

PART 13

PUBLIC HEALTH EMERGENCIES

CONTENT

Section	Description	
1	General	
2	Organisation	
3	Civil Aviation Department	
4	<i>Airport Fire Contingent</i>	<i>Not Applicable</i>
5	Fire Services Department	
6	Hong Kong Police	
7	Department of Health / Port Health Division (Airport Section)	
8	Hospital Authority	
9	AA Airfield Department	
10	AA Terminal Operations Department	
11	AA Airport Emergency Centre (AEC)	
12	AA Corporate Affairs Department	
13	Aviation Security Company Ltd.	
14	AA Technical Services Infrastructure Department	
15	<i>AA Retail and Advertising Department</i>	<i>Not Applicable</i>
16	Airline / Handling Agent	
17	Ramp Handling Licensee	
18	<i>Not used</i>	<i>Not Applicable</i>

Section	Description	
19	<i>Line Maintenance Franchisee</i>	<i>Not Applicable</i>
20	<i>Into-Plane Fuelling Franchisee</i>	<i>Not Applicable</i>
21	Cargo Terminal Operators	
22	Customs and Excise Department	
23	Immigration Department	
24	<i>Government Flying Service</i>	<i>Not Applicable</i>
25	<i>Mass Transit Railway Corporation</i>	<i>Not Applicable</i>
26	Food and Environmental Hygiene Department	
27	<i>Information Services Department</i>	<i>Not Applicable</i>
28	<i>Security Bureau</i>	<i>Not Applicable</i>
29	<i>Marine Department</i>	<i>Not Applicable</i>
30	<i>Civil Aid Service</i>	<i>Not Applicable</i>
31	Auxiliary Medical Service	
32	<i>Civil Engineering and Development Department</i>	<i>Not Applicable</i>
33	<i>Lands Department (Survey and Mapping Office)</i>	<i>Not Applicable</i>
34	<i>Hong Kong Observatory (Airport Meteorological Office)</i>	<i>Not Applicable</i>
35	<i>Tenants and Employees</i>	<i>Not Applicable</i>
36	<i>Public Bus Operators</i>	<i>Not Applicable</i>
37	<i>Transport Department / Transport & Logistics Bureau</i>	<i>Not Applicable</i>
38	AA Medical Services	
39	AA Safety, Security and Business Continuity Department	

Section	Description	
40	<i>Tsing Ma Management Limited</i>	<i>Not Applicable</i>
41	AA Landside Department	
42	AA Integrated Airport Centre	
43	<i>Hong Kong St. John Ambulance Brigade</i>	<i>Not Applicable</i>
44	<i>Air Accident Investigation Authority</i>	<i>Not Applicable</i>
45	AA Aviation Logistics Department	
46	<i>AA APM and Baggage Department</i>	<i>Not Applicable</i>
Appendix 13A	Guidelines on handling Passengers / Crews with Symptoms Suspected of Communicable Diseases On Board Arriving Flights at Hong Kong International Airport	
Appendix 13B	Temporary Holding Area Set Up at SAPV	
Appendix 13C	Procedure on Disinfection of Baggage	

This page has nil content

GENERAL**1. Introduction**

- 1.1 The Department of Health (DH):
- Responsible for monitoring the development of the outbreak of serious infectious disease overseas.
 - Will decide upon the precautionary and quarantine measures that have to be taken to prevent the introduction and spread of such a disease into Hong Kong.
 - Will decide when these measures will be initiated and rescinded.
- 1.2 If the measures to be taken involve aircraft, air passengers, air-crew and/or cargo arriving from the port(s) concerned, the Director of Health will convene meeting(s) with the Airport Authority, airlines/ground handling agents concerned, Immigration Department, Customs and Excise Department, Hong Kong Police Force, Auxiliary Medical Service, Fire Services Department and, Food and Environmental Hygiene Department as necessary to coordinate the action(s) to be taken.
- 1.3 In cases of emerging risk on public health emergencies of which Government plans and measures are to be implemented, the handling procedures could be referred to BCP-G1 of Business Continuity Manual. .

2. Purpose

The purpose of this section is to set out the:

- i. response principles
- ii. roles and responsibilities of responders which will be adopted by the Department of Health, Airport Authority and other organisations for the handling of flights from port(s) where there is an outbreak of serious infectious disease.

3. Precautionary Measures

- 3.1 Whenever information is received that any serious infectious disease has broken out, or exists, or is reasonably suspected to exist at any port, Director of Health would decide upon the precautionary measures for the prevention of the introduction of disease into Hong Kong to be taken against passengers, aircrew, cargo and aircraft arriving from or/and departing to the affected port(s).

Section 1

- 3.2 Precautionary measures include :
- 3.2.1 Distribution of appropriate health education information material to passengers departing for affected port(s).
 - 3.2.2 Broadcast health information on board arriving flights from affected port(s).
 - 3.2.3 Pilots of all aircraft coming from affected port(s) to declare the health status of passengers and crew members on board.
 - 3.2.4 Passengers on arriving flights from affected ports may require to complete the Health Declaration Forms.
 - 3.2.5 Airline to provide Port Health Division (Airport Section) with list of passengers arriving from affected port(s) for monitoring.
 - 3.2.6 Airline to carry out disinfection, disinsection or apply pest and vector control measures on all aircraft from affected port(s) in accordance with requirements of the Port Health Division (Airport Section).
 - 3.2.7 Airline to present persons with symptoms of infection as declared by the pilot on board to Port Health Division (Airport Section) for inspection.
 - 3.2.8 Airline to provide cargo manifest for any cargo coming from affected port(s) to Port Health Division (Airport Section) who would, when necessary, liaise with cargo terminal operators, to make arrangement for cargo inspection, and, where appropriate, apply pest and vector control measures, disinsection and disinfection of cargo in accordance with the requirements of Port Health Division (Airport Section).
- 3.3 Port Health Division (Airport Section) has the authority to call for the formation of the Public Health Incident Assessment Group (PHIAG) and act as its chair.

4. Public Health Incident Assessment Group (PHIAG)

- 4.1 Port Health Division (Airport Section) is responsible to investigate suspected cases of Infectious Diseases amongst arrival, departure and transfer passengers.

Section 1

- 4.2 In the event that an aircraft arriving from affected port(s) has a case of infected person(s) on board, Port Health Division (Airport Section) / Department of Health may convene Public Health Incident Assessment Group (PHIAG) to assist in its investigation and control measures.
- 4.3 The 'Public Health Incident Assessment Group' (PHIAG) shall consist of the following members:
- AA Airport Duty Manager
 - AA Terminals & Landside Duty Manager
 - AA Airfield Duty Manager
 - Airline / Handling Agent concerned
 - Port Health Division / Department of Health
 - Doctor of AA Medical Services
- 4.4 Port Health Division (Airport Section) would inform the IAC ADM to activate the (PHIAG) functions and may ask AA Terminals & Landside Duty Manager via IAC to callout members of PHIAG.
- 4.5 The 'Public Health Incident Assessment Group' (PHIAG) will meet at the Airport Emergency Centre facility or other venue/means when there is sufficient time for meeting before the aircraft arrives.
- 4.6 Port Health Division (Airport Section) will call IAC to convene messages to core members of PHIAG to activate the responses and implement the designated actions when there is insufficient time for meeting.
- 4.7 The major functions of the Public Health Incident Assessment Group (PHIAG) are:
- 4.7.1 make an assessment of the suspected person(s) as to whether the report is a possible case.
 - 4.7.2 alert all response parties for the possible activation of quarantine measures.
 - 4.7.3 activate AEC and assess the need to form the Crisis Management Team afterwards.
 - 4.7.4 to ensure an overall coordinated response.

5. Quarantine Measures

- 5.1 In the event that an arriving aircraft has a case of suspected person(s) on board having infectious disease, the Director of

Section 1

Health will, for the prevention of the introduction of the disease into Hong Kong, require the following quarantine measures to be taken.

- 5.2 Inflight commander to report promptly to air traffic services units with which he/she is currently communicating, with a request that a message be forwarded to the destination aerodrome control tower.
- 5.3 The message should include the aircraft's call sign, aerodrome of departure, destination aerodrome, estimated time of arrival, number of travelers affected, persons on board, number of suspected case(s) on board, the particulars and especially the signs and symptoms of the ill person(s), the nature of case such as the communicable disease being suspected of (if known), and the words 'Communicable disease'. (see appendix 13A section 4).
- 5.4 Upon notification from Inflight commander or air traffic services units en-route, Air Traffic Control (ATC) in Hong Kong will alert Port Health Division (Airport Section).
- 5.5 After receiving the relevant information, Port Health Division (Airport Section) will contact the airline/handling agent and establish communication with the aircraft concerned.
- 5.6 Port Health Division (Airport Section) may request further information from the Inflight commander through the airline operator.
- 5.7 However, if the facility of the airline operator is unable to communicate with the Inflight commander, the ATC communication channel may be considered as a last resort for obtaining further essential information.
- 5.8 With the available information obtained, Port Health Division (Airport Section) would immediately carry out preliminary assessment of the case and decide on any of the following response action(s) to be taken:

5.8.1 Conduct on board assessment

When it is a suspected communicable disease incident other than common illnesses. e.g. measles, infectious tuberculosis, newly emergent disease of public health significance or a communicable disease / public health incident of uncertain nature.

5.8.2 Set up temporary holding facilities

When it is a suspected communicable disease incident of public health significance. e.g. Avian Influenza, Pneumonic Plague or Viral Hemorrhagic Fever, etc, where temporary holding, quarantine facilities or early treatment for passengers and crews may be considered necessary.

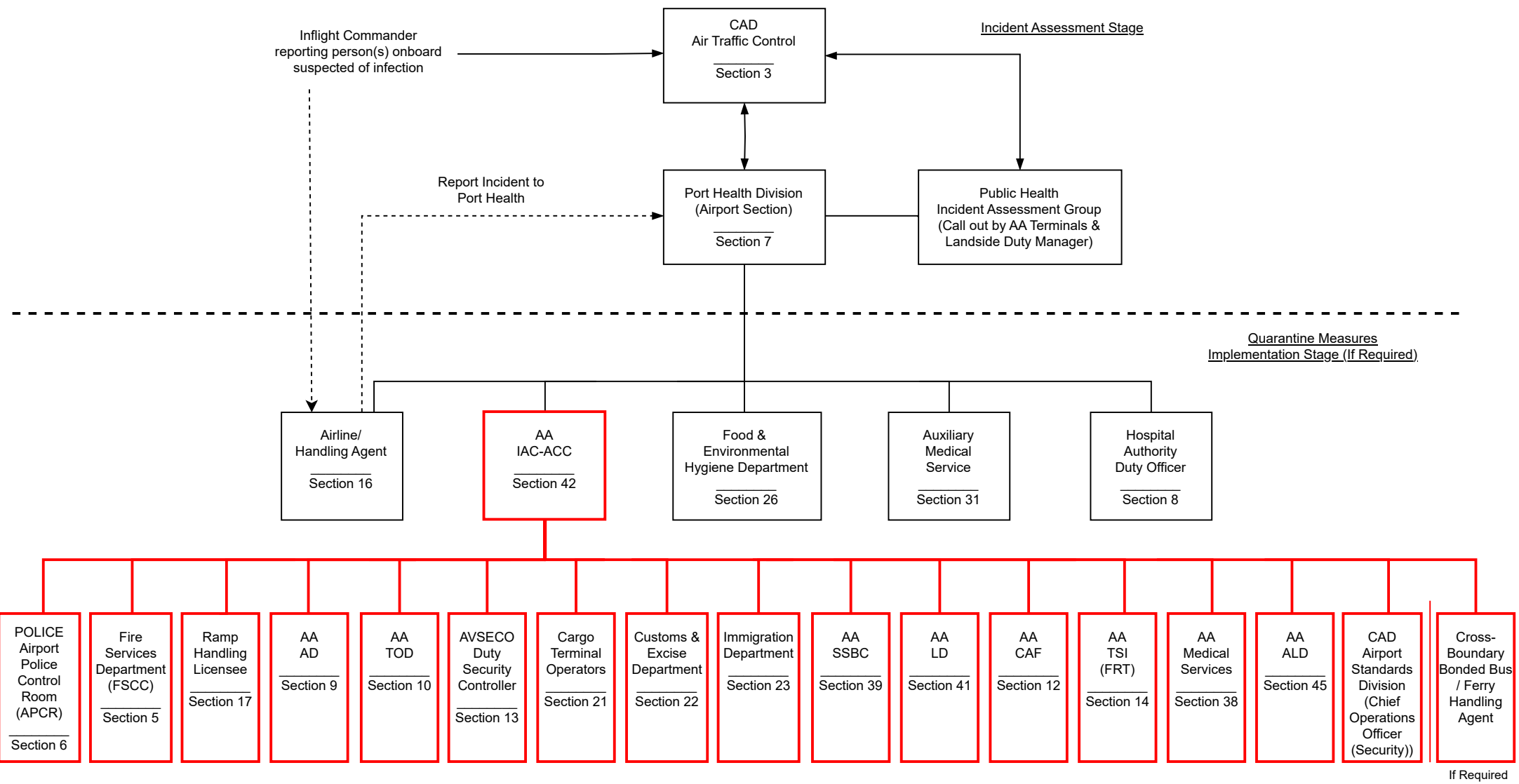
5.8.3 Health assessment direct at Health Post

When it is a common illness or a communicable disease / public health incident that is reported after completion of disembarkation and before immigration clearance at the HKIA.

- 5.9 Persons who have been in contact with the sick and those whom the Port Health Team has reason to consider suspect, shall be isolated and kept under surveillance after inspection and treatment by the Port Health Team.
- 5.10 The infected case(s) is to be disembarked immediately and sent to the designated hospital for isolation and treatment.
- 5.11 Infected aircraft to be isolated at an AA designated area.
- 5.12 All responding parties on scene are to send a representative to the Mobile Liaison Centre; this may include Port Health Division (Airport Section), Police, AVSECO, Airline / Handling Agent, AA Airfield Department, Ramp Handling Licensee etc.
- 5.13 Baggage, cargo, other articles including whole or part of the aircraft shall be disinfected if necessary in the opinion of the Port Health Division (Airport Section).

