International Health Regulations Points of Entry IHR Core Capacity Monitoring Check list

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Done By: Dr. Mona Al.Musawi

Reviewed By: Dr. Mona Al.Musawi

National IHR Focal Point

Dr. Kubra Sayed Nasser

Head, Communicable Diseases unit

Table of Content

Objectives	3
A) Did the port identified for core capacity monitoring?	5
B) Did identification of the competent authority at the port was done?	5
c) Does a report of the movement of International Entry/Departure of Conveyances submitted quarterly to the National Focal Point (NFP).	5
D) Does the monthly IHR report submitted to NFP?	5
E) Checklist for core capacity requirements for coordination, communication of event information and adoption of measures.	5
F) Check list for Core capacity requirements for the assessment and care of ill traveler.	8
G) Check list for Core capacity requirements for Staff and equipment.	10
H) Check list for Core capacity requirements for transport of patients.	11
I) Check list for Core capacity requirements for Conveyances Inspection.	11
J) Check list for Core capacity requirements for Training	12
K) Check list for Core capacity requirements for Conveyances movements.	12
L) Check list for Core capacity requirements for Safe Environment for travelers.	12
M) Check list for Core capacity requirements for Training for inspector's.	13
N) Check list for Core capacity requirements for Safety of the Environment.	17
O) Check list for Core capacity requirements for Inspection programs.	20
P) Check list for Core capacity requirements for to provide as far as practicable a programs and trained personnel for the control of vector and reservoirs in and near points of entry	22
Special capacities according to type of point of entry	24

Objectives

I. Assessing IHR Core Capacities for Surveillance and Response

2.1. Aim and objectives of the assessment

The aim of the assessment is for Member States to develop, strengthen and maintain the IHR public health core capacities requirements at designated ports, airports and ground crossings, related to prevention, early warning and response for public health risks and events. The routine core capacity requirements include assessment and medical care, staff and equipment; equipment and personnel to transport ill travellers; trained personnel for inspection of conveyances; ensuring a safe environment (e.g. water, food, waste); and trained staff and a programme for vector control. Capacity requirements for responding to a public health emergency of international concern (PHEIC) include, among other, a public health emergency contingency plan and the application of recommended measures to disinsect, disinfect, and decontaminate baggage, cargo, goods, etc. The objectives of the assessment are to: • determine the current status of existing core capacities and identify gaps and other system requirements to accommodate the implementation of the IHR at designated ports, airports and ground crossings • obtain baseline information that will allow the measurement of progress towards planning and monitoring of IHR implementation. • support the development of a plan of action that would address the gaps identified and improve the routine risk management, early warning and response systems, to meet the requirements of the IHR as outlined in Annex 1 of the WHO IHR document, related to ports, airports and ground crossings activities.

II. Follow up to the assessment

3.1. Development of work plan

In assessing the current status of existing core capacities and to identify gaps and other system requirements to accommodate the implementation of the IHR at designated ports, airports and ground crossings, States Parties may need to develop and implement plans of action following an initial assessment of the existing national structures and resources available. In developing plans of action existing plans should be considered, such as pandemic preparedness plans and emergency preparedness plans, in order to harmonize procedures and requirements, for public health protection while avoiding unnecessary interference with international traffic and trade. States Parties could also consider including major elements of IHR plans into existing plans and vice versa. The plan of action should be in accordance with IHR requirements, national and local administrative and legal requirements and provide a framework for all involved governmental agencies and authorities, travel and transport operators and port, airport and ground crossings administrators to implement activities crucial for the early detection, verification, notification, response and containment of public health events, thereby looking to ensure local, national and global health prevention, alert and response systems.

