



Core capacities of ports
designated in accordance with
paragraph 1 of Article 20 for
the field of communicable
diseases for implementation of
the International Health
Regulations (2005; IHR) in
Germany

Recommendation by the Robert
Koch Institute after consultation
with the highest state health
authorities

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Glossary of abbreviations

24/7	24 hours a day / 7 days a week
IHR	International Health Regulations (2005)
IGV-DG	IGV-Durchführungsgesetz (IHR Implementation Act)
MAC	Medical assessment centre
PHEIC	Public health emergency of international concern
PHS	Public health service
PLF	Passenger locator form
WHO	World Health Organization

Introduction

The "*Act on the International Health Regulations (2005) (IHR) of 23 May 2005*", of 20 July 2007 (Federal Law Gazette II, p. 930) gave the International Health Regulations (2005) (IHR) the status of a federal act in Germany [1].

Paragraph 1 of Article 20 of the IHR requires Germany, as an IHR State Party, to designate, inter alia, ports that are to develop and maintain the core capacities provided in Annex 1 of the IHR. Subparagraph (a) of the first sentence of Article 19 of the IHR requires Germany, as a State Party, to ensure that the core capacities set forth in Annex 1 for designated ports are developed within 5 years of the entry into force of the IHR. The aforementioned core capacities are designed to enable the States Parties to respond promptly and effectively to public health risks and public health emergencies of international concern (PHEIC), in accordance with the first sentence of paragraph 1 of Article 13 of the IHR.

The "*Act Implementing the International Health Regulations (2005)*" (IGV-DG) contains more detailed provisions for implementation [2]. Since 15 June 2012, the capacities for the protection of public health listed in Part B of Annex 1 to the IHR have had to be in place in Germany at the ports of the Cities of Bremen and Bremerhaven, Hamburg, Rostock and the Jade-Weser Port in Wilhelmshaven (paragraph 13(1) of the IGV-DG). In addition, the competent highest state health authorities (the Senate or Ministry of Health in each federal state) may designate other ports (paragraph 13(2) of the IGV-DG).

The competent highest federal state health authority may – taking into consideration the regular volume of passengers and cargo – determine more precisely the nature and scope of the capacities referred to in Part B of Annex 1 to the IHR that have to be in place at any given port. At least the requirements set out in Part B of Annex 1 to the IHR must be met (paragraph 13(4) of the IGV-DG).

Since Part B of Annex 1 to the IHR merely describes in a general manner the core capacities that have to be in place at the ports, the Robert Koch Institute is responsible, under paragraph 13(3) of the IGV-DG, for making a recommendation regarding the capacities referred to in Part B of Annex 1 to the IHR for the field of communicable diseases. The present recommendation by the Robert Koch Institute is addressed to the highest state health authorities. As a recommendation, it is not of a binding nature. Its purpose is to systematically set out the core capacities and assist the highest state health authorities in their decision-making under paragraph 13(4) of the IGV-DG. The competent highest state health authorities were consulted on this recommendation.

Since the ports designated under paragraph 13(1) or (2) of the IGV-DG are currently exclusively seaports, the present recommendation relates exclusively to maritime shipping and not to inland waterway transport.

Unless this recommendation contains different figures, the following assumes, for the quantitative assessment of the core capacities, that the number of passengers and crew members carried by the largest ship scheduled to call at the designated port can be handled.

The scope of the IHR covers diseases "irrespective of origin or source". Accordingly, the core capacity requirements relate not only to health risks posed by communicable diseases, but also to port-related health risks posed by chemical and radionuclear agents. The present recommendation relates only to the field of communicable diseases.

The use of terms corresponds to the definitions given in the IGV-DG and the IHR plus the Protection against Infection Act. It should be borne in mind that the Port Health Service is part of the local health authority and is thus to be classified as part of the Public Health Service (PHS).

The PHS – like all public authorities – is obliged to observe the legal principle of proportionality. According to this principle, all measures taken by the public health service that encroach on the fundamental rights of private individuals must be appropriate and necessary for the achievement of their purpose and take into account the special significance of any fundamental rights that may be affected (trade off between the fundamental rights as assets to be protected and the public purposes being pursued by the encroachment).

The current recommendation relates to capacities that are to be created and maintained by way of precaution at the port by the federal states and the port operator. This is without prejudice to the powers of the competent authorities to issue orders, on a case by case basis, to avert danger in the event of a specific threat, for instance under paragraph 16 or paragraph 20 of the Protection against Infection Act or on the basis of other specialized acts or the Police Act of the federal state in question. If such measures are taken, direct recourse may also be had to shipowners, other carriers, terminal operators or other parties to ward off the danger; in this case, the principles of general public order law governing the selection of individuals responsible for the threat and – if it is necessary to ward off a present, significant and not otherwise avertible danger – individuals not responsible for the threat apply.