This page has nil content

Public Health Emergencies
Alerting Diagram



This page has nil content

CIVIL AVIATION DEPARTMENT**RESPONSIBILITIES**

- Alerting
- Communication with in-flight commander

Alerted by In-flight commander of the affected aircraft or by other air traffic service units en-route

Quarantine measures - an aircraft has a case of person(s) on board suspected to have infectious disease:

1. Action by Air Traffic Control – Duty Watch Manager

- 1.1 Alert the Port Health Division (Airport Section) and relay the initial information from the inflight commander to Port Health Division (Airport Section) by phone. (Phone number under Department of Health, Government, in the Tel & Fax Directory in Annex B at the back of this volume.)
- 1.2 If requested by Port Health Division (Airport Section) who may first request the airline operator, communicate with and obtain further information from in-flight commander for medical assessment.

This page has nil content

FIRE SERVICES DEPARTMENT**RESPONSIBILITIES**

- Provision of ambulance transport

Alerted by IAC-ACC

Quarantine measures - an aircraft has a case of person(s) on board suspected to have infectious disease:

1. Inform Fire Services Communications Centre to arrange ambulance as requested by Port Health Division or staff of Department of Health.
2. Ambulance staff, if necessary, to put on appropriate protective gear which may include gown, cap, surgical mask, disposable gloves, etc. to handle the transport of the suspected person(s).
3. Ambulance, if necessary, to be disinfected / disinsectised after conveyance of suspected person(s) to hospital.

This page has nil content

HONG KONG POLICE**RESPONSIBILITIES**

- Establish and maintain cordons
- Maintaining law and order

Alerted by IAC-ACC

Quarantine measures - an aircraft has a case of person(s) on board suspected to have infectious disease:

Action

1. Coordinate with AVSECO Duty Manager in cordoning off Temporary Holding Areas and the involved aircraft.
2. Send a representative to the Mobile Liaison Centre.
3. Maintain law and order of the areas.
4. Upon notification from AA Airport Duty Manager that the Airport Emergency Centre (AEC) is activated, dispatch a representative to the AEC to act as liaison .

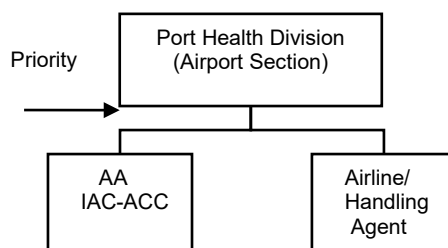
**DEPARTMENT OF HEALTH
PORT HEALTH DIVISION (AIRPORT SECTION)****RESPONSIBILITIES**

- Convene and chair Public Health Incident Assessment Group
- Determination and activation of quarantine measures
- Health assessment, treatment and medical surveillance
- Setting up Temporary Holding Areas
- Set up “Task Force” for disinfection / disinsection of suspected cargo, baggage and aircraft

Alerted by Air Traffic Control (ATC) or the Airline concerned

Precautionary measures - on flights arriving from overseas port(s) with an outbreak of serious infectious disease:

1. Alert the followings:



2. Distribute, through airlines, appropriate health education information material to travelers arriving from affected ports.
3. Broadcast health information on arriving flights from affected ports through airlines.
4. Distribute the yellow card **“Important Notice to All Persons Arriving in Hong Kong”** on arrival.
5. Advise travelers to seek medical attention if they later develop symptoms after visiting an affected place.
6. Provide medical examination or treatment to arriving passengers with possible symptoms by Port Health Team.

7. Inspect passengers and aircrew of aircraft arriving from affected ports to detect signs of disease.
8. Check cargo manifests arriving from affected port(s). Provide advice and supervision on pest and vector control measures, disinsection and disinfection on baggage and cargo on board and in storage depots if deemed necessary with transport provided by the airline / handling agents.
9. Provide and distribute appropriate **“Health Advice”** to airport personnel likely to be involved in the handling of flights arriving from the affected port(s).

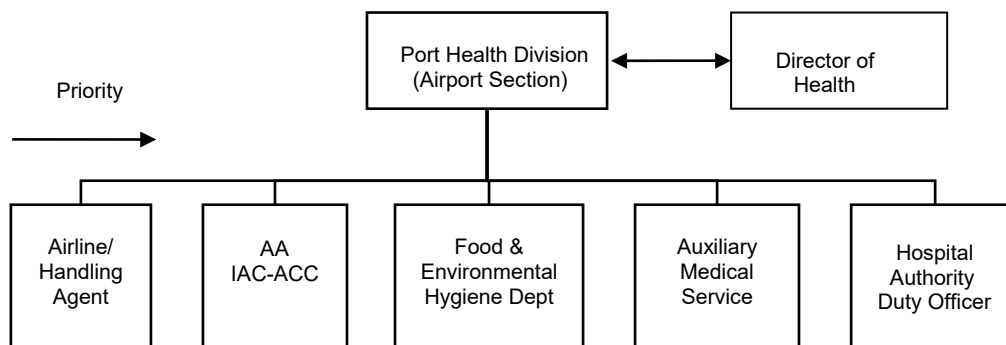
On board assessment

1. Port Health Team mainly comprising of the Port Health Division staff (Airport Section) would be formed immediately. AA medical service and AVSECO health assistants would also be invited to join when necessary.
2. The Port Health Team will proceed to the aircraft when it landed and carry out on board assessment immediately to ascertain the nature of the disease and review the in flight precautionary measures taken.
3. After boarding the aircraft and conducting the health assessment, the Port Health Team would derive a provisional diagnosis as soon as possible and manage the sick passenger/crew accordingly. Depending on the disease and situation, the sick passenger/crew may be managed as follows:
 - a. to be released immediately;
 - b. to be further assessed at Health Post; or
 - c. to be transferred to hospital for management, etc.
4. Public Health Passenger Locator card may also be collected on board from some concerned passengers before releasing them.
5. After all passengers have been released, Port Health Division (Airport Section) would also provide advice to the concerned airlines for any follow-up actions, e.g. aircraft disinfection and medical surveillance of the crews.
6. If there is suspected communicable disease / incident of public health significance requiring more stringent measures such as temporary holding/quarantine of the passengers. Port Health Team would proceed further immediately to activate the responses at HKIA.

Temporary Holding / Quarantine measures - an aircraft has a case of person(s) on board suspected to have infectious disease:

1. Alert the AA Terminals & Landside Duty Manager via IAC of the incident to callout the Public Health Incident Assessment Group (PHIAG) to activate the response and implement the designated PHIAG functions if temporary holding / quarantine measures are required.
2. Send a Port Health Officer to lead and chair the Public Health Incident Assessment Group (PHIAG).
3. Establish communication with the aircraft concerned through the airline/handling agent to obtain necessary information for an incident assessment.
4. If the airline/handling agent is unable to establish communication with the aircraft concerned, request assistance from ATC as a last resort.
5. Should quarantine measures be required for the concerned aircraft after assessment by PHIAG, proceed with the following actions:

5.1 Alert the following:



- 5.2 Arrange immediate ambulance transport of the suspected person(s) to the designated hospital for isolation and treatment, and advise ambulance personnel on the appropriate protective gear to be worn during handling of the suspected person(s).
- 5.3 Inform relevant parties such as Centre for Health Protection, Hospital Authority, Infectious Disease Centre of Princess Margaret Hospital, AVSECO Health Assistants, Auxiliary Medical Service for coordinated actions and activate appropriate infection control measures.

- 5.4 Inform the airline and AA of any necessary quarantine measures of the aircraft, baggage and its cargo. Keep close liaison with the AA IAC or Mobile Liaison Centre (MLC) if activated.
- 5.5 Call for assistance from Auxiliary Medical Service and AVSECO Health Assistants if required. Ambulance service should also be arranged in standby position at the tarmac to transfer the sick passenger and symptomatic travel collaterals (if any) to the Infectious Disease Centre of Princess Margaret Hospital for further management.
- 5.6 Coordinate with AA TOD and concerned airline to set up and operate Temporary Holding Areas at SAPV (see appendix 13B). The remaining passengers will be categorized into travel collaterals (red), close contacts (orange), social contacts (yellow) and other (green). The passengers will disembark in batches according to the colour code to go to the temporary holding area. The Port Health Team will provide the concerned airline with the name list of passengers who are not required to be held at the temporary holding area.
- 5.7 Request AA to activate the AEC and integrate Public Health Incident Assessment Group into AEC's Crisis Management Team.
- 5.8 Provide names, ID numbers of operational staff and vehicle registration numbers to Airport Authority Assistant Manager, Airfield for making access arrangement of the off-airport personnel and vehicle(s) to the Airport Restricted Area.
- 5.9 Staff working in the temporary holding areas should be appropriately protected by PPE. Staff of Port Health Division (Airport Section) will supervise the temperature checking (if necessary). If certain categories of passengers / crews may be required to be transferred to quarantine centre. Staff of the Department of Health will serve the legal documents to remove them to a quarantine centre. Their baggage will be retrieved and distributed back to them in the temporary holding area before their removal.
- 5.10 Provide 24-hour medical service and chemoprophylaxis through the Port Health Division for contacts including exposed airport staff.
- 5.11 Provide advice and supervision on disinfection / disinsection of the belongings of the affected person(s).

- 5.12 Set up an ad hoc "Task Force" comprising AA Airfield Department, AA Terminal Operations Department, Customs and Excise, Port Health Division, Ramp Handling Licensee, Cargo Terminal Operators, airlines / handling agents and others to make arrangement for the disinsection and disinfection of suspected cargo, baggage and aircraft.
- 5.13 Respond to all the press enquiries in conjunction with AA Corporate Affairs Department, involved airlines/ground handling agents and Information Services Department.
- 5.14 Maintain communication links and coordinate activities with Department of Health Headquarters and concerned policy bureaux / departments.

Health assessment direct at health post

1. When the incident is reported after completion of disembarkation but before immigration clearance at HKIA. Port Health Division (Airport Section) would inform IAC, concerned airline or ATC (as the last resort) for immediate response actions.
2. Advise the sick passenger and his/her travel collaterals (when indicated) to go to Health Post for health assessment.
3. After health assessment, staff of the Port Health Division (Airport Section) would provide advice / referral to the passengers as appropriate, and may continue to follow up the case and provide advice to the concerned airlines or staff e.g. for disinfection and / or disinsection of aircrafts, medical surveillance of crews or contact tracing of passengers afterwards.

This page has nil content

HOSPITAL AUTHORITY

RESPONSIBILITIES

- Medical treatment

Alerted by Port Health Division (Airport Section)

Quarantine measures - an aircraft has a case of person(s) on board suspected to have infectious disease:

1. Activate appropriate infection control measures in the designated hospital which holds the suspected person(s).
2. Provide medical support if requested by Department of Health.

This page has nil content

AA AIRFIELD DEPARTMENT**RESPONSIBILITIES**

- Attend Public Health Incident Assessment Group
- Arrange access to and within Airport Restricted Area
- Provide location for isolating involved aircraft
- Attend “Task Force” for disinfecting / disinsectising of suspected cargo, baggage and aircraft

Alerted by IAC-ACC

Quarantine measures - an aircraft has a person(s) on board suspected to have infectious disease:

1. Action by Assistant Manager, Airfield

- 1.1 Should quarantine measures be required for the concerned aircraft after assessment by PHIAG, proceed with following actions:
 - 1.1.1 Facilitate Airport Police and AVSECO in cordoning off the aircraft parking stand and surrounding area.
 - 1.1.2 Provide airside escort within the airfield for Port Health Division (Airport Section) and staff of the Department of Health.
 - 1.1.3 Establish AA Mobile Liaison Centre at the designated aircraft parking stand as the on-scene communication centre.
 - 1.1.4 All responding parties on scene are to send a representative to the Mobile Liaison Centre; this may include Port Health Division (Airport Section), Police, AVSECO, Airline / Handling Agent, AA Airfield Department, Ramp Handling Licensee etc.
 - 1.1.5 Ensure provision for planeside gowning and de-gowning facility for the public health emergency handling e.g. Double cab passenger bus. Port Health Division (Airport Section) would provide the items, supplies and materials for the setup inside of the bus.

2. Action by Airfield Duty Manager

- 2.1 Attend the Public Health Incident Assessment Group (PHIAG) meeting at the Airport Emergency Centre (AEC) facility or other venue/means.
- 2.2 Should quarantine measures be required, assist in coordinating and facilitating quarantine measures to be implemented within AA Airfield Department and ramp licensees.
- 2.3. Attend ad hoc Task Force if set up by the Port Health Division (Airport Section) to make arrangements for disinfecting / disinsectising of any suspected cargo, baggage and aircraft.

AA TERMINAL OPERATIONS DEPARTMENT**RESPONSIBILITIES**

- Coordination
- Callout Public Health Incident Assessment Group
- Attend “Task Force” for disinfection / disinsection of suspected cargo, baggage and aircraft
- Maintain an Incident Log

Alerted by Port Health Division (Airport Section) (for the incident assessment) or IAC-ACC (for the implementation of quarantine measures).

Quarantine measures:**1. Action by Terminals & Landside Duty Manager**

- 1.1 Attend the Public Health Incident Assessment Group (PHIAG) at Airport Emergency Centre (AEC) or other venue/means.
- 1.2 Should quarantine measures be required for an aircraft, assist in coordinating quarantine measures at SAPV lounge.
- 1.3 If considered necessary, isolate and prepare an area as the Temporary Holding Area.
 - a. Alert IAC-ACC on the designation of the Temporary Holding Area to facilitate the airside conveyance of passengers and crew.
 - b. Set up the Temporary Holding Area in accordance with the requirement as advised by Department of Health. Coordinate with Port Health Division (Airport Section) and concerned airline to set up the liaison post and operate Temporary Holding Area at SAPV.
 - c. Alert Immigration Department, Police, Customs & Excise Department of the designated Temporary Holding Area and dispatch officers to facilitate the processing of passengers and crew if required.
 - d. Alert police and AVSECO to deploy staff to cordon off the Temporary Holding Area.