3.2. Monitoring IHR implementation

The monitoring of IHR implementation enters into effect after 15 June 2009. The IHR request that States Parties achieve the minimum core capacities by 2012. This process involves monitoring the development and implementation IHR core capacities at ports, airports and ground crossings. WHO

monitoring activities will provide country profiles as well as regional and global overviews of the diverse stages of implementation of IHR, in respect of the 2012 deadline. A set of indicators are currently being developed by WHO to monitor IHR implementation and should be based also on the specific tools for core capacities assessment at ports, airports and ground crossings. The IHR core capacities assessment tool provided in this document will also help States Parties to develop a monitoring system for regarding the development and implementation of IHR core capacities requirements at designated ports, airports and ground crossings. For this special purpose an Excel Spreadsheet File Model (see Appendix 2) has been developed to be used along with the checklist for IHR core capacity assessment at points of entry (see Appendix 1), in order to facilitate a summary of the results of the assessments and follow up data, including percentages.

Points of Entry Monitoring Check list

A) Did the port	identified fo	r core capacity monitoring?
Yes		No □
B) Did identific	cation of the	e competent authority at the port was done?
Yes		No □
		rement of International Entry/Departure of arterly to the National Focal Point (NFP).
Yes		No □
D) Does the mor	nthly IHR re	eport submitted to NFP?
Yes		No □
•	-	ty requirements for coordination, rmation and adoption of measures
1.	·	onal communication link with competent authorities at f entry in place?
	Yes □	No □
	If yes, do SoP	es and contact details available?
	Yes □	No □
	If yes, name t	he documents, SoPs and contact details
2.		communication link between <u>competent authorities</u> a try and <u>health authorities</u> at local, intermediate and savailable?
	Yes □	No □
	If yes, do a So	oPs and contact details available?
	Yes □	No □

	If yes, what is the	e SoPs and contact list.
3.	Does a <u>direct</u> opeavailable?	erational links with other senior health officials
	Yes □	No □
	If yes, dose a SoF	Ps available?
	Yes □	No □
	If yes, provide the	e SoPs.
4.	Does a communic	ation link with conveyance operators available?
	Yes □	No □
	If yes, show SoPs	s and means of communication.
5.	Does a communic information prese	ation link with <u>travelers</u> for health related ent?
	Yes □	No □
	If yes, do means	of communication available?
	Yes □	No □
	If yes, what are th	ne means of communication in place.
6.	Does communicat	ion link with service providers present?
	Yes □	No □
	If yes, does a con	tact details with the airports, ports, ground crossing,

	authorities, laboratories and others present?		
	Yes □	No □	
	If yes, what conta	act details available?	
7.	Does an assessment hours?	nt of all reports of urgent events done within 24	
	Yes □	No □	
	If yes, dose a dire	ect operational link present?	
	Yes □	No □	
	If yes, what direct	operational link exist?	
8.		ation mechanism for the dissemination of ecommendations received from WHO present?	
	Yes □	No □	
	If yes, what mech	anisms used for dissemination?	
9.	and receive repor	nd <u>legal and administrative provisions</u> to conduct <u>inspections</u> ts of cases of illnesses and or other evidence of public health <u>iving conveyances</u> available?	
	Yes□	No □	
	If yes, dose a nati procedures are in	onal legislations, administration acts, protocols and place?	
	Yes □	No □	
	If yes, what are th	ney?	

	<u>ering competent</u> blic health risk a	authority to conduct inspection to vailable?
Yes □	No □	
11. Do <u>empow</u> measure in pla		authority to apply the required control
Yes □	No □	
12. Do empower	ring competent a Event inpla	uthorities to report public Health Related ace?
Yes □	No □	
procedures to imme	ediately relay rep	ments explaining the requirements and port to competent authority are developed airlines, ground transport on posted on
Yes □	No □	
		ority in place to review reports from esses on board available?
Yes □ 15. Dose <u>24 hours</u>	No □ <u>/7 services</u> avai	lable at the POE?
Yes □	No □	
F) Check list for Co care of ill traveler. 1. Do the following :		quirements for the assessment and
access for medical a		ities.
Yes □	No □	