Notes

- Paragraph 13(4) of the IGV-DG states that the competent highest state health authorities shall determine the specific core capacities that must be in place at any given port. For this purpose, and to the extent necessary, administrative arrangements and agreements must be made on-site. These should be coordinated by the port health service (public health service).
- The course of action to be taken in the event of an incident is to be described in the contingency plans of the designated ports. The federal states shall coordinate this in the Working Party of the Coastal Federal States.

Preliminary remarks

Part B of Annex 1 of the IHR distinguishes between the following core capacities, which are required if a State Party is to be able to respond promptly and effectively to public health risks and PHEICs, in accordance with Article 13 of the IHR:

- core capacities required *at all times* (paragraph 1 of Part B of Annex 1; in the following under 1); and
- core capacities required *additionally for responding to events that may constitute a public health emergency of international concern* (paragraph 2 of Part B of Annex 1 of the IHR; in the following under 2).

A fundamental distinction has to be made between the status (referred to in this recommendation) of a port as a "designated" port with core capacities for health protection under paragraph 1 of Article 20 of the IHR and the status of a port as an "authorized" port under paragraph 3 of Article 20 that is authorized to issue or extend ship sanitation certificates. However, because of the capabilities required of designated ports, the only ports that satisfy the criteria set out in paragraph 3(a) of Article 20 are ports whose port health service is authorized to issue ship sanitation control certificates under paragraph 5 of Article 39 (cf. the second sentence of paragraph 13(2) of the IGV-DG).

The requirements to be met by the core capacities are systematically fleshed out below.

1 Core capacities required at all times

The capacities required "at all times" are set out in paragraph 1 of Part B of Annex 1 of the IHR. These are core capacities that should be in place in routine operations.

1.1 Communication

Recommendation:

1.1.1 Communication procedures

Administrative arrangements and agreements are in place for a defined and documented communication procedure, familiar to and practised by all parties:

- for the delivery of a Maritime Declaration of Health well in advance before entry into the port, making use of established reporting structures. The reporting procedure must be implemented in accordance with paragraph 15(1) and electronically as described in the Maritime Shipping Single Window Act (transposition of the single window procedure in Directive 2010/65/EU)[2, 3]. If information is to be subsequently reported or if information already provided is to be corrected, this must be done as soon as it is available and it must be ensured that this information reaches the port health service (PHS) without delay;
- for the granting and/or communication of free pratique to the ship or operator of the ship. If free pratique is not granted, the competent port control is to be additionally involved;
- among all entities involved in and affected by port operations, such as the port health service (PHS), port control, port and terminal operators, operators of conveyances, service providers and other points of entry relevant to contingency planning, health facilities and services and other relevant facilities and authorities such as vessel traffic service centres;
- with other experts from the public health service for quick decision-making, risk assessment and implementation of measures to contain and control the incident;

- with medical personnel on board, if any are present, or with the ship's master;
- with the Federal Police and the River Police and with the customs authority;
- with travellers and persons/relatives waiting for them to provide them with health-related information;
- with other relevant national and international ports to inform them about sources of infection or contamination detected on board or about health measures still to be implemented.

1.1.2 Communications infrastructure and provision

- The port health service (PHS) keeps modern communications equipment available and ensures that it is operational.
- The port health service (PHS) ensures that:
 - it creates the technical and personnel resources to be able to receive and assess the reports submitted by the ship's master before the ship enters the port;
 - it or its agents can grant free pratique.

1.2 Personnel capacity of the port health service (PHS)

- The personnel capacity of the port health service (PHS) is based on the volume of shipping, see paragraph 13 of the IGV-DG; the minimum requirements are:
 - the ability to respond to incidents and reports at any time;
 - the ability to grant free pratique for passenger ships at any time and on-site
 - the ability to issue ship sanitation certificates daily and to perform any ship sanitation measures that may be associated with this.

1.3 Medical services including diagnostic facilities

Paragraph 1(a) of Annex 1 B of the IHR requires the capacity to provide access at all times

1. to an appropriate medical service including diagnostic facilities located so as to allow the prompt assessment and care of ill travellers and
2. adequate staff, equipment and premises.