- e. If considered necessary by the Airline / Handling Agent concerned, in consultation with AA Corporate Affairs Department and the AEC, assist the Airline / Handling Agent concerned to set up Family Reception Centre to facilitate reception of the family members, meeters and greeters.
- f. Co-ordinate with AVSECO Duty Security Manager and the Police to implement crowd control measures.
- g. Attend ad hoc Task Force if set up by Port Health Division (Airport Section) to make arrangements for disinfection / disinsection of any suspected cargo, baggage and aircraft. The Temporary Holding Area including the toilet facilities involved will be disinfected before returning to service.
- h. Maintain a chronological log of events and actions taken.

Health assessment direct at Health Post

1. When informed by Port Health Division (Airport Section), contact Immigration Department to hold the sick passenger and his/her travel collaterals, arrange with concerned Airlines to take the sick passenger and his/her travel collaterals to the Health Post for health assessment.
2. Staffs who escort the sick passenger with respiratory symptoms should put on face masks immediately.
3. Contact concerned airline on follow up actions e.g. disinfection and /or disinsection of aircraft, medical surveillance of crews or contact tracing of passengers as advised by Port Health Division (Airport Section).

AA AIRPORT EMERGENCY CENTRE (AEC)

(Tel : 2182 0088 Fax: 2182 9088)

RESPONSIBILITIES

- Off-scene airport command, control and communication centre
- Coordination and dissemination of information to and from all responders
- Coordination of welfare to passengers and other affected person(s)
- Coordination of joint Media Management Plan of responding parties
- Coordination of the airport's Business Continuity Plans

Representatives Present

- AA Executive Director Airport Operations (or his deputy)
- AA Airport Duty Manager
- AA General Manager – Terminal Operations
- AA General Manager – Landside
- AA General Manager – Airfield
- AA General Manager – APM & Baggage
- AVSECO
- Police
- Airline / Handling Agent
- Airline Operators Committee (AOC)
- AA Corporate Affairs Department
- Hong Kong Airline Service Providers Association (HASPA)
- Airline's Ramp Handling Licensee
- AA Technical Services Infrastructure Department
- AA Airfield Department
- AA APM & Baggage Department
- AA Terminal Operations Department
- AA Landside Department
- AA Aviation Logistics Department

1. General Functions of AEC

1.1 Co-ordination of Information

- 1.1.1 Obtain from airline concerned any information helpful for the imposition of the port health control and implementation of

Section 11

quarantine measures such as the crew list, passenger and cargo manifest details.

- 1.1.2 Distribute information from the Airline / Handling Agent concerned to responding agencies requesting information.
- 1.1.3 Provide off-scene support for the Fire Services Department, Department of Health, Hospital Authority, Police and other airport agencies.
- 1.1.4 Maintain a chronological log of events and actions taken.

1.2 Transportation

- 1.2.1 Airside Bus Control and Airfield Duty Manager to set up shuttle bus services running between the designated aircraft parking stand, Staging Area, designated Temporary Holding Areas and Family Reception Centre.
- 1.2.2 If considered necessary, co-ordinate with parties concerned on the relevant traffic diversion, or temporary roads closure to facilitate a speedy transfer of patients away from airport for further medical treatment.

1.3 Co-ordination with External Agencies Responding to the Emergency

- 1.3.1 Inform the Police Field Commander the establishment of Mobile Liaison Centre at the designated aircraft parking stand.
- 1.3.2 If considered necessary, liaise with AVSECO Duty Security Manager on the activation of "Emergency Permit Regime".
- 1.3.3 Liaise with Airfield Duty Manager on the escort of authorised persons to the scene of incident.

1.4 Temporary Holding Areas

- 1.4.1 Coordinate the set up and operation of the Temporary Holding Areas.
- 1.4.2 Liaise with AVSECO Duty Security Manager to conduct the security sweep of the Temporary Holding Area after their stand-down.

Section 11

1.5 Operation of Family Reception Centre

- 1.5.1 If necessary, coordinate the set up and operation of Family Reception Centre.

1.6 Passenger Terminal Operations

- 1.6.1 Liaise closely with AOC and advise all other airlines / handling agents on likely impacts of the incident on normal airport operations.
- 1.6.2 Coordinate with IAC-TOD to closely monitor if any airside congestion is developed in the Passenger Terminal Building and assess the need for implementing contingency measures as required.

1.7 Access Control of Airport Emergency Centre

- 1.7.1 To prevent unauthorised access to AEC and segregate AEC from IAC, AVSECO would set up cordon line for registration by AEC Support Team.

1.8 Welfare of AA and Other Staff at the Scene and AEC

- 1.8.1 Monitor the well being of and arrange for relief, catering and other needs of the staff deployed at the scene and at AEC.

2. Roles and Responsibilities of AEC Representatives

2.1 AA Executive Director Airport Operations (or his deputy)

- 2.1.1 Responsible for managing and recovering the operations around the incident.
- 2.1.2 Responsible for providing regular updates to AA Chief Executive Officer (CEO) and Chief Operating Officer (COO).

2.2 AA Airport Duty Manager

- 2.2.1 Responsible for activation of the AEC
- 2.2.2 Act as the AEC Manager and responsible for management and operations of the AEC.
- 2.2.3 Responsible for alerting responding parties to send a representative to the AEC with the assistance of AA Terminals and Landside Duty Manager.

Section 11

2.3 **AA General Manager – Terminal Operations (see Section 10)**

- 2.3.1 Oversees activities under Section 10 and ensures minimal disruption to normal Passenger Terminal / Landside operations.
- 2.3.2 If necessary, initiate mobilization of “**Passenger Care Team**” to provide care and support to stranded passengers
- 2.3.3 Initiate mobilization of St. John Ambulance’s Standby First-Aid team to the airport to cater for medical needs of stranded passengers
- 2.3.4 Activate contingency procedures to deal with Taiwan / China bound passengers

2.4 **AA General Manager – Landside (see Section 41)**

- 2.4.1 Oversees landside activities and ensures minimal disruption to normal operations.
- 2.4.2 Liaise with MTRC for possible service extension of the Airport Express trains services if required

2.5 **AA General Manager – Airfield (see Section 9)**

- 2.5.1 Oversees activities under Section 9, and ensures minimal disruption to normal Apron / Airfield operations.

2.6 **AA General Manager – APM & Baggage**

- 2.6.1 Oversees APM and Baggage Hall activities and ensures minimal disruption to normal APM and baggage operations.

2.7 **AVSECO (See Section 13)**

- 2.7.1 Act as liaison between the AEC and AVSECO Duty Security Manager on airport security situation.
- 2.7.2 In consultation with AA Terminals and Landside Duty Manager, reinforce and implement crowd control measures as required.

2.8 **Police (See Section 6)**

- 2.8.1 Act as liaison between the AEC, APCR and police officers at incident site on the situation reports and casualty evacuation.

Section 11

2.8.2 In consultation with AA Terminals and Landside Duty Manager reinforce and implement crowd control measures as required.

2.9 Airline / Handling Agent concerned (See Section 16)

2.9.1 Act as liaison between the AEC and Airline's activities.

2.9.2 Responsible for the welfare and relief support for passengers / crew and family members, meeters and greeters of affected passengers / crew on board the aircraft.

2.10 Airline Operators Committee (AOC)

2.10.1 Act as liaison between the AEC and AOC members including all airline operators and ground operators at HKIA.

2.10.2 Disseminate information posted at AEC to AOC members.

2.10.3 Act as authority to make decisions and coordinate on behalf of AOC members on factors affecting normal airport operations.

2.10.4 Implement measures to minimise the disruption to normal airport operations.

2.10.5 Ensure the welfare of stranded passengers if any.

2.11 AA Corporate Affairs Department (See Section 12)

2.11.1 Act as liaison between the Airport Authority, Information Services Department, the involved airline and the press media.

2.11.2 Prepare and issue press statements.

2.11.3 Handle and manage press enquiries

2.12 Hong Kong Airline Service Providers Association (HASPA)

2.12.1 Act as liaison between the AEC and HASPA members including Ramp Handling Licensee / Line Maintenance Franchisees / Into-plane Refueling Franchisees / Cargo Terminal Operators / Aircraft caterers.

2.13 Airline's Ramp Handling Licensee (See Section 17)

2.13.1 Act as liaison between the AEC and Ramp Handling Licensee's activities.

Section 11

2.14 AA Technical Services Infrastructure Department (See Section 14)

2.14.1 Act as liaison between the AEC and Fault Response Team (FRT) on airport maintenance activities.

2.15 AA Airfield Department

2.15.1 Act as liaison between the AEC, MLC (if deployed), ACC and other airfield / apron operational areas.

2.16 AA Terminal Operations Department

2.16.1 Act as liaison between the AEC, IAC-TOD and other passenger terminal operational areas.

2.17 AA Landside Department

2.17.1 Act as liaison between the AEC, IAC-LD and other landside operational areas.

2.18 AA APM and Baggage Department

2.18.1 Act as liaison between the AEC, IAC-ABD and other APM and Baggage operational areas.

2.19 AA Aviation Logistics Department (see Section 45)

2.19.1 Act as liaison between the AEC and Aviation Logistics Franchisees on related activities.

AA CORPORATE AFFAIRS DEPARTMENT**RESPONSIBILITIES**

- Liaison with Information Services Department and other relevant parties
- Handling of media enquiries
- Press release/statement issuing

Alerted by IAC-ACC

Quarantine measures - an aircraft has a case of person(s) on board suspected to have infectious disease:

Action

1. Upon notification from AA Airport Duty Manager that the Airport Emergency Centre (AEC) is activated, dispatch a representative to the AEC to act as a liaison point.
2. Liaise with Department of Health, Information Services Department, and other related parties on issuing press releases and arranging interviews.
3. Liaise with IAC-TOD on making public announcement at the Airport.
4. All press statements must reflect an agreed position of the Government, the AA and other involved organisations (i.e. the Airline).
5. If required, in consultation with TOD Terminals & Landside Duty Manager, make available Press Conference Room located at Level 5 Arrivals Hall of Terminal One.
6. If considered necessary, assist at the family reception centre on issues related to media management in partnership with the Airline/GHA.

This page has nil content

AVIATION SECURITY COMPANY LTD.**RESPONSIBILITIES**

- Access control
- Permit issue

Alerted by IAC-ACC

Quarantine measures an aircraft has person(s) on board suspected to have infectious disease:

1. Action by AVSECO Duty Security Controller

- 1.1 Alert AVSECO staff at respective access points within the Passenger Terminal Building as necessary.
- 1.2 Alert AVSECO staff at all Airport Gates to facilitate the emergency ingress of ambulance and other responding vehicles for the incident, and egress of such vehicles at Airport Gates where in the absence of C&ED officers, AVSECO is also in control of the egress of vehicles.

2. Action by AVSECO Duty Security Manager

- 2.1 Facilitate permit issuance for access to the Airport Restricted Area by operational staff as requested by the Department of Health and other responders.
- 2.2 Coordinate with Port Health Division (Airport Section) as needed.
- 2.3 Coordinate with Airport Police in cordoning off, providing access and crowd control at the Temporary Holding Areas and the involved aircraft. Deploy sufficient security staff to maintain order and escort passengers / crews to toilets at orange zone (see Appendix 13-B).
- 2.4 If necessary, provide AVSECO staff to accompany the concerned Airlines' staff escorting the affected passengers and crew, and provide shadow escort when transferring passengers from the involved aircraft to the designated Temporary Holding Areas.
- 2.5 Send a representative to the Mobile Liaison Centre.

- 2.6 Upon notification from Airport Duty Manager that Airport Emergency Centre (AEC) is activated, immediately dispatch a representative to AEC to act as liaison.
- 2.7 Ensure security sweep of the Temporary Holding Area after the incident stood down.
- 2.8 Upon request by the Airport Authority or Airline, deploy security guards to provide access and crowd management control in the Family Reception Centre set up at the designated venue.
- 2.9 Maintain a chronological log of events and actions taken.

AA TECHNICAL SERVICES INFRASTRUCTURE DEPARTMENT**RESPONSIBILITIES**

- Standby to provide technical support
- Representation at AEC (if activated)

Alerted by IAC-ACC

Quarantine measures - an aircraft has a case of person(s) on board suspected to have infectious disease:

- 1. Action by** Fault Response Team (FRT)
 - 1.1 Record the details of the alerting message.
 - 1.2 Standby to provide technical support as required.
 - 1.3 Upon notification from AA Airport Duty Manager that Airport Emergency Centre (AEC) is activated, dispatch a representative to AEC to act as liaison.
 - 1.4 Maintain a chronological log of events and actions taken.

This page has nil content

AIRLINE / HANDLING AGENT**RESPONSIBILITIES**

- Attend Public Health Incident Assessment Group
- Provision of information on passengers, crew, cargo on board
- Ensuring provision of information from pilots and outports
- Attend “Task Force” for disinfection / disinsection of suspected cargo, baggage and aircraft

Alerted by IAC-ACC (for incident assessment) or Port Health Division (Airport Section) (for implementation of quarantine measures)

Precautionary measures - on flights arriving from overseas port(s) with an outbreak of serious infectious disease:

Action

1. Provide the Port Health Division with lists of passengers and aircrew on flights arriving from affected ports.
2. Ensure passengers and aircrew arriving from affected ports submit to the Port Health Division a completed “Health Declaration Form”, if required, including their contact address and telephone number in Hong Kong.
3. Require pilots of aircraft arriving from affected ports to immediately advise airline company of any suspected persons carried on board.
4. Notify Port Health Division of all information from pilot of aircraft arriving from infected ports concerning any person(s) on board suspected to be infected.
5. Provide the Port Health Division with a manifest of all cargo carried from affected ports.
6. Ensure aircraft arriving from affected ports have disinfection / disinsection done and have pest and vector control measures applied in accordance with the requirements of the Port Health Division.
7. Coordinate and transport Port Health Team to the aircraft for supervision of control measures if required.

8. Airlines concerned are required to confirm their compliance in the General Declaration, to be given to the Port Health Division (Airport Section), upon arrival to Hong Kong.

On board assessment

1. Isolate the sick passenger and designate a toilet for him/her if applicable.
2. Designate a cabin crew member in proper PPE to look after the sick passenger.
3. Put soiled items in a biohazard bag, if available, or a sealed plastic bag labeled "Biohazard".
4. Advise passengers not to change seats or move between cabin zones. Upon landing, do not allow passengers/crews to disembark before assessment by the Port Health Team.