_	SOPs for dealing with ill traveler in place.			
	Yes □ No □			
_	List of ill travelers by time available.			
	Yes □ No □			ماطمانور مو
_	Reporting and registration	documents contain tr	ie following informati	on avallable.
•	Name	Yes □	No □	
•	Age	Yes □	No □	
•	Sex	Yes □	No □	
•	Nationality	Yes □	No □	
•	Time of reporter	Yes □	No □	
•	Name of reporting	Yes □	No □	
•	Vehicle type and number	Yes □	No □	
•	Diagnosis	Yes □	No □	
•	The action taken	Yes □	No □	
•	The outcome	Yes □	No □	
For vac	Yes \square (Reference WHO tr	ace. No □ as for yellow fever pro No □	esent.	
	ledical and diagnostic			
Do Ke	y information regarding med	_		
		facilities by name, key	contact information(address, Tel No,
	map) available	N =		
	Yes \square	No 🗆	data.d	
		lities to be contacted	upaated	
	Yes \square	No 🗆		
	•	dating		
	 List of discriminate 	ed areas available		

	Yes □	No □
	If yes, provide the	e list
•	Time of testing of t	he procedures for accuracy and accessibility to all relevant
	personnel available	2.
	Yes □	No □
G) Staff a	nd equipment.	
	lowing available	?
	staff with their shift s	
Yes 🗆	□ No □	
 Trainir 	ng facilities for staff ir	n place.
Yes 🗆	_	•
• Workl	oad and staff Numbe	r available.
Yes 🗆] No □	
 Transla 	ation facilities availab	ole.
Yes 🗆	□ No □	
• Numb	er of trained staff for	r diagnosing ill traveler available.
Yes [<u></u>	
List of	the trainings done fo	or staff to diagnose and manage ill traveler in place
Yes [□ No □	
List of	communicable disea	ses to be reported present
Yes 🗆	□ No □	
 SOP for 	or reporting present.	
Yes 🗆	□ No □	
 Guidel 	lines for using PPE in	place
Yes 🗆	□ No □	
 List of 	trainings done for sta	aff on how to use PPE present.
Yes 🗆	□ No □	
• Trainir	ngs sessions registry b	by time and number available.
Yes □	□ No □	
 Adequ 	ate place to conduct	private interview available.
Yes [□ No □	

H) For transport of patients.Do the following available?

•	The number	of trained staff to transport ill traveler available
	Yes □	No □
•	SoPs for tran	sferring ill traveler available
	Yes □	No □
•	Access to P	PE to transport ill traveler present.
	Yes □	No □
I) C	Conveyances	Inspection.
Do	the following	ng available?
•	List of the tra	ining personnel assigned for inspection of convenyances.
	Yes □	No □
•	SoPs for train	ing (given them the manual for inspection)
	Yes □	No □
•	Training prog	ram available.
	Yes □	No □
•	Data and out	come results present.
	Yes □	No □
•	SoPs for sani	ation inspection in place.
	Yes □	No □
•	Health docur	nents available (maritime, airport)
	Yes □	No □
•	Public health	events registry available.
	Yes □	No □
•	Knowledge	and skills for detecting, reporting, assessing and providing aid
	measures to	public health events available.
	Yes □	No □
•	Knowledge of available.	f common public health risks detected on routine basis
	Yes □	No □

J) Training

Do the following available?

•	_	·	ue for conveyances for water and vector control available.
	Yes □		
•	_	done by the airpor	
	Yes □	l No □	
•		ter check on testing	•
	Yes □	l No □	
•	Ship sa	nitation documents	available
	Yes □	No □	
•	onboar	d medical facilities of	heck list available
	Yes□	No□	
•	Air qua	lity management gu	idelines available
	Yes □	No □	
K) (Convey	ances movemen	nts.
Do 1	the fol	lowing availabl	e?
		O	
•	Convey	vances Quarterly ent	ry/ departure movement schedule present with number of
			of passengers and crews.
	Yes □		
	105 —		
L) S	afe En	vironment for	travelers
,			or the following available?
	_	Water	· ·
		Yes □	No □
	_	Food	
		Yes □	No □
	_	Public washrooms	
		Yes □	No □
	_	Solid and liquid wa	
		Yes □	No □
	_	Air quality	
		Yes □	No □
	_	Human remains	
		Yes □	No □
		- 	- 1 · · ·

M) Training for inspector's

1. Understanding of inspection standard operating procedures

Do the following available? - Personnel have undergone a training program. Yes □ No □ can produce certificates/documentation Yes □ No □ - Can demonstrate a thorough understanding of standard operating procedures set in place for the sanitary inspection of conveyances. Yes □ No □ Should demonstrate competency in the areas described according to the assigned inspection duties. Yes \square No \square 2. Required health related documents for conveyances. Do the following available? - Demonstrable knowledge of required health related documents and the correct use of its information for detecting, reporting and assessing. Yes □ No \square - Provide first control measures to public health events, according to type and kind of conveyances.