Recommendation:

1.3.1 Key information

Key information relating to medical services, including diagnostic facilities, is in place at the port:

- a list of services and relevant facilities, including the names of the points of contact responsible and key information (address, telephone number, fax, email and, if appropriate, distance from port and map with directions) has been prepared, and is maintained and updated, distributed and regularly reviewed for accuracy;
- this list is up to date at all times and accessible to all the relevant staff

1.3.2 Staff

a. Person in charge of port health service (PHS) operations for medical events

Administrative arrangements and agreements are in place for

- 24 hours a day/7 days a week (24/7) accessibility or availability, whichever is appropriate, of a physician in charge from the port health service (PHS). This person assesses the situation, takes a prompt decision on the next steps and communicates all relevant findings in a timely manner.

b. Coordinating point of contact for the port health service (PHS) at the port

Administrative arrangements and agreements are in place for

- 24/7 accessibility or availability, whichever is appropriate, of a coordinating point of contact at the port, who is familiar with the structures and operations of the port, to implement the measures ordered by the person in charge of port health service (PHS) operations (1.3.2 a.). This coordinating point of contact is designated by the competent port control (second sentence of paragraph 13(9) of the IGV-DG).

c. Medical personnel

Administrative arrangements and agreements are in place for

- 24/7 access to trained and designated physicians and medical assistants, working on behalf of the port health service (PHS), prompt examination, interviewing, medical care and, if necessary, isolation of affected persons (ill or suspected of being infected).
 - At least: 1 physician and 1 medical assistant.
 - Response time: available in a timely manner when the ship berths if a Maritime Declaration of Health has been submitted in accordance with the rules and at least one of the health questions in the Maritime Declaration of Health has been answered in the affirmative.

d. Situation-dependent increase of personnel capacity

Administrative arrangements and agreements are in place for:

- rules governing the situation-dependent expandability of personnel, for instance by:
 - port health service (PHS) personnel;
 - physicians and medical assistants; and
 - emergency medical service personnel.

1.3.3 Equipment

Administrative arrangements and agreements are in place for:

- personal protective equipment (PPE) and aids for responding to a health risk;
- the availability (depending on the situation) of technical medical equipment for examination, initial treatment or therapy, prophylaxis (pre- and post-exposure, face masks), and the taking and transport of samples; and
- packaging for the transport of specimens or samples to appropriate diagnostic facilities or laboratories in accordance with the legal provisions.

1.3.4 Premises

a. Authorized access to the port

Administrative arrangements and agreements are in place for:

- permission for authorized access at all times by the medical service and/or the port health service (PHS) to restricted access areas and security restricted areas for the regular monitoring of ship and port sanitation and for responding to incidents and reports.

b. Initial medical assessment on the ship

Administrative arrangements and agreements are in place for:

- the determination of a suitable berth, should the need arise, with shore access at the port in question, taking into account the requirements of health protection and the nautical conditions (such as length, width, draught and type of the ship), see also paragraph 13(5)(1) of the IGV-DG.
- ensuring unrestricted access to the ship by medical personnel and the port health service (PHS);
- ensuring access restrictions to the ship for non-authorized persons;
- ensuring access to the berth for ambulances, fire engines, buses, etc.; and
- a defined and documented procedure, familiar to and practised by all parties:
 - for the examination and medical care of affected persons on board in the event of an incident, taking account of the continuation of ship operations;
 - for the isolation of affected persons on board in the event of an incident, taking account of the continuation of ship operations; and
 - for tracing contacts (paragraph 17(3) of the IGV-DG) in the event of an incident on board, taking account of the continuation of ship operations.

c. Premises/location for the storage of medical equipment in the terminal area

Administrative arrangements and agreements are in place for

- the situation-dependent use of suitable premises or the provision of a suitable location on the terminal site for the storage of the equipment required by the port health service (PHS) for the interviewing, examination and medical care of suspect or affected travellers in the event of an incident (see also paragraph (2) of the first sentence paragraph 13(5) of the IGV-DG)

d. Off-port medical services

Administrative arrangements and agreements are in place for:

- 24/7 admission to appropriate medical facilities, if necessary an isolation ward for the immediate examination of and provision of care to ill persons.

1.4 Transport of ill persons

Paragraph 1(b) of Part B of Annex 1 of the IHR requires the capacity to provide access at all times to equipment and personnel for the transport of ill travellers to an appropriate medical facility.

Recommendation:

1.4.1 Personnel

Administrative arrangements and agreements are in place for

- 24/7 access to trained and designated personnel to ensure the appropriate transport of ill persons to an appropriate medical facility.

1.4.2 Equipment

Administrative arrangements and agreements are in place for:

- provision of the necessary personal protective equipment; and
- 24/7 access to vehicles for the secure and hygienic transport of ill persons to an appropriate medical facility.