Quarantine measures - an aircraft has a case of person(s) on board suspected to have infectious disease:

1. Inflight commander to report promptly to air traffic services unit with which he/she is currently communicating, with a request that a message be forwarded to the destination aerodrome control tower.
2. The message should include the aircraft's call sign, aerodrome of departure, destination aerodrome, estimated time of arrival, number of travellers affected, persons on board, number of suspected case(s) on board, the particulars and especially the signs and symptoms of the ill person(s), the nature of case/risk such as the communicable disease being suspected of (if known), and the words 'Communicable disease' (see appendix 13A).
3. When notified by IAC TOD, send a senior airline representative to attend 'Public Health Incident Assessment Group' (PHIAG) at the Airport Emergency Centre (AEC) facility or other venue/means for an incident assessment if and what quarantine measures are required for the aircraft upon.
4. Establish communication with Inflight commander and provide Port Health Division (Airport Section) with information required for incident assessment.
5. Should quarantine measures be required for concerned aircraft after assessment by PHIAG, proceed with the following actions:

- 5.1 Assist the Port Health Team or staff of the Department of Health in carrying out any quarantine measures as may be stipulated, which may include the isolation of the aircraft and passengers.
- 5.2 Send a representative to the Mobile Liaison Centre. Prepare passenger manifests, crew lists and seating / layout plan of the aircraft concerned for Port Health Division (Airport Section).
- 5.3 The sick passenger and symptomatic travel collaterals (if any) will be transferred to the Infectious Disease Centre of Princess Margaret Hospital for further management, the Port Health Team will, with the assistance of crew, categorise the remaining passengers into travel collaterals (red), close contacts (orange), social contacts (yellow) and other (green). Each passenger will be given a corresponding colour label. The passengers will disembark in batches to Temporary holding area (see appendix 13B).
- 5.4 In conjunction with AA Terminals & Landside Duty Manager, manned the liaison desk set up at the designated Temporary Passenger Holding Area.
- 5.5 Ensure the provision of food and water to affected passengers.
- 5.6 Make arrangements for pest and vector control measures, disinsection and disinfection of aircraft arriving from affected port(s) in accordance to the requirements of the Port Health Division.
- 5.7 Ensure that meeters and greeters of passengers on the involved aircraft are kept informed of the situation.
- 5.8 Provide crew, passenger and cargo manifest details.
- 5.9 In consultation with AA Terminals & Landside Duty Manager, , arrange for set up of the Family Reception Centre to facilitate reception of family members, meeters and greeters of affected passengers and crew.
- 5.10 Attend ad hoc Task Force if set up by the Port Health Division (Airport Section) to make arrangements for disinfection / disinsection of any suspected cargo, baggage and aircraft.
- 5.11 As designated and supervised by the Port Health Inspector, a suitable area at the bus stop outside SAPV Lounge will be

used for the disinfection (if considered necessary), keeping / sorting of baggage. Airlines and ramp handling agent would decide on the appropriate arrangement of baggage after consulting Port Health Division (Airport Section).

5.12 Maintain a chronological log of events and actions taken.

6. Upon activation of the AEC, ensure a representative is deployed to AEC as a liaison.

Health assessment direct at Health Post

1. When informed by Port Health Division (Airport Section), contact IAC-TOD immediately and try to hold the sick passenger and his/her travel collaterals before they pass through Immigration, and take them to the Health Post for health assessment.
2. Airline staffs who escort the sick passenger with respiratory symptoms should put on face mask immediately.
3. The Port Health Division (Airport Section) may follow up the case and provide advice to concerned airline to conduct disinfection and/or disinsection of aircraft, medical surveillance of crews or contact tracing of passengers afterwards.

RAMP HANDLING LICENSEE**RESPONSIBILITIES**

- Unloading and transportation of cargo
- Passenger disembarkation
- Attend “Task Force” for disinfecting / disinsectising of suspected cargo, baggage and aircraft

Alerted by IAC-ACC

Quarantine measures - an aircraft has a case of person(s) on board suspected to have infectious disease:

Action

1. Unload cargo for disinsection, disinfection or other necessary measures to be carried out in accordance to requirements of Port Health Division (Airport Section).
2. Send a representative to the Mobile Liaison Centre.
3. Disembark passengers to the Temporary Holding Areas for examination by Port Health Team.
4. Upon notification from the AA Airport Duty Manager that the Airport Emergency Centre (AEC) is activated, dispatch a representative to AEC to act as liaison.
5. Attend ad hoc Task Force if set up by the Port Health Division (Airport Section) to make arrangements for disinfecting / disinsectising of suspected cargo, baggage and aircraft.

This page has nil content

CARGO TERMINAL OPERATORS**RESPONSIBILITIES**

- Attend “Task Force” for disinfecting / disinsectising of suspected cargo, baggage and aircraft

Alerted by IAC-ACC

Quarantine measures - an aircraft has a case of person(s) on board suspected to have infectious disease:

Action

1. Attend ad hoc Task Force if set up by the Port Health Division (Airport Section) to make arrangements for disinfecting / disinsectising of any suspected cargo, baggage and aircraft.

This page has nil content

CUSTOMS AND EXCISE DEPARTMENT**RESPONSIBILITIES**

- Customs and excise control
- Attend “Task Force” for disinfection / disinsection of suspected cargo, baggage and aircraft

Alerted by IAC-ACC

Quarantine measures - an aircraft has a case of person(s) on board suspected to have infectious disease:

Action

1. Alert all Customs Officers to facilitate the emergency egress of ambulance and other responding vehicles for the incident at respective Gatehouses when C&ED is in control of the egress of vehicles.
2. Coordinate with the AA Airport Emergency Centre to arrange for appropriate clearance of non-hospitalized passengers and their belongings, after they have been examined and released by staff of Port Health Office.
3. Arrange for clearance of cargo and baggage after disinsection, disinfection and application of pest and vector control measures, and informing Cargo Franchisees that these measures have been carried out on the cargoes.
4. Attend ad hoc Task Force if set up by the Port Health Division (Airport Section) to make arrangements for disinfection / disinsection of any suspected cargo, baggage and aircraft.

This page has nil content

IMMIGRATION DEPARTMENT**RESPONSIBILITIES**

- Immigration control

Alerted by IAC-ACC

Quarantine measures - an aircraft has a case of person(s) on board suspected to have infectious disease:

1. Assign Immigration Officers to the designated Temporary Holding Areas in the Terminal and hospitals to facilitate immigration clearance.
2. Arrange for clearance of passengers and crew after they have been examined and released by the Port Health Team.

This page has nil content

FOOD & ENVIRONMENTAL HYGIENE DEPARTMENT**RESPONSIBILITIES**

- Provision of temporary toilets with disinfectant and refuse containers
- Maintenance of hygiene
- Pest and vector control measures
- Disinfecting / disinsectising the belongings of the patients

Alerted by Port Health Division (Airport Section).

Quarantine measures - an aircraft has a case of person(s) on board suspected to have infectious disease:

Action

1. Provide at the Temporary Holding Areas adequate temporary toilets with disinfectant and refuse containers as well as the emptying services for such toilets and refuse containers under the direction of staff of Port Health Division.
2. Provide, if required, any additional pest and vector control measures at the airport in conjunction with the Port Health Division (Airport Section).

This page has nil content

AUXILIARY MEDICAL SERVICE**RESPONSIBILITIES**

- Emergency paramedical support

Alerted by Port Health Division (Airport Section).

Quarantine measures - an aircraft arriving has a case of person(s) on board suspected to have infectious disease:

1. Man and operate a 24-hour sick bay at the Temporary Holding Areas.
2. If necessary, provide tents, with beds and blankets, sufficient to meet the requirements of the passengers and crew of the aircraft concerned.
3. Dispense chemoprophylactic drugs to contacts as instructed by the Port Health Team.
4. Document personal particulars of contacts for Port Health Division.
5. Provide assistance to Port Health Division in supervising infection control measures at the Temporary Holding Areas.

This page has nil content

AA MEDICAL SERVICES**RESPONSIBILITIES**

- Attend Public Health Incident Assessment Group
- Medical inspection and treatment

Alerted by IAC-ACC

Quarantine measures - an aircraft has a case of person(s) on board suspected to have infectious disease:

Action

1. When notified by IAC-TOD, send a representative to attend the Public Health Incident Assessment Group (PHIAG) meeting at the Airport Emergency Centre (AEC) or other venue/means for an incident assessment if and when quarantine measures are required.
2. Should quarantine measures be required for concerned aircraft after assessment by PHIAG, proceed with the following actions:
 - 2.1 Provide medical support to the Port Health Division (Airport Section).
 - 2.2 Upon request by Port Health Division (Airport Section), deploy doctor and nurse to board the concerned aircraft immediately after its landing together with the Port Health Team, and provide medical services for the ill passengers as appropriate.
 - 2.3 Provide assistance to Port Health Division (Airport Section) in supervising infection control measures at the Temporary Holding Areas e.g. setting up of gowning and de-gowning areas and ensure appropriate use of PPE.

This page has nil content

**AA SAFETY, SECURITY AND BUSINESS CONTINUITY
DEPARTMENT****RESPONSIBILITIES**

- Management & administrative support of Airport Emergency Centre

Alerted by IAC-ACC

Quarantine measures - an aircraft has a case of person(s) on board suspected to have infectious disease:

Action by AEC Team Leader

1. Proceed to the Airport Emergency Centre.
2. Alert respective AEC support staff to report duty at the AEC.
3. Activate the AA Safety, Security and Business Continuity Department's internal procedures.
4. Deploy the AEC support staff to perform duties in accordance with the AEC Operations Manual.

This page has nil content

AA LANDSIDE DEPARTMENT**RESPONSIBILITIES**

- Landside traffic management and control
- Maintain an Incident Log

Alerted by IAC-ACC**1. Action by AA Assistant Manager – Landside Services**

- 1.1 Coordinate with Cross-Boundary Bonded Bus / Ferry Handling Agent (BHA / FHA) if the incident may cause disruption to SkyPier Terminal operation.
- 1.2 Deploy staff and landside patrol vehicles to handle possible traffic congestion caused either by the incident or attendance of media vehicles if any.
- 1.3 Maintain a chronological log of events and actions taken.

This page has nil content

AA INTEGRATED AIRPORT CENTRE**RESPONSIBILITIES**

- Alerting
- Arrange access to and within Airport Restricted Area
- Provide location for isolating involved aircraft
- Maintain an Incident Log

Alerted by IAC-TOD (for incident assessment) or Port Health Division (Airport Section) (for implementation of quarantine measures)

Quarantine measures - an aircraft has a person(s) on board suspected to have infectious disease:

1. Action by IAC-ACC

1.1 When alerted by IAC-TOD, notify Airfield Duty Manager to join the Public Health Incident Assessment Group (PHIAG) for incident assessment and possible activation of quarantine measures.

1.2 Should quarantine measures be required for the concerned aircraft after assessment by PHIAG, proceed with following actions:

1.2.1 Alert the followings:

- Airport Police Control Room
- Fire Services Communications Centre
- Ramp Handling Licensee
- AA Airfield
- AA Terminal Operations
- AVSECO Duty Security Controller
- Cargo Terminal Operators
- Customs & Excise Department
- Immigration Department
- AA Corporate Affairs
- AA Technical Services Infrastructure (FRT)
- AA Medical Services
- AA Safety, Security & Business Continuity
- AA Landside
- AA Aviation Logistics Department
- CAD Airport Standards Division (Chief Operations Officer (Security))
- Cross-Boundary Bonded Bus / Ferry Handling Agent (if required)

1.2.2 Also notify the following members of AA management:

- Executive Director, Airport Operations
- Deputy Director, Airport Operations
- General Manager – Airfield
- Deputy General Manager – Airfield
- Assistant General Manager - Standards and Services Delivery
- Assistant General Manager – Infrastructure Management & Coordination
- Assistant General Manager – Airfield Services
- General Manager – APM & Baggage
- Assistant General Manager – APM Operations
- Assistant General Manager – Baggage Operations
- General Manager, Safety, Security & Business Continuity
- General Manager - Terminal Operations
- Assistant General Manager – Terminal Operation & Government Facilitation
- Assistant General Manager – Passenger Services
- Assistant General Manager – Estate Management
- Assistant General Manager – Customer Service
- General Manager – Landside
- Assistant General Manager – Landside Services
- Assistant General Manager – Land Transport & Landscape
- Assistant General Manager – Intermodal Connectivity
- Assistant General Manager – Landside Infrastructure Management

1.2.3 Arrange for the involved aircraft to be parked at a designated location (to be assigned).

1.2.4 Arrange with AVSECO Duty Security Manager to facilitate access to Airport Restricted Area by operational staff or vehicles as requested by the Department of Health and other responders.

1.2.5 If quarantine measures are not necessary, inform all parties to stand down the alert.

1.2.6 Maintain a chronological log of events and actions.

2. Action by IAC-TOD

2.1 When informed by Terminals & Landside Duty Manager, callout Public Health Incident Assessment Group (PHIAG).

2.2 Notify Airport Duty Manager to attend PHIAG meeting.

2.3 Assist Airport Duty Manager to alert the following organisations to send a representative to the Airport Emergency Centre (AEC) to act as liaison:

- AVSECO
- Police
- Airline / Handling Agent concerned
- Airline Operators Committee (AOC)
- AA Corporate Affairs Department
- Hong Kong Airline Service Providers Association (HASPA)
- Ramp Handling Licensee
- AA Airfield Department
- AA APM and Baggage Department
- AA Technical Services Infrastructure Department
- AA Terminal Operations Department
- AA Landside Department
- AA Aviation Logistics Department
- AEC Team Leaders and their deputies

2.4 In the event the AEC could not perform its function, a backup AEC may be designated at an available location during emergencies by the Airport Duty Manager. Instead of full provision of AEC facilities, a mobile equipment kit would be deployed as far as possible including a laptop, telephone, a set of EPM to facilitate the communication and command.

2.5 Maintain a chronological log of events and actions.

This page has nil content

AA AVIATION LOGISTICS DEPARTMENT**RESPONSIBILITIES**

- Coordination and monitoring of necessary actions taken by related ALD franchisees

Alerted by IAC - ACC

Action

1. Inform relevant franchisees on the incident and provide update on any latest alerts.
2. Coordinate response activities rendered by relevant franchisees where applicable.