3. Epidemiological situation of the point of entry Do the following available?

Yes □

Knowledge of common public health risks detected on a routine basis

No □

	y Of Health Health Directorate	
	Yes □	No □
-	-	associated to type, size and kind common origins and sees that uses the point of entry.
	Yes □	No □
4. Pub	lic health events	
_	Does a knowledge and sk measures to public health	ills for detecting, reporting, assessing and provide first control events present?
	Yes □	No □
5. Pul	olic health risks from mic	robiological, chemical and radiological agents
_	_	w they can affect human health and be transmitted person to ater, waste, vectors, fomites and the environment present?
	Yes □	No □
6. Pers	sonal protective technique	es and related equipment
_	Dose a knowledge of its a Yes □	application and its correct use present? No \square
7. Pub	lic health measures	
_	· ·	e of correct methods and understanding of techniques, such as: ation, isolation, quarantine, contact tracing, entry and exit
	Yes □	No □

8. Testing and sampling techniques

Kingdom Of Bahrain

_	- Is knowledge of the use of correct testing and sampling techniques and equipment to support initial observation, detection and assessment of public health risk, e.g. water, food, vector control provided?	
	Yes □	No □
9. Vec	tor control	
_		of correct control methods of relevant vectorborne diseases and cluding disinsecting and deratting insured?
	Yes □	No □
10. Fo	od safety management	
_	_	of correct practices of safe food management, especially with y, source, preparation, storage and distribution in place?
	Yes □	No □
11. W	ater safety management	
-		of correct practices of safe water management, especially with distribution, treatment and control methods provided?
	Yes □	No □
12. So	lid and liquid waste mana	ngement
_	detection, assessment and	olid and liquid waste treatment, control methods and systems for d recommended control measures for present and potential risks te (including bilge water and ballast water for ships) present?.
	Yes □	No □

13. Swimming pool and SPA

_		edge of present and potential risks from recreational swimming and spand methods and systems for detection, assessment and recommended present?
	Yes □	No 🗆
14. M	edical facilities	
_	and environment	edge of requirements, bio safety procedures, equipment, medical chest cal requirements for medical facilities on board, according to the size conveyance and related applicable guidelines (e.g. WHO, IMO, ILO
	Yes □	No □
_	Does the foreign needed available	language skills or Arrangements for translation and interpreters where?
	Yes □	No □
15. Ai	r quality manage	ment
_	Do understanding	g of correct practices of air health quality management available?
	Yes □	No □
_		detection, assessment and recommended control measure for present and om air quality Present?
	Vac П	Мо □

(N) Safety of the Environment.

To ensure a safe environment for travellers using point of entry facilities, including potable water supplies, eating establishments, flight catering facilities, public washrooms, appropriate solid and liquid waste disposal services and other potential risk areas, by conducting inspection programmes, as appropriate and adequate numbers of trained staff.

Safe environment for travellers using point of entry facilities

Water			
	•	Does water safety authority.	programme, conducted or under supervision of competent
		Yes □	No □
	•	Does maintenance	e of records and testing results are documented and available?
		Yes □	No □
	•	Do water treatme	ent done as follows?
		Adequate treatment	nt to remove and control public health risks.
		Yes □	No □
	•	Potable water sou away from source	of water managed as follows? arces, under surveillance and supervision, in secure places, far es of pollution, approved by the relevant health authority and d satisfactory under national standards.
		Yes □	No □

Does a water quality monitoring programme done as follows?