1.5 Ensuring a safe environment for persons at the port

Paragraph 1(d) of Part B of Annex 1 of the IHR requires the capacity to ensure, at all times, a safe environment for travellers using point of entry facilities, including potable water supplies, eating establishments, on-board catering facilities, public washrooms, appropriate solid and liquid waste disposal facilities and other potential risk areas, by conducting inspection programmes, as appropriate.

Recommendation (see also paragraph (3) of the first sentence of paragraph 13(5) of the IGV-DG):

1.5.1 Personnel

Administrative arrangements and agreements are in place for

- access to trained and designated personnel for monitoring sanitation and health protection at the port.

1.5.2 Equipment

Administrative arrangements and agreements are in place for:

- provision of the necessary personal protective equipment; and
- access to the necessary equipment, which ensures compliance with sound engineering practice and legal provisions (including hygiene, potable water, sewage, waste disposal).

1.5.3 Potable water supplies

Administrative arrangements and agreements are in place for

- a defined and documented procedure, familiar to and practised by all parties, for the provision of potable water, in accordance with the legal provisions of the Potable Water Regulations, as amended, and sound engineering practice.

1.5.4 Eating establishments and on-board catering facilities

Administrative arrangements and agreements are in place for

- a defined and documented procedure, familiar to and practised by all parties, for ensuring a safe environment in eating establishments, if such establishments exist, in accordance with legal provisions and sound engineering practice.

1.5.5 Public washrooms

Administrative arrangements and agreements are in place for

- a defined and documented procedure, familiar to and practised by all parties, for ensuring a safe environment in public washrooms, if such washrooms exist, in accordance with legal provisions and sound engineering practice.

1.5.6 Solid and liquid waste disposal

Administrative arrangements and agreements are in place for

- a defined and documented procedure, familiar to and practised by all parties, for the treatment and disposal of solid and liquid waste, especially with regard to waste that poses biological health risks, in accordance with legal provisions and sound engineering practice.

1.5.7 Corpses

Administrative arrangements and agreements are in place for

- a defined and documented procedure, familiar to and practised by all parties, for handling corpses and body parts, in accordance with legal provisions and sound engineering practice.

1.5.8 Carcasses

Administrative arrangements and agreements are in place for

- a defined and documented procedure, familiar to and practised by all parties, for handling dead animals, in accordance with legal provisions and sound engineering practice.

1.6 Inspection of conveyances

Paragraph 1(c) of Part B of Annex 1 of the IHR requires the capacity to provide, at all times, trained personnel for the inspection of conveyances.

Recommendation:

1.6.1 Personnel

Administrative arrangements and agreements are in place for

- 24/7 access to trained and designated personnel, who have attended regular refresher courses, for the inspection of conveyances, for instance to check for contamination

1.6.2 Equipment

Administrative arrangements and agreements are in place for:

- provision of the necessary personal protective equipment; and
- access to the equipment required for the inspection of conveyances.

1.7 Control of vectors and reservoirs

Paragraph 1(e) of part B of Annex 1 of the IHR requires the capacity to provide, at all times and as far as practicable, a programme and trained personnel for the control of vectors and reservoirs in and near points of entry.

Recommendation (see also paragraph (5) of the first sentence of paragraph 13(5) of the IGV-DG):

1.7.1 Personnel

Administrative arrangements and agreements are in place for

- 24/7 access to trained and qualified personnel for the control of vectors and reservoirs.

1.7.2 Equipment

Administrative arrangements and agreements are in place for:

- provision of the necessary personal protective equipment;
- access to the equipment required for the control of vectors and reservoirs; and
- regular check of the equipment (including service life, stock);[4]

1.7.3 Measures

Administrative arrangements and agreements are in place for:

- keeping the port area, including a radius of 400 metres, free of vectors and reservoirs by taking periodic measures to prevent and or control vectors and reservoirs in buildings and in the dock area.

2 Core capacities for responding to events that may constitute a public health emergency of international concern (PHEIC)

The core capacities required for "responding to events that may constitute a public health emergency of international concern" are set out in paragraph 2 of Part B of Annex 1 of the IHR. They are core capacities that should be in place or can be activated in the event of the occurrence of public health emergencies.

2.1 Response to events that may constitute a PHEIC

Paragraph 2(a) of Part B of Annex 1 of the IHR requires the capacity to provide appropriate public health emergency response for responding to potential PHEIC events by establishing and maintaining a public health emergency contingency plan, including the nomination of a coordinator and contact points for relevant points of entry, public health and other agencies and services.