This page has nil content

Guidelines on Handling Passengers / Crews with Symptoms Suspected of Communicable Diseases On Board Arriving Flights at Hong Kong International Airport

1. INTRODUCTION

- 1 The busy aircraft movements and high passenger throughput making the Hong Kong International Airport (HKIA) one of the busiest international passenger airports in the world. High volume global travel nowadays, on the other hand, increases the potential of transmitting communicable diseases including the new or reemerging diseases from one place to another. To effectively cope with this, a series of well-coordinated responses at the HKIA, by the Department of Health, airport operators, conveyance operators and many other supporting organizations is necessary.

2 PURPOSE

- 1 The purpose of this document is to provide the framework of coordinated responses to handle suspected communicable disease cases reported on board arriving flights to the HKIA with an aim to prevent and control the introduction or spread of communicable disease / contamination through international travel into Hong Kong.

3 LEGAL PROVISION

3.1 International Health Regulations (2005)

- 3.1.1 The International Health Regulations (IHR) (2005) has become effective since June 2007. It is a binding international legal instrument on State Parties, which extends to include Hong Kong. The IHR (2005) defines key obligations and core capacities of the World Health Organization (WHO) and the States Parties on essential elements of communicable disease management. States Parties are required to have organized responses in place against international spread of communicable diseases with minimum interference to international traffic at points of entry.

3.2 Prevention and Control of Disease Ordinance in Hong Kong

- 3.2.1 To bring the local legal provisions in line with the requirements of IHR

(2005) and to update the local legal framework for the prevention and control of disease among human beings, the Prevention and Control of Disease Ordinance (Cap. 599) has entered into force since July 2008 in Hong Kong. According to Sections 6 and 7 of Prevention and Control of Disease Regulation (Cap. 599A), the operator of a cross-boundary conveyance such as aircraft shall notify a health officer immediately and provide information as required, if there is reason to suspect a case or source of a specified infectious disease or contamination on board. Health Officers are empowered to implement control measures such as isolation, quarantine, disinfection and disinsection in order to prevent the occurrence or spread of infectious diseases accordingly.

4 REPORTING OF SUSPECTED COMMUNICABLE DISEASES ON BOARD

4.1 Symptoms to be suspected of communicable diseases

4.1.1 Making reference to the General Guidelines for Cabin Crew on suspected Communicable Diseases issued by International Air Transport Association (IATA) (Annex 1), a communicable disease may be suspected when a traveler has a fever of 38°C or greater and associates with one or more of the following signs or symptoms:

- Appearing obviously unwell
- Persistent coughing
- Impaired breathing
- Persistent diarrhoea
- Persistent vomiting
- Skin rash
- Bruising or bleeding without previous injury
- Confusion of recent onset

4.2 Immediate management on board

4.2.1 If a communicable disease is suspected on board, the flight commander and cabin crews should immediately follow the

advice as stipulated in the General Guidelines for Cabin Crew

on suspected Communicable Diseases issued by IATA (Annex 1).

4.3 Reporting mechanisms for a flight arriving HKIA

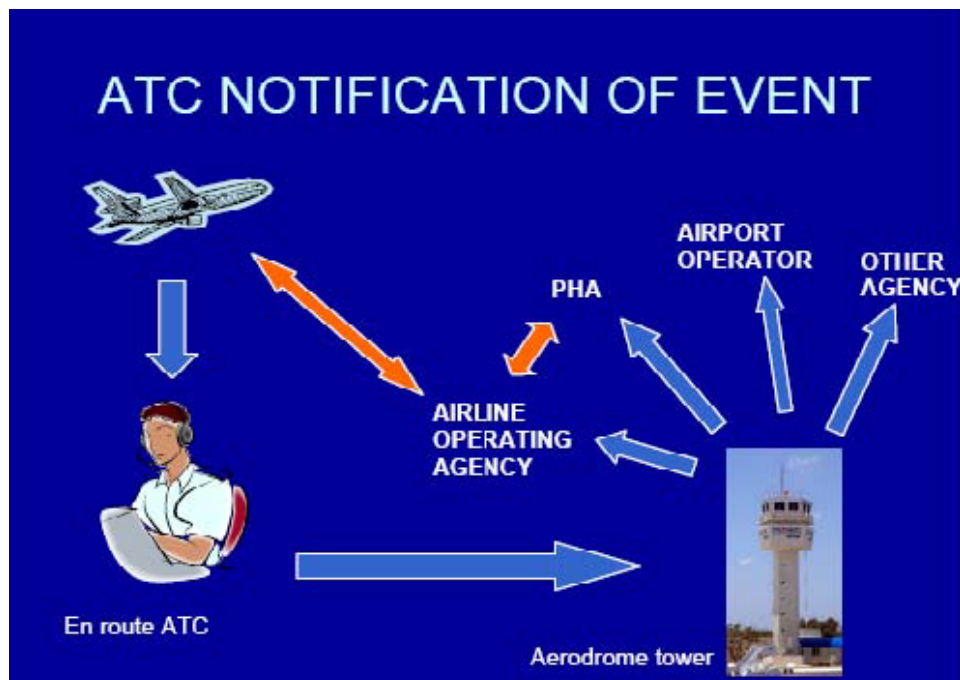
4.3.1 The flight commander of aircrafts has a regulatory responsibility for notifying the Port Health Division of the occurrence on board a plane coming to Hong Kong of any ill person among passengers or crew members.

4.3.2 In the event that an arriving aircraft has a suspected case(s) of communicable disease on board, the flight commander shall report promptly to air traffic services units with which he/she is currently communicating, with a request that a message be forwarded to the destination aerodrome control tower. This message should include the aircraft's call sign, aerodrome of departure, destination aerodrome, estimated time of arrival, number of persons on board, number of suspected case(s) on board, the particulars and especially the signs and symptoms of the ill person(s), and the nature of case / risk such as the communicable disease being suspected of (if known).

4.3.3 Upon receiving notification from the flight commander or air traffic services unit en-route, Air Traffic Control (ATC) in Hong Kong will, in turn, alert the Port Health Division at HKIA. The Port Health Division will contact the airlines / handling agent and establish communication with the aircraft concerned. When necessary, Port Health Division may request further information from and provide advice on precautionary measures to the flight commander through the airlines operator.

4.3.4 The following diagram shows the International Civil Aviation Organization (ICAO) recommended communication procedure from the affected aircraft in flight to the public health authority at destination (e.g., the Port Health Division in Hong Kong). The pilot-in-command notifies the air traffic controller of a public health event, who relays the message to the destination. Additional health related information is obtained via the aircraft

operator's agency at destination.



(Source: International Civil Aviation Organization – Template for An Aviation Public Health Emergency Preparedness Plan. 2010.)

5. COORDINATED RESPONSES AT HKIA

5.1 In response to a report of communicable disease case among passengers or crew members on board arriving flight, Port Health Division would expect to obtain information as shown in Annex 2 as far as possible through the Integrated Airport Centre (IAC) of Airport Authority (AA), concerned airlines or ATC (as the last resort).

5.2 With the available information obtained, Port Health Division would immediately carry out preliminary assessment of the case and decide on the response action(s) to be taken. Port Health Division would inform IAC, airlines or ATC (as the last resort) to undertake any of the following actions:

5.2.1 Conduct on board assessment (Section 6)

when it is

- a suspected communicable disease incident other than common illnesses, e.g., measles, infectious tuberculosis or newly emergent disease of public health significance; or
- a communicable disease / public health incident of uncertain nature.

5.2.2 Set up temporary holding facilities (Section 7)

when it is

- a suspected communicable disease / incident of public health significance, e.g., Avian Influenza, pneumonic plague or Viral Hemorrhagic Fever, etc. when temporary holding / quarantine facilities or prophylactic / early treatment for a number of passengers / crews may be considered necessary.

5.2.3 Other action – conduct health assessment direct at Health Post (Section 8) when it is

- a common illness, e.g., gastrointestinal disorders or common cold; or
- a communicable disease / public health incident that is reported after completion of disembarkation and before immigration clearance at the HKIA.

6. CONDUCT ON BOARD ASSESSMENT

When it is

- a suspected communicable disease incident other than common illnesses, e.g., measles, infectious tuberculosis or newly emergent disease of public health significance; or
- a communicable disease / public health incident of uncertain nature.

Activation -

- 6.1 Port Health Division would inform the IAC and airlines for immediate response actions.

Responses -

- 6.2 Port Health Team mainly comprising of Port Health Division staff would be formed immediately. When necessary, Medical Team of AA Medical Services and/or AVSECO Health Assistants would also be invited to join the Port Health Team.
- 6.3 The Port Health Team will proceed to the aircraft when it landed and carry out on board assessment immediately to ascertain the nature of the disease and review the in flight precautionary measures taken.
- 6.4 Arrangement inside aircraft while awaiting for the Port Health Team to board the aircraft:
- isolate the sick passenger;
 - offer a face mask, tissues and/or airsickness bag to sick passenger as appropriate;
 - designate a toilet for sick passenger if applicable;
 - designate a cabin crew member on proper PPE to look after the sick passenger;
 - put soiled items in a biohazard bag, if available, or a sealed plastic bag labeled "biohazard";
 - advise passengers not to change seats or to move between cabin zones;
 - park the aircraft at a suitable location to be assigned by ATC, in which support services (e.g., fresh air, air conditioning, and electrical power, etc) can be supplied to the aircraft; and
 - do not allow any crews / passengers on board to disembark before assessment by the Port Health Team.

- 6.5 After boarding the aircraft and conducting the health assessment, the Port Health Team would derive a provisional diagnosis as soon as possible and manage the sick passenger accordingly. Depending on the disease and situation, the sick passenger may be managed as follows:
- to be released immediately;
 - to be further assessed at Health Post; or
 - to be transferred to hospital for management, etc.
- 6.6 If there are some more passengers or crews reported sick on board, the same procedures of health assessment and management would be applied to each of them.
- 6.7 After the health assessment of sick passenger(s) or crew member(s) is completed, all other people on board may be given advice with appropriate Health Alert Notice / information leaflets provided. If considered appropriate, they would then be released as soon as possible. AA and airlines will arrange disembarkation accordingly.
- 6.8 When indicated, passenger locator information (Annex 3) may also be collected on board from some concerned passengers before releasing them. Depending on the nature of suspected disease / incident and configuration of aircraft, the concerned passengers may involve: ☐☐ only the travel collaterals and close contacts,
- some passengers sitting in the vicinity plus travel collaterals and close contacts,
 - passengers of a cabin plus traveler collaterals and close contacts, or
 - all passengers of the aircraft.
- 6.9 After all the passengers have been released, the Port Health Division would also provide advice to the concerned airlines and/or staff for any follow-up actions, if applicable, e.g., disinfection, disinsection and medical surveillance of the crews, etc.
- 6.10 Alternatively, if there is suspected communicable disease / incident of public health significance requiring more stringent measures to be taken such as temporary holding / quarantine of a number of passengers, Port Health Team would proceed further immediately to activate the responses at the HKIA as stipulated in Section 7.

7. SET UP TEMPORARY HOLDING FACILITIES

When it is

- a suspected communicable disease / incident of public health significance, e.g., Avian Influenza, pneumonic plague and Viral Haemorrhagic Fever, etc. when temporary holding / quarantine or prophylactic / early treatment for a number of passengers / crews may be considered necessary.

Activation -

- 7.1 The response actions may be activated immediately when considered necessary:
- after obtaining sufficient information and completing the preliminary assessment about the case before the aircraft arrives at HKIA ; or
 - during Port Health Division's on board assessment (Section 6).
- 7.2 Port Health Division would inform the IAC to (i) activate the "Public Health Incident Assessment Group (PHIAG) functions"; (ii) initiate the "PHIAG core members' actions"; and (iii) specify whether there would be a "PHIAG meeting or not".

Responses -**7.3 Public Health Incident Assessment Group (PHIAG)¹****7.3.1 PHIAG meeting arrangement:**

- *when there is **sufficient time** for meeting before the aircraft arrives*
 - Port Health Division will call IAC to **convene a meeting** with relevant parties urgently at HKIA such as Public Health Incident Assessment Group (PHIAG).
- *when there is **insufficient time** for meeting (e.g., on board assessment has been completed)*
 - Port Health Division will call IAC to **convene messages** to core members of PHIAG to activate the responses and implement the designated actions accordingly.

7.3.2 PHIAG aims to:

- alert all necessary response parties for the possible activation of prompt measures;
- **activate Airport Emergency Centre (AEC) and assess the need to form** the Crisis Management Team afterwards; and
- ensure smooth coordinated response and implementation of health measures among concerned parties at the HKIA.

7.3.3 Core members:

- Port Health Division
- AA Terminal Operations Department
- AA Airfield Department
- Airline concerned
- AA Medical Services

7.3.4 Major roles and actions of PHIAG core members:

- Port Health Division
- Form a Port Health Team to conduct onboard assessment.
- Advise on the use of PPE.
- Inform relevant parties such as Centre for Health Protection, Hospital Authority, Infectious Disease Centre of Princess Margaret Hospital, AVSECO Health Assistants, Auxiliary Medical Service, etc, for coordinated actions.
- AA Terminal Operations Department
- Activate AEC.
- Prepare the temporary holding areas and liaison posts.
- Inform Police and AVSECO security personnel to cordon off the temporary holding areas and to maintain order.
- AA Airfield Department
- Arrange the parking of the concerned aircraft.
- Inform Police and AVSECO security personnel to cordon off the parking stand and shadow escort the passenger vans.
- Arrange transport for Port Health Division staff to board the aircraft.
- Arrange standby ambulance transfer to hospital.
- Arrange transport for passengers and crews.
- Airline concerned
- Prepare passenger manifests, crew lists and seating / layout plan of the aircraft concerned for Port Health Division.
- Deploy ground staff to man the liaison posts of the temporary holding areas and provide necessary assistance to the passengers.
- AA Medical Services
- Upon request by Port Health Division, deploy doctor and nurse to board the aircraft and provide medical services for the ill passenger as appropriate.
- Supervise the setting up of gowning and de-gowning areas and ensure appropriate use of PPE at the temporary holding areas after returning from the concerned aircraft.