Water quality is regularly monitored, including the effect of disinfection at the points of potable water: all present and potential public health risks from water supply are detected. assessed and recommended control measures are implemented and programme agenda, dates and results of testing and inspection are recorded and accessible covering:

Kingdom Of Bahrain Ministry Of Health Public Health Directorate		
_ Public distribution within Point of entry boundary	Yes □	No □
_ Passenger terminals	Yes □	No □
_ Cargo and containers terminals	Yes □	No □
_ Infrastructure and courtyards	Yes □	No □
_ Transport and water service providers for conveyances	Yes □	No □
_ Water supply services for food production	Yes □	No □
<u>Food</u>		
Eating establishment/food suppliers/production stores apply the relevant health administration and/or under compelincluding flight catering facilities, meals or foods and oth prepared from outside the point of entry jurisdictional are conveyances, are regularly monitored. all present and pot are detected, assessed and recommended control measure records and testing results are documented and available. catering facilities. Public washrooms Public washroom premises consistent with volume	tent authority super perishable comments, but destined for ential public healths are implemented food safety, include and frequency of	ervision, modities that are use on n risks from food , maintenance of ding eating and f travelers, in good
operational conditions and are regularly and hygienically of passengers and personnel using the terminal and other	_	
Yes □ No □		
Solid and liquid waste—residual water Documented, tested and updated solid waste management plans in place and under competent authorit		
Waste management quality monitoring Where all present and potential public health risks from solid and liquid waste are detected, assessed and recommended control measures are implemented, maintenance of records and testing results are documented and available, covering:		
_ Public collection within point of entry boundary	Yes □	No □

_ Passenger terminals		Yes □	No □
_ Cargo and containers terminals		Yes □	No □
_ Infrastructure and courtyards		Yes □	No □
_ Transport and waste service pro	oviders for conveyances	Yes □	No □
_ Waste services for food produc	tion	Yes □	No □
_ Particularly dangerous waste (n sharps, and other)	nedical/infectious, chemical	, cutting instrument Yes □	s and No □
Final destination of the solid and The above documented, tested including standard operating procliquid waste generated and or treat volume. Yes	and updated solid and liquicedures, for safe transport a	id waste managemend final destination	ent programmers n of the solid and
Other potential risk areas: index A documented, tested and up applicable, to avoid sources of consupervision, where all present and and identified and recommended and testing results are documented Yes	dated indoor air quality rontamination and infection and potential health risks from control measures are impler	nd under competent Indoor air quality a	t authority are detected
Other potential risk areas: hun Current, regularly updated, docur remains departing and arriving fr ensure the safe handling and tra authority, measures such as issu conveyance, and records are avail	mented and tested procedure rom affected areas and for the insport of human remains; to lance of permits, proper sa	ne use of specific ho under the supervisi nitary treatment fo	ealth measures to ion of competent
Yes □	No □		

O) Inspection programmes

	Sufficien	t number	of staff	for	inspections
--	-----------	----------	----------	-----	-------------

Access volume	e and frequency of trav	r of trained personnel assigned for these duties, in relation to velers and complexity of the Point of entry (regarding terminal timodal practice in place among other factors).
	Yes □	No □
Unders training unders should	standing of inspection g programme, can produ tanding of standard op	tel for inspection programmes standard operating procedures - Personnel have undergone a acce certificates/ documentation and/or can demonstrate a thorough erating procedures set in place for the sanitary inspection, and cy in the following areas, according to the assigned inspection No \Box
_	Knowledge of commo usual public health r	tion of the point of entry on public health risks detected on a routine basis and about the isks associated to type, size and kind, common origins and ances that uses the point of entry.
	Yes □	No □
-	Public health events Knowledge and skills f measures to public hea	for detecting, reporting, assessing and provide first control lth events.
	Yes □	No □
_	Knowledge of how the	from microbiological, chemical and radiological agents y can affect human health and be transmitted person to person and te, vectors, fomites and the environment.
	Yes □	No □
_		chniques and related equipment ge of its application and correct use.
	Yes □	No □