Recommendation:

2.1.1 Communication

Administrative arrangements and agreements are in place for a defined and documented procedure, familiar to and practised by all parties:

- for providing situation-dependent information to travellers:
 - preparing multi-lingual handouts and posters in consultation with the competent authorities (for instance in German, English, French, Spanish and Russian);
 - providing the information, using screens, information panels and stands for handouts, among other things;
- coordinating public relations:
 - incorporating organizations and undertakings affected, while determining lead responsibility depending on the situation, into the authorities' crisis communication structure.

2.1.2 General assistance and support

Administrative arrangements and agreements are in place for

- ensuring the provision of general assistance and support to the persons affected and to persons waiting for them and relatives (including information, help with their onward journey, changing reservations, informing relatives, access to telecommunications).

2.1.3 Premises/location for an operations room for the port health service (PHS)

Administrative arrangements and agreements are in place for

- the use of suitable premises or a suitable location for an operations room for the port health service (PHS).

2.1.4 Contingency plan and standard operating procedures

A contingency plan (see also paragraph (4) of the first sentence of paragraph 13(5) of the IGV-DG) and standard operating procedures – coordinated with the competent public health authorities – are in place for:

- augmenting personnel capacity in the event of an incident (see also item 1.3.2 d.), for instance by:
 - port health service (PHS) personnel;
 - physicians and medical assistants;
 - emergency medical service personnel,
 - personnel from aid organizations; and
 - personnel from disaster relief organizations;
- the response times of the personnel required;
- depending on the hazardous situation, the number of required personnel per number of persons affected and hour;
- augmenting the equipment in the event of an incident (see also item 1.3.3 d.), for instance by:
 - personal protective equipment and aids for responding to a health risk;
 - the availability (depending on the situation) of technical medical equipment for examination, initial treatment or pre- and post-exposure prophylaxis (medicines, vaccines), the minimization of infection (for instance face masks) and the taking and transport of samples; and
 - packaging for the transport of specimens or samples to appropriate diagnostic facilities or laboratories in accordance with the legal provisions;
- adapting and/or updating existing contingency plans in consultation with all facilities and authorities involved;
- reviewing the contingency planning at least every two years (for instance map exercise, alerting exercise, practical exercise);
- a defined and documented procedure, familiar to and practised by all parties, for the identification of persons suspected of being infected or ill persons, for the provision of medical, social and organizational assistance to them and for their documentation;
- a defined and documented procedure, familiar to and practised by all parties, for medical entry and exit controls, e.g. colour coding; and
- a defined and documented procedure, familiar to and practised by all parties, with regard to priority access by medical or veterinary personnel (in particular the public health authorities) to security restricted areas of the port. It is recommended that the competent supervisory authority enable the staff of the port health service (PHS) regularly employed at the port and the vehicles they bring with them to have priority access to the security restricted areas of the port (case-by-case permission), taking account of legal provisions.

2.2 Assessment of and care for affected travellers or animals

Paragraph 2(b) of Part B of Annex 1 of the IHR requires the capacity to provide assessment of and care for affected travellers or animals in response to possible PHEIC events by establishing arrangements with local medical and veterinary facilities for their isolation, treatment and other support services that may be required.

2.2.1 Assessment of and care for affected travellers

Recommendation:

a. Personnel

Administrative arrangements and agreements are in place for

- adjusting the number of personnel employed, depending on the situation.

b. Equipment

Administrative arrangements and agreements are in place for

- adjusting the number and type of items of equipment deployed, depending on the situation.

2.2.2 Assessment of and care for affected animals

Recommendation as soon as live animals are transported at any given port:

a. Personnel

Administrative arrangements and agreements are in place for:

- 24/7 accessibility of the competent veterinary authority; and
- the veterinary authority to provide professional advice and/or take a decision on how to proceed.

b. Premises

Administrative arrangements and agreements are in place for:

- access to and provision of an isolation and examination room for affected animals;
- access to a veterinary facility (usually a veterinary hospital); and
- a defined and documented procedure for communication with the centres of veterinary excellence and for the assignment, transport and handover of affected animals.

2.3 Premises for interviewing suspect or affected persons

For responding to potential PHEIC events, paragraph 2(c) of Part B of Annex 1 of the IHR requires the capacity to provide appropriate space, separate from other travellers, to interview suspect or affected persons.

Recommendation:

2.3.1 Personnel

Administrative arrangements and agreements are in place for:

- adjusting the number of personnel employed, depending on the situation.

2.3.2 Premises

In the event of an incident, premises on board a ship may – after consultation with the ship's master – be used for interviewing suspect or affected persons. This must take account, as far as possible, of the continuation of ship operations.

In addition, administrative