7.4 Arrangement while awaiting on board assessment by Port Health Division

7.4.1 The arrangement is the same as the actions stipulated in para. 6.4 of Section 6.

7.5 Sick passenger management

7.5.1 The Port Health Team (may also include AA Medical Services staff and AVSECO Health Assistants) will board the aircraft. The team will keep close liaison with AA's IAC or Mobile Liaison Centre (MLC) (if activated).

7.5.2 The sick passenger and symptomatic travel collaterals (if any) will be taken to the ambulance which should have been in standby position at tarmac by Port Health Division and/or AA Medical Service staff (if available). The sick passenger will be transferred to the Infectious Disease Centre of Princess Margaret Hospital for further management as soon as possible.

7.6 Contact management

7.6.1 With the assistance of the crew, the remaining passengers will be categorized into travel collaterals¹ (red), close contacts² (orange), social contacts³ (yellow) and others⁴ (green). Depends on the disease nature and epidemiology, the exact mode/rule of categorisation may vary. Each passenger will be given a corresponding colour label. During on board assessment, the Port Health Team would have decided which categories of passengers be released or be transferred to temporary holding areas.

7.6.2 The passengers will disembark in batches according to the colour code and will be directed to the respective passenger buses by Port Health Team. The Port Health Team would provide the concerned airline with the name list of passengers who are not required to be held at the temporary holding area so that the airline can take care of these passengers promptly when they leave the aircraft.

7.6.3 With the assistance of the in flight service manager, the cabin crew member(s) who has/have served the ill passenger(s) before putting on PPE will be categorised as close contact(s) (orange) and will take the passenger bus designated for close contacts. The rest of the crew members will disembark once all passengers have left the aircraft and board the last passenger buses. During on board assessment, the Port Health Team would have decided which crews be released or be transferred to temporary holding areas. If they are not allowed to be released, they will be further categorised accordingly at the temporary holding area with the assistance from AA Medical Service if necessary.

7.6.4 The involved passenger buses will be thoroughly disinfected before returning to service.

1. Travel collaterals are travel companions of the suspected case before boarding the plane. They include family members, friends, tour group members and guide.² Close contacts include passengers sitting in the vicinity of the suspected case (aisle inclusive) (e.g., a circle of 3 seats for droplet borne disease like AI) and flight attendants who have served the case. This boundary varies from disease to disease and may change with changing disease epidemiology.³ Social contacts are passengers and flight attendants (other than the close contacts) of the same cabin zone of the suspected case.⁴ Others are passengers and crew in the same plane (other than travel collaterals, close contacts or social contacts).

7.7 Aircraft management

7.7.1 The aircraft will be thoroughly disinfected before returning to service.

7.7.2 The Port Health Inspector of Port Health Division will supervise the cleaning crew to ensure that the cleaning crew members are properly protected and the aircraft is properly disinfected.

7.7.3 The airline concerned will provide transport for Port Health Inspector to facilitate the supervision of disinfection process.

7.8 Temporary holding areas

7.8.1 The designated temporary holding areas are the APV South Arrivals

and South APV Lounge locating at the Passenger Terminal Building 1. However, if these areas are not available, AA would immediately designate and arrange some other suitable places / facilities for the purpose.

7.8.2 Depending on the disease nature and epidemiology, the number / colour categories of passengers and crews required to be held at temporary holding areas would vary. Sometimes, not all the colour groups of passengers and crews are required to be held at temporary holding areas. During on board assessment, the Port Health Team would have decided which colour groups of crews and passengers be released immediately from the aircraft or be transferred to temporary holding areas; and would inform AA promptly via IAC or MLC to set up and prepare the appropriate holding areas accordingly.

7.8.3 In case all passengers and crews are required to be held temporarily at HKIA for further assessment / management, the travel collaterals (red) will be held at the APV South Arrivals whereas close contacts (orange), social contacts (yellow) and others (green) at the South APV Lounge in their respective colour zones.

7.8.4 Staff working in the temporary holding areas should be appropriately protected by PPE.

7.8.5 A liaison post will be set up for each temporary holding area and manned by representatives from AA Terminal Operations Department, the airlines concerned, Port Health Division and other parties where appropriate.

7.8.6 Staff of the Port Health Division and, if necessary, with the assistance from other services of Department of Health will assess the non-hospitalised passengers and crews for symptoms and contact history, and collect other relevant information as appropriate.

- 7.8.7 Staff of the Port Health Division will also supervise the temperature checking (if necessary) and refer symptomatic passengers or crew members to hospital for further assessment. AA Medical Services and Auxiliary Medical Service will provide care to passengers with unrelated clinical problems and assist in supervising infection control measures at the temporary holding areas.
- 7.8.8 The airline concerned and AA Terminal Operations Department will take care of the general well-being of both the passengers and the staff working at the temporary holding areas.
- 7.8.9 AVSECO will deploy sufficient security personnel to maintain order and escort passengers / crews to toilets at orange zone.
- 7.8.10 When certain categories of passengers / crews are allowed to leave, smooth departure should be ensured. Police and AVSECO security personnel will maintain the order. Airline concerned will provide assistance to passengers whose onward travels have been delayed by the time they are allowed to leave.
- 7.8.11 If certain categories of passengers / crews may be required to be transferred to quarantine centre. Staff of the Department of Health will serve the legal documents to remove them to a quarantine centre. Non-airport staff and vehicles will be sent in and take them to the centre.
- 7.8.12 Passengers or crew members who would be confined in quarantine centre will have their luggage retrieved and be delivered to the temporary holding areas before their removal to the centre from airside of the HKIA. Immigration Department, and Customs and Excise Department will dispatch officers to the temporary holding areas to facilitate the clearance process.
- 7.8.13 The temporary holding areas including the toilet facilities involved will be thoroughly disinfected before returning to service as appropriate.

7.9 Baggage management

7.9.1 The bus stop outside the South APV Lounge will be used temporarily for keeping / sorting baggage. Depending on situation, relevant parties such as airlines and ramp handling agent would decide on the appropriate arrangement of baggage.

7.9.2 For those passengers who are required to go to quarantine centre, their baggage will be distributed back to them in the South APV Lounge by ramp handling agent and facilitated by the airlines concerned.

7.9.3 For transit passengers, the further handling of their baggage is subject to the onward flight arrangement. The overall arrangement will be handled by the airlines concerned.

7.9.4 If disinfection of the baggage of the ill passenger is considered necessary, the disinfection is to be conducted at the bus stop outside South APV Lounge. A Port Health Inspector will designate a suitable area at the bus stop for the purpose and AA Airfield Department will set up the disinfection area with physical boundary and provided with a PPE de-gowning area. The Port Health Inspector will supervise the disinfection crew to disinfect the outside of the baggage.

7.10 Airport Emergency Centre

7.10.1 Representatives from relevant services / departments, such as the AA, Port Health Division and concerned airline, will attend the Airport Emergency Centre (AEC)¹ and may form the Crisis Management Team (CMT).

7.10.2 The AEC aims to:

- be the command, control, coordination and communication centre for airport response;
- implement the necessary control measures and coordinate management of information and resources effectively;

- coordinate media response (Government, Airport Community and Airlines);
- maintain business continuity; and
- restore recovery.

7.10.3 The CMT aims to:

- assist in managing the incident;
- assess available data and generate options for members of airport community; and
- provide liaison with various departments, services and units in maintaining normal operations.

7.10.4 The representative of the Port Health Division at AEC will:

- work in collaboration with other functioning parties at AEC;
- maintain communication links with the Department of Health (e.g., Headquarter, Centre for Health Protection, etc.) and its supporting organizations (e.g., AMS);
- advise on the use of PPE;
- advise on which group(s) of contacts can be released;
- advise and supervise disinfection procedures;
- arrange non-airport staff and vehicles to transport passengers who are required to be transferred to quarantine centre from the airport; and
- advise on the stand down of the incident.

7.11 Media handling

7.11.1 Representatives from the Department of Health and relevant departments (if applicable) will respond to press enquiries, press releases and interviews in collaboration with AA.

Supplementary Plans/Procedures -

7.12 Procedures of Handling Possible Avian Influenza Case On Board Arriving Flight (Version 2009) (Annex 4)

7.12.1 A plan illustrates in details the implementation of measures and handling procedures at the HKIA for Avian Influenza, a disease of Public Health Emergency of International Concern, which requires extensive coordination of temporary holding and subsequent quarantine facilities for passengers and crews.

8. CONDUCT HEALTH ASSESSMENT DIRECT AT HEALTH POST

When it is

- a common illness, for example, gastrointestinal disorders or common cold; or
- a communicable disease / public health incident that is reported after completion of disembarkation but before immigration clearance at the HKIA.

Activation -

- 8.1 Port Health Division would inform the IAC of AA, the airlines or ATC (as the last resort) for immediate response actions.

Responses -

- 8.2 Port Health Division would advise the party such as AA or Airlines who are looking after the concerned traveler(s) (the sick traveler and, when indicated, his/her travel collaterals) to take the client(s) to the Health Post for health assessment.
- 8.3 If the sick traveler presents with respiratory symptoms, he/she and the escort staff should put on face masks immediately.
- 8.4 At the Health Post, the Port Health Division staff would conduct health assessment for the concerned travelers.
- 8.5 After health assessment, the Port Health Division staff would provide advice / referral to the travelers as appropriate. When indicated, the Port Health Division may continue to follow up the case and provide advice to the concerned airlines or staff, e.g., disinfection and/or disinsection of aircrafts, medical surveillance of crews or contact tracing of passengers afterwards.
- 8.6 If early medical attention is considered necessary for very sick travelers, hospital transfer or medical consultation can be arranged as soon as possible upon arrival. However, the attending medical / paramedical personnel should be well informed of the signs and symptoms and, if

known, the suspected diagnosis for appropriate personal protection equipment (PPE). The Port Health Division should also be informed of such arrangement immediately. The Port Health Division would carry out appropriate follow-up actions accordingly.

9. REFERENCES

- 9.1 International Civil Aviation Organization. 2010. Template For An Aviation Public Health Emergency Preparedness Plan.
- 9.2 The World Health Organization. 13 May 2009. WHO technical advice for case management of Influenza A (H1N1) in air transport.
- 9.3 International Civil Aviation Organization. 2008. Guidelines for States Concerning the Management of Communicable Disease Posing a Serious Public Health Risk.
- 9.4 Airport Council International. Revised April 2009. Airport Preparedness Guidelines for outbreaks of Communicable Disease.
- 9.5 The International Air Transport Association. 1 May 2009. Emergency Response Plan – A template for Air Carriers – Public Health Emergency.
- 9.6 Office of the Secretary, United States Department of Transport. December 2006. National Aviation Resource Manual For Quarantinable Diseases.
- 9.7 The Ted Stevens Anchorage International Airport, Municipality of Anchorage Office of Emergency Management, US Customs and Border Protection, Alaska Division of Public Health, and the CDC Anchorage Quarantine Station. 16 November 2007. Ted Stevens Anchorage International Airport Communicable Diseases Response Plan – Guidelines for Preventing the Introduction, Transmission, and Spread of Communicable Diseases from Foreign Countries into the United States.

**Port Health Division
Department of Health
11 February 2021**



May 2009

SUSPECTED COMMUNICABLE DISEASE

General Guidelines for Cabin Crew

The following are general guidelines for cabin crew when facing a suspected case of communicable disease on board.

During an outbreak of a specific communicable disease, the World Health Organization (WHO) or member states may modify or add further procedures to these general guidelines.

However, these general guidelines provide a basic framework of response to reassure cabin crew and help them manage such an event.

A communicable disease is suspected when a traveller (passenger or a crew member) has a fever (temperature 38°C/100°F or greater) associated with one or more of the following signs or symptoms:

- Appearing obviously unwell
- Persistent coughing
- Impaired breathing
- Persistent diarrhea
- Persistent vomiting
- Skin rash
- Bruising or bleeding without previous injury
- Confusion of recent onset

Note 1: This list of signs and symptoms is identical to that listed in the Health part of the ICAO Aircraft General Declaration.

Note 2: If food poisoning from in-flight catering is suspected, proceed as per company-established protocol.

1. If medical support from the ground is available, contact that ground support immediately *and/or* page for medical assistance on board (*as per company policy*).
2. If medical ground support and/or on board health professional is available, crew should follow their medical advice accordingly.
3. If no medical support is available:

- a. Relocate the ill traveller to a more isolated area if appropriate and if space is available. If the ill traveller is relocated, make sure that the cleaning crew at destination will be advised to clean and disinfect both locations.
- b. Designate one cabin crew member to look after the ill traveller, preferably the crew member that has already been dealing with this traveller. More than one cabin crew member may be necessary if more care is required.
- c. When possible, designate a specific lavatory for the exclusive use of the ill traveller. If not possible, clean and disinfect the commonly touched surfaces of the lavatories (faucet, door handles, waste bin cover, counter top) after each use by the ill traveller.
- d. If the ill traveller is coughing, ask him/her to follow respiratory etiquette:
 - i. Provide tissues and the advice to use the tissues to cover the mouth and nose when speaking, sneezing or coughing.
 - ii. Advise the ill traveller to practice proper hand hygiene*. If the hands become visibly soiled, they must be washed with soap and water.
 - iii. Provide an airsickness bag to be used for the safe disposal of the tissues.
- e. If a medical mask (surgical or procedure) is available, the ill traveller should be asked to wear it. As soon as the mask becomes damp/humid, it should be replaced by a new one. These masks should not be reused and must be disposed safely after use. After touching the used mask (e.g., for disposal), proper hand hygiene* must be practiced immediately.
- f. If the ill traveller cannot tolerate a mask, the designated cabin crew member(s) or any person in close contact (less than 1 metre) with the ill person should wear a medical mask. The airline should ensure that their cabin crew members have adequate training in its use to ensure they do not increase the risk (for example by more frequent hand-face contact or adjusting and removing the mask).
- g. If there is a risk of direct contact with body fluids, the designated cabin crew member should wear disposable gloves. Gloves are not intended to replace proper hand hygiene.* Gloves should be carefully removed as per training syllabus and discarded as per paragraph h and hands should be washed with soap and water. An alcohol-based hand rub can be used if the hands are not visibly soiled.
- h. Store soiled items (used tissues, disposable masks, oxygen mask and tubing, linen, pillows, blankets, seat pocket items, etc.) in a biohazard bag if one is available. If not, use a sealed plastic bag and label it "biohazard".