_	_	of the use of correct methods and understanding of techniques, contamination, isolation, quarantine, contact tracing, entry and
	Yes □	No □
_	_	e of the use of correct testing and sampling techniques and ial observation, detection and assessment of public health risk,
	Yes □	No □
_		e of the use of correct control methods of relevant vector-borne d vectors, including disinsecting and deratting.
	Yes □	No □
_		ge of use of correct practices of safe food management, handling; supply, source, preparation, storage and distribution.
	Yes □	No □
_		ge of use of correct practices of safe water management, source, storage, distribution, treatment and control methods.
	Yes □	No □
_	detection, assessment and	nanagement d liquid waste treatment control methods and systems for d recommended control measures for present and potential risks te (including bilge water and ballast water for ships).
	Yes □	No □

k n		l potential risks from r r detection, assessmen	ecreational swimming and spa areas and nt and recommended control measures
	Yes □	No □	
k e	nvironmental requiremer	its for medical facilitie	edures, equipment, medical chest and s, according to the size, type and kind of g. WHO, IMO, ILO, ICAO).
	Yes □	No □	
s g a	uidance. There are nation	ces, could also be found nal and international ag	contamination d on ships but is outside the scope of this encies that handle radionuclear incidents should have the contact information for
	Yes □	No □	
 Facilities, equipment and supplies for use by inspection staff Facilities, equipment and supplies are available for use by inspection staff, according to the needs of its duties and kept in safe and hygienic conditions; including: communication devices, testing and sampling supplies and equipment, updated guidance tools and other technical information sources, personal protective equipment, vector control devices and supplies, records/data collection storage and forms, etc. 			
	Yes □	No □	
P)To provide as far as practicable a programme and trained personnel for the control of vector and reservoirs in and near points of entry.			
Integrate	vector and reservoir cod vector control programmat/contract covering the form	me in place, including	special arrangements or
_ Passen	ger terminals	Yes □	No □
_ Cargo	and containers terminals	Yes □	No □
_ Infrasti	ructure and courtyards	Yes □	No □

Public Health Directorate Service providers facilities at terminal and for conveyance ground support operation Yes □ No □ _ Surrounding areas of Point of entry (minimum 400 meters) Yes \square No \square Trained personnel for control of vector and reservoirs Adequate number of personnel with training and knowledge to detect and control public health risks of vectors and reservoirs as well as to oversee and audit services and facilities of the point of entry. Yes \square No □ Monitoring of vectors in the points of entry facility and in the surrounding area of at least 400 meters from terminal Monitoring is maintained updated in place: vectors and reservoirs are detected, identified, tested for pathogen and controlled. Results of the latest audit of services and facilities are available and accessible. Yes □ No \square Dedicated space, equipment and supplies for use by vector and reservoir control Staff Dedicated and secure space/room for use by vector and reservoir control staff and for storage of public health equipment and supplies, including: insecticides, rodenticides, traps and application equipment Yes \square No □ _ equipment for inspection Yes □ No □ _ workplace and supplies for staff to prepare inspections, complete reports, and to prepare, calibrate and store sampling equipment.

Kingdom Of Bahrain Ministry Of Health

Yes □

No □

Special capacities according to type of point of entry

1. Airports

communicable disease or other p	terning communication of events for a suspected case of public health related event on board aircraft, encompassing ties and public health sector competent authorities.
Yes □	No □
vector control measures if requir	sess, monitor and safely apply aircraft disinsection, and other ed, according to WHO recommendations and guidance, as ld be part of the integrated vector management control plan
Yes □	No □
regarding: free pratique (includin	ommunication with aircraft and air transport operators ng radio free pratique) request and authorization and health of Aircraft, if and when requested by national authorities.
Yes □	No □
2. Ports and ships	
free pratique (including radio fre	ommunication with ship and ship industry operators regarding be pratique) request and authorization and the Maritime requested by national authorities.
Yes □	No □
requested, according to risk asse	or designated ship quarantine anchorage area, if and when ssment (such as vector-borne disease, ballast water, wasted safety, security and facilitation principles, as applicable.
Yes □	No □

3. Ground crossings

crossing operator regarding borde	ommunication with ground transport conveyance and ground er control measures when mass suspect cases or high public I when requested by national authority.
Yes □	No □
	r carrying out public health measures on affected ground nen recommended or requested by national authority.
Yes □	No □