean" and complete customs they will go to Zones 3 and Zones 4 on the above map to wait for re-embarkation of the airplane
7. During the waiting process the airplane will be refueled and catering will restock the plane.
    a. Lavatories will be cleared of waste and the plane will be cleaned by designated staff that are flying to California while outside staff pass supplies to designated staff on the flights.
    b. All international trash will be removed from airplane by designated staff for incineration as international trash that cannot come into the US.
8. Waiting area will have food, water, charging tables for cell phones, and other supplies.
    a. Zone 4 will be the family area for resting and a quiet place for families.
        i. Part of Zone 4 may be designated for diplomatic staff if that is deemed necessary.
        ii. Liaison staff will be Zones 3 and 4 to help support families and answer questions.
    b. Will need to discuss about how travelers that become ill in Zones 3 or 4 while waiting are supported and taken to hospital for further evaluation.
9. After three to four hours travelers will board the airplane after flight crew have boarded and locked themselves in the cabin.
10. Flight takes off and ground staff start to reorganize Zones 1 through 4 for normal operations.
    a. Time for this may vary based on decontamination requirements and amount of refuse left buy travelers.
11. At a later time after action report will be completed.