- i. Ask accompanying traveller(s) (spouse, children, friends, etc.) if they have any similar symptoms.
 - j. Ensure hand carried cabin baggage follows the ill traveller and comply with public health authority requests.
 5. As soon as possible, advise the captain of the situation because he/she is required by the International Civil Aviation Organization regulations (**ICAO Annex 9, Chapter 8, and paragraph 8.15**) and the World Health Organization International Health Regulations (**WHO IHR 2005, Article 28(4)**) to report the suspected case(s) to air traffic control. Also remind the captain to advise the destination station that cleaning and disinfection will be required.
 6. Unless stated otherwise by ground medical support or public health officials, ask all travellers seated in the same row, 2 rows in front and 2 rows behind the sick traveller to complete a passenger locator card if such cards are available on the aircraft or at the arrival station
- * A general term referring to any action of hand cleansing, performed by means of applying an antiseptic hand rub (i.e., alcohol-based hand rub) if hands are not visibly soiled, or washing one's hands with soap and water for at least 15 seconds. Touching the face with hands should be avoided. Hands should be washed frequently.

Information required by Port Health Division of Hong Kong Department of Health**concerning ill passenger/crew member on board suspected to suffer infectious diseases****Sick passenger / crew member condition**

- 1 General condition (e.g. stable, distressed, comatose)
- 2 Body temperature
- 3 Signs & symptoms, for example, fever, cough, respiratory difficulties, rash, vomiting & diarrhea, etc.
- 4 Date & time of onset of symptoms / disease
- 5 Country(ies) /Area(s) visited within 7 days before onset of symptoms / disease
- 6 Any history of contact with Avian Influenza (AI) infected case (humans / birds / animals) or case(s) with other known infectious disease(s) before onset.
- 7 Any history of working in a laboratory that handles AI virus or other known infectious diseases.
- 8 Any history of contact with diseased poultry / wild bird, or their remains, or to environments contaminated by their feces within 7 days before onset.

Sick passenger / crew member particulars

9. Sex & age
10. Nationality
11. Name
12. Seat number
13. Number of travel collaterals (including tour guide if any), and numbers with symptoms

Other passengers' / crew members' condition

14. Condition of other passengers and crew members (any similar symptoms)

Aircraft information

15. Flight number
16. Expected time of arrival at HKIA
17. Number of passengers and crew members on board
18. Model / configuration / layout of the aircraft

Other relevant information

19. To be included when necessary, depending on the disease nature and epidemiology (e.g., when AI is being suspected: also to ask if there is any history of consumption of raw or undercooked poultry products)

Please also make reference to
a. Template For An Aviation Public Health Emergency Preparedness Plan. 2010.
International Civil Aviation Organization.

b. Information required by Port Health Division of Hong Kong Department of Health concerning ill passenger on board suspected to suffer from avian influenza (AI) – Appendix 1 of the Procedures of Handling Possible Avian Influenza Case On Board Arriving Flight (Version 2009). Port Health Division, Department of Health, HKSAR.

Public Health Emergencies Appendix 13-A

Annex 3

PUBLIC HEALTH PASSENGER LOCATOR CARD 旅客公共衛生追蹤卡 (Please print with capital letter 請用正楷填寫)	
Public Health Passenger Locator Card to be completed when public health authorities suspect the presence of a communicable disease. The information you provide will assist the public health authorities to manage the public health event by enabling them to trace passengers who may have been exposed to communicable disease. The information is intended to be held by the public health authorities in accordance with applicable law and to be used only for public health purposes. 當公共衛生部門懷疑出現傳染病時，旅客須要填寫旅客公共衛生追蹤卡。你所提供的資料可讓公共衛生部門追蹤或曾接觸傳染病的旅客，從而有助處理事件。公共衛生部門會根據相關法例保存資料。資料亦只會用作公共衛生用途。	
Flight/ship/vehicle information 航班/船/車資料	
Flight/ship/vehicle no. 航班編號/船(車)次 : _____	Date of arrival 抵港日期: _____
you assigned 原本編排的座位編號 : _____	Seat no. you actually sat 實際乘坐的座位編號 : _____
Personal information 個人資料	
Name 姓名 _____ (Family Name 姓) (Given Name(s) 名) Passport/Identity Card No. 護照/身份證號碼 Issuing Country/Organization 簽發國家/機構 _____ Usual Residential Address (including country) 通常住址 (包括國家) _____	
Contact Phone No. 聯絡電話號碼 E-mail address 電郵地址 _____ (Country Code 國家編號) (Area Code 地區編號) (Phone No. 電話號碼) _____	
Contact Information for the next 7 days (if different from above) 未來七天的聯絡資料 (若與以上不同)	
Address and phone no. where you can be contacted for the NEXT 7 DAYS 未來七天的聯絡地址和電話號碼 Date 日期 _____	
Address (including country) 地址 (包括國家) Phone no. 電話 1. _____ 2. _____ 3. _____ Itinerary for the NEXT 7 DAYS 未來七天的旅程 Date 日期 From 從 To 往 Flight/ship/vehicle no. 航班編號/船(車)次 1. _____ 2. _____ 3. _____ E-mail address which you can be contacted for the NEXT 7 DAYS 未來七天的聯絡電郵地址 : _____	
Are you travelling with anyone else 與其他人一同旅遊嗎? <input type="checkbox"/> Yes 是 <input type="checkbox"/> No 否 If so, who? (name of individual(s) or Group) 如是，與誰同行? (同行人士或團體名稱) _____	
I hereby declare that all the information given above is true and correct. 我保證以上申報內容正確屬實。 Date 日期: _____ Signature 旅客簽名: _____	

Procedures of Handling Possible Avian Influenza Case On Board Arriving Flight (Version 2009)**1. Introduction**

- 1.1 Although so far human avian influenza (AI) cases have been reported from a limited number of countries, rapid and high volume international travel has increased the potential for airline to carry infected individuals on any route. It is paramount that relevant airport agencies are familiar with the procedures in handling possible AI cases on board arriving flight and that airline staff are aware of the symptoms of AI and respond promptly and appropriately to limit the spread of the disease via air travel.
- 1.2 This updated “Procedures of Handling Possible Avian Influenza Case On Board Arriving Flight” from the Port Health Division of Department of Health aims to supplement the broad principles and procedures laid down in the Public Health Emergencies (Part 13) of the Emergency Procedures Manual to provide airport partners an overview of response to be taken by the Department of Health, Airport Authority, and other agencies upon pre-arrival notification of a possible case of AI on board an arriving flight.

2 Management principles

- 2.1 To notify the Port Health Division timely.
- 2.2 To assess the ill passenger to determine whether he/she is a possible AI case.
- 2.3 To isolate the case as soon as possible to prevent the spread of the disease on board and its introduction into Hong Kong.
- 2.4 To assist and facilitate the Centre for Health Protection of the Department of Health in contact management.
- 2.5 To keep the inconvenience caused to the passengers to a minimum.
- 2.6 To ensure all staff involved in handling the possible AI case and contacts adhered to infection control measures.

3. Activation of procedures

3.1 Flight commanders of aircraft have a regulatory responsibility for notifying the Port Health Division of the Department of Health of the occurrence, on board a plane coming into Hong Kong, of any ill person among passengers or crew. When the duty Port Health Officer receives pre-arrival notification of illness, he/she will make an assessment to determine if the ill passenger suffers from a communicable disease of public health concern.

3.2 A person is suspected to suffer from AI if he/she presents with¹:

3.2.1 fever ($>38^{\circ}\text{C}$), **AND**

3.2.2 cough OR sore throat, **AND**

3.2.3 has one or more of the following exposures within 7 days before onset of illness: -contact with a human case of Influenza A (H5, H7 or H9), **OR** -contact with diseased poultry or wild bird, or their carcasses in a country/area with documented high pathogenic AI H5, H7 or H9 infection in birds, **OR** -contact with diseased poultry or wild bird, or their carcasses in a country/area with documented indigenous human case of Influenza A (H5, H7 or H9), **OR** -worked in a laboratory that is processing samples from persons or animals that are suspected from AI infection.

3.3 Upon notification by airline concerned or Air Traffic Control (ATC) of an ill passenger on board arriving flight, duty Port Health Officer will obtain the following essential information (see appendix 1) from the flight commander via airline or ATC (as the last resort) to determine if the ill passenger is a possible case of AI:

3.3.1 Name, sex, age, condition (eg. stable, distressed, comatose).

3.3.2 Body temperature.

3.3.3 Symptoms, in particular any cough, sore throat, shortness of breath or respiratory difficulties.

3.3.4 Date of onset of symptoms.

3.3.5 Country/Area visited within 7 days before onset.

3.3.6 Any history of contact with human AI case within 7 days before onset.

3.3.7 Any history of contact with diseased poultry or wild bird, or their carcasses within 7 days before onset.

3.3.8 Any history of working in a laboratory that handles AI virus.

3.4 If it is not considered a possible AI case, duty Port Health Officer will inform the flight commander via airline or ATC (as the last resort) and advise the flight commander to give the ill passenger a surgical mask. Duty Port Health Officer will meet the ill passenger on arrival.

3.5 If it is considered a possible AI case, duty Port Health Officer will advise the flight commander to:

3.5.1 Give the possible AI case and his/her travel collaterals¹ a surgical mask.

3.5.2 Isolate the possible AI case and his/her symptomatic travel collaterals at least 3 feet from other passengers and the crew, preferably put up a screen between the ill passenger and the rest of the passengers. The very back of the cabin is the preferred location for isolating passenger from economy class while the right corner seat of the front row is the preferred location for first class or business class passenger.

3.5.3 Designate one cabin crew to look after the possible AI case, preferably the cabin crew that has already been dealing with this case. This cabin crew should put on personal protective equipment (PPE) which includes surgical mask and gloves.

¹Travel collaterals are travel companions of the possible AI case before boarding the plane. They include family members, friends, tour group members and guide.

3.5.4 Designate a specific lavatory for the exclusive use of the possible AI case.

3.5.5 Explain to the rest of the passengers that they will not be allowed to disembark until the ill passenger is assessed by the Port Health Division, a team from which will board the plane upon its arrival in Hong Kong.

3.5.6 Advise passengers not to change seats or to move between cabin zones.

3.6 Duty Port Health Officer will obtain the following supplementary information (see appendix 1) from the flight commander:

3.6.1 Seat number of the possible case of AI.

3.6.2 Number of travel collaterals (including tour guide if present), and numbers with symptoms.

3.6.3 Condition of other passengers and crew.

3.7 Duty Port Health Officer will obtain the following supplementary information (see appendix 1) from the airline concerned:

3.7.1 Expected time of arrival.

3.7.2 Configuration of the aircraft.

3.7.3 Nationality of the possible case of AI.

3.7.4 Number of passengers and crew.

4. Public Health Incident Assessment Group meeting

4.1 Duty Port Health Officer will call IAC-TOD to convene a Public Health Incident Assessment Group (PHIAG) meeting if possible. Because of the urgency of the matter, the PHIAG meeting will most probably be conducted at the

Port Health Division at Room 5T577 of arrival level, or by conference call.

4.2 A representative of the Port Health Division will attend the PHIAG meeting. The group will make an assessment of the incident and coordinate the initiation of emergency responses.

4.3 Actions by Port Health Division:

4.3.1 Form a Port Health Team to meet the aircraft upon its arrival.

4.3.2 Alert Hospital Authority Head Division Duty Officer and the Infectious Disease Centre (IDC) of Princess Margaret Hospital (PMH).

4.3.3 Call AVSECO health assistants to set up gowning and degowning areas of the holding areas and to conduct temperature checking of alighted passengers.

4.3.4 Call Auxiliary Medical Service to set up and man a sick bay and to provide assistance to Port Health Division.

4.3.5 Board the aircraft, assess the ill passenger and initially categorise the passengers into different colour groups.

4.4 Actions by AA Terminal Operations Department:

4.4.1 Set up the two temporary holding areas, namely the APV South Arrival and South APV Lounge.

4.4.2 Call Police and AVSECO security personnel to cordon off the temporary holding areas and to maintain order.

4.4.3 Arrange staff to man the liaison posts of the temporary holding areas.

4.5 Actions by AA Airfield Department:

4.5.1 Arrange the aircraft to be parked at suitable parking stand.

4.5.2 Call Police and AVSECO security personnel to cordon off the parking stand and shadow escort the passenger vans.

4.5.3 Arrange transportation to transport Port Health Team to the aircraft.

4.5.4 Arrange an ambulance to transport the possible AI case and symptomatic travel collaterals (if any) to the IDC of PMH. Ambulance staff should put on PPE, and the ambulance should be thoroughly disinfected before being returned to service.

4.5.5 Arrange passenger buses for passengers and crew.

4.6 Actions by airline concerned:

4.6.1 Prepare passenger and crew manifests. Deliver the manifests and the seat plan of the aircraft to the representative of the Port Health Division at AEC.

4.6.2 Arrange ground staff to man the liaison posts of the temporary holding areas and provide necessary assistance to the passengers.

4.6.3 Send representative(s) to attend AEC.

4.7 Actions by AA Medical Services:

4.7.1 Send a doctor to board the aircraft with Port Health Team if the condition of the ill passenger is serious.

4.7.2 Proceed to the temporary holding areas to supervise the setting up of gowning and degowning areas and ensure that staff deployed at the temporary holding areas use appropriate PPE.

5. Ill passenger management

5.1 The Port Health Team will board the aircraft. A representative will board the Mobile Liaison Centre who will act as liaison between the Team on board the plane, AA and the passenger buses.

5.2 The Port Health Officer will escort the possible AI case and symptomatic travel

collaterals (if any) to the ambulance awaiting at tarmac for brief assessment.

5.3 If the ill passenger is found not a possible AI case, the Port Health Officer will advise the flight commander to explain the situation to passengers on board and allow all passengers to disembark. The Port Health Officer will advise and/or refer the ill passenger for further treatment as appropriate.

5.4 If the ill passenger is determined to be a possible AI case, he/she will be sent to the IDC of PMH by ambulance. His/Her symptomatic travel collaterals will also be sent to IDC of PMH.

6. Contact management if the case is a possible AI case

6.1 The Port Health Team will distribute folders containing the Health Investigation Forms and red labels to the travel collaterals. Port Health Officer and the doctor of AA Medical Services will bring these travel collaterals to the designated temporary holding area (APV South Arrivals) using one passenger bus. The bus will have to be disinfected before being returned to service.

6.2 With the assistance from the crew, the Port Health Team will categorise the remaining passengers into close contacts¹ (orange), social contacts² (yellow) and others³ (green). The exact rule of categorisation may change with changing disease epidemiology. Each passenger will be given a folder with the corresponding colour label. After putting on the labels and surgical masks, they will disembark in batches according to the colour code and will be directed to the passenger buses for the designated temporary holding area (South APV Lounge). The buses will have to be disinfected before being returned to service.

6.3 With the assistance from the inflight service manager, the cabin crew member(s) who have served the ill passenger before putting on PPE will be categorised as close contacts (orange) and will take the passenger bus designated for close contacts. The rest of the crew members will disembark once all passengers have left the plane and board the last passenger buses for South APV Lounge. They will be categorised at the South APV Lounge with the assistance from AA Medical Services.

7 Aircraft management

7.1 The aircraft will have to be thoroughly disinfected before being returned to service.

7.2 The duty Port Health Inspector will supervise the cleaning crew to ensure that the cleaning crew members are properly protected and that the disinfection is conducted according to the “Avian Influenza Prevention Guidelines for Airline Cleaning Service” issued by the Port Health Division.

7.3 Airline concerned should provide transport for Port Health Inspector to supervise the disinfection process.

8. Temporary holding areas (see appendices 2.1, 2.2, 2.3)

8.1 The travel collaterals (red) will be temporarily held at the APV South Arrivals whereas close contacts (orange), social contacts (yellow) and others (green) will be held at the South APV Lounge in their respective colour zones.

8.2 Staff working in these temporary holding areas should be appropriately protected by PPE. Those who work in APV South Arrivals will have to have full body protection. Airport agencies should refer to the “Guidelines on Use of Personal Protective Equipment in Avian Influenza Prevention and Control” for detailed description of the PPE requirements. Staff who work in South APV Lounge need to put on surgical mask. Put on gloves only for direct contact. Agencies should ensure that the PPE are available and that relevant staff has been instructed on the use of these PPE.

8.3 A liaison post will be set up for each temporary holding area. The liaison post of APV South Arrivals will be set up on level 5 at the top of the escalator leading down to APV South Arrivals i.e.: outside APV South Arrivals. The liaison post of South APV Lounge will be set up inside South APV Lounge.

8.4 The liaison posts will be manned by representatives from AA Terminal 1 Department, the airline concerned, Port Health Division (Airport Section) and other parties where appropriate.

8.5 Staff of the Port Health Division and the Centre for Health Protection of the

Department of Health will assess the non-hospitalised passengers and crew for symptoms and contact history, and obtain their contact information for subsequent contact tracing if indicated.

8.6 Staff of the Port Health Division will supervise the temperature checking and refer symptomatic passengers or crew to hospital for further assessment. AA Medical Services and Auxiliary Medical Service will provide care to passengers with unrelated clinical problems and assist in supervising infection control measures at the temporary holding areas.

8.7 The airline concerned and AA Terminal Operations Department should take care of the general well-being of both the passengers and the staff working at the temporary holding areas.

8.8 AVSECO should deploy sufficient security personnel to maintain order and escort contacts to toilets at orange zone.

8.9 When certain categories of contact are allowed to leave, ensure smooth departure of these passengers. Police and AVSECO security personnel should ensure order, in particular among those passengers who need to be retained until the laboratory result of the ill passenger is confirmed. Airline concerned should assist passengers whose onward travel is delayed once they can be allowed to leave.

8.10 If the ill passenger is confirmed positive for AI, certain categories of contact may be required to be placed under quarantine in an isolation camp. Staff of the Centre for Health Protection of the Department of Health will serve the legal documents to remove these passengers to designated camp. Non-airport staff and vehicles will be sent in to take them to the camp.

8.11 Passengers or crew who will be confined to isolation camp will have to have their luggage retrieved and be delivered to the temporary holding areas before their removal to camp from airside. Immigration Department, and Customs and Excise Department should dispatch officers to the temporary holding areas to facilitate the clearance process.

- 8.12 The temporary holding areas including the toilet facilities will have to be thoroughly disinfected before being returned to service if the ill passenger is confirmed positive for AI.

9. Baggage Management

- 9.1 The bus stop outside the South APV Lounge would be used for baggage sorting. Baggage of each passenger classification will be sorted and separated by ramp handling agent (i.e. index case, red, orange, yellow and green). Baggage of transit passenger will also be identified for separate handling.
- 9.2 Baggage of all passengers will be kept in the bus stop temporarily until the passenger groups are being released. When certain passenger group(s) is (are) released, ramp handling agent will transfer the baggage of these passenger group(s) from the bus stop to a designated reclaim belt for collection.
- 9.3 For those passengers who are required to go to isolation camp, their baggage will be distributed back to them in the South APV Lounge by ramp handling agent and facilitated by the airline concerned.
- 9.4 For transit passengers, the further handling of their baggage is subject to the onward flight arrangement. The overall arrangement should be handled by airline concerned.
- 9.5 If disinfection of the baggage of the ill passenger is considered necessary, the disinfection is to be conducted at the bus stop outside South APV Lounge. A Port Health Inspector will designate a suitable area at the bus stop for the purpose and AA Airfield Department will set up the disinfection area with physical boundary and provided with a PPE degowning area. The Port Health Inspector will supervise the disinfection crew to disinfect the outside of the baggage.

10. Airport Emergency Centre

- 10.1 A representative from the Port Health Division will attend AEC to provide medical advice and act as liaison between Department of Health and other

parties in the AEC.

10.2 The representative will:

10.2.1 Advise airport agencies on the use of PPE. Relevant airport agencies should also refer to the “Guidelines on Use of Personal Protective Equipment in Avian Influenza Prevention and Control”.

10.2.2 Direct airline to arrange for disinfection of the aircraft when all passengers and crew have disembarked.

10.2.3 Direct Airside Bus Franchisee to arrange for disinfection of the passenger buses.

10.2.4 Direct Ramp Handling Licensee to arrange for disinfection of the passenger ramps.

10.2.5 Advise airline whether baggage and cargo require disinfection.

10.2.6 Maintain communication links with Port Health Team, and staff of Centre for Health Protection at temporary holding areas as well as the headquarters of the Department of Health.

10.2.7 Make arrangement for non-airport staff and vehicles to have access to the airport restricted area to transport passengers who are required to be placed under quarantine to isolation camp.

10.2.8 Advise AEC representatives which groups of contact can be released.

10.2.9 Inform AEC representatives and medical staff at temporary holding areas the laboratory result of the ill passenger when available.

11. Media handling

11.1 A representative of the Port Health Division will represent the Department of

Health to respond to press enquiries, and to liaise with AA on press releases and interviews.

Port Health Division Department of Health

Version 2021

Appendix 1

Information required by Port Health Division of Hong Kong Department of Health concerning ill passenger on board suspected to suffer from avian influenza (AI)

1. Essential information

- 1.1 Name, sex, age, condition (e.g. stable, distressed, comatose).
- 1.2 Body temperature.
- 1.3 Symptoms, in particular any cough, sore throat, shortness of breath or respiratory difficulties.
- 1.4 Date of onset of symptoms.
- 1.5 Country/Area visited within 7 days before onset.
- 1.6 Any history of contact with human AI case within 7 days before onset.
- 1.7 Any history of contact with diseased poultry or wild bird, or their carcasses within 7 days before onset.
- 1.8 Any history of working in a laboratory that handles AI virus.

2. Supplementary information to be obtained from in flight commander

- 2.1 Seat number of the possible case of AI.
- 2.2 Number of travel collaterals (including tour guide if present), and numbers with symptoms.
- 2.3 Condition of other passengers and crew.

3. Supplementary information to be obtained from ground crew

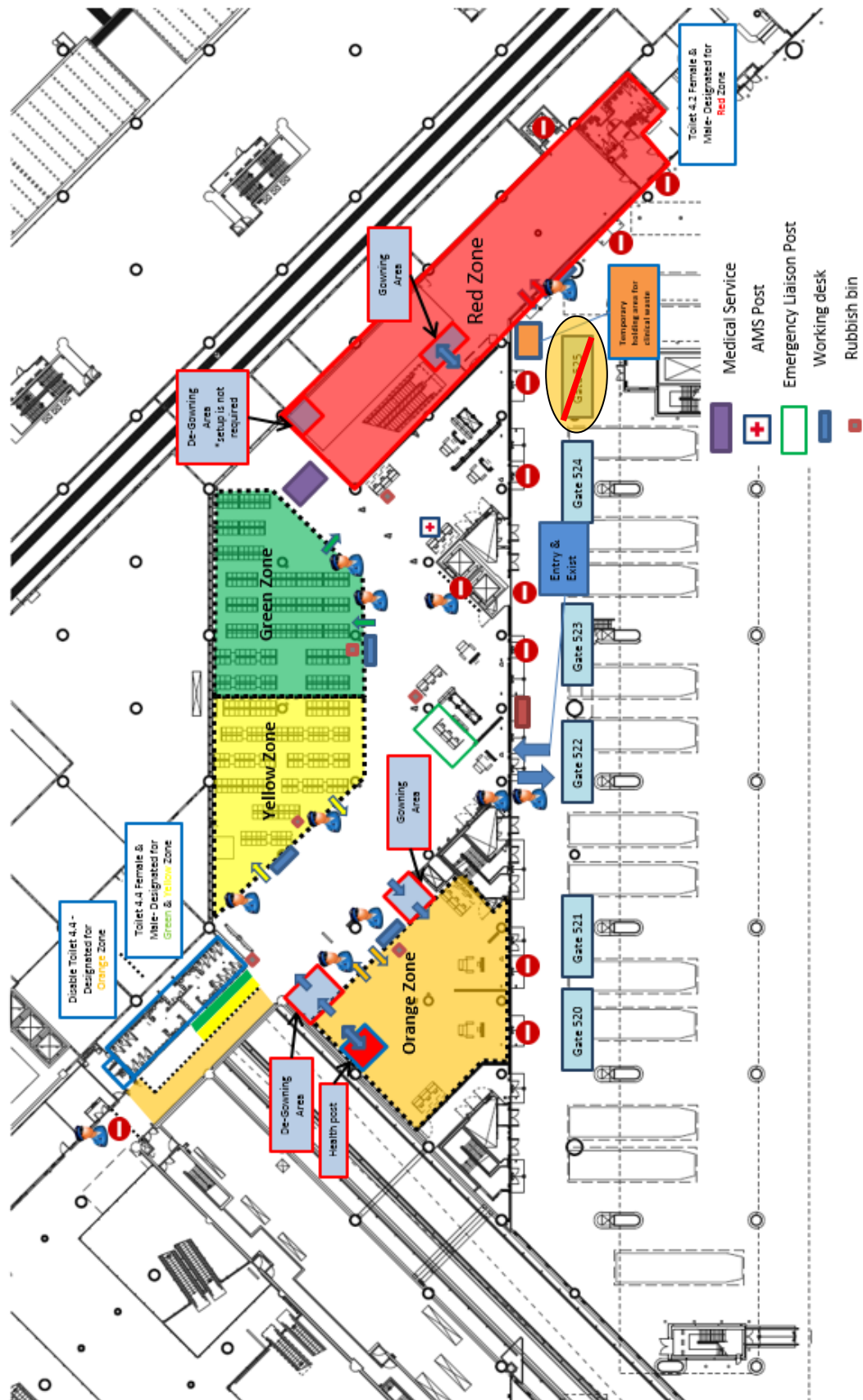
- 3.1 Expected time of arrival.
- 3.2 Configuration of the aircraft.
- 3.3 Nationality of the possible case of AI.
- 3.4 Number of other passengers and crew.

Appendix 2**Appendix 2.1 – Holding area set up legend****Appendix 2.2 – Temporary Holding Area Set Up at L4 SAPV****Appendix 2.3 – Set Up at L5 East Hall.**

Please refer to the updated diagrams (Part 13 Appendix 13-B) in
Emergency Procedures Manual Volume 3 provided by Hong Kong Airport
Authority

This page has nil content

Temporary Holding Area Set Up at SAPV



This page has nil content

Procedure on Disinfection of Baggage (Updated in February 2021)

1. Before Disinfection

- 1.1 Get disinfection equipment and personal protective equipment (PPE) ready.
- 1.2 Ensure the concerned baggage is retrieved to a designated area and ready for disinfection.
- 1.3 Wear appropriate PPE: surgical mask, gown, rubber gloves.
- 1.4 Prepare appropriate disinfectant (*e.g. 1 part 5.25% household bleach in 49 parts water for non-metallic surface*).

2. Procedures of Disinfection

- 2.1 Soak a clean towel with disinfectant.
- 2.2 Clean the baggage's outer surface with the towel soaked with disinfectant.
- 2.3 Leave for 30 minutes.
- 2.4 Clean the luggage's outer surface with another towel soaked with clean water.
- 2.5 Wipe dry.
- 2.6 For metallic surface, use 70% alcohol.

3. After Disinfection

- 3.1 Place the disinfected baggage into a large transparent plastic bag with appropriate labelling: name of passenger to which the baggage belongs, flight number and seat number of the passenger, details of disinfection carried out on the baggage; and the caution sign "Infectious substance".
- 3.2 Seal the plastic bag (*e.g. tie up with a plastic strip*).
- 3.3 Remove PPE (*for details, please refer to "Guidelines on Use of Personal Protective Equipment in Avian Influenza Prevention and Control"*).

- 3.4 Cleansing tools should be soaked in diluted bleach for 30 minutes and then rinse thoroughly before reuse.
- 3.5 Wash hands with liquid soap, then dry hands with a clean towel or disposable towel.

*Port Health Division
Department of Health*

Revised February 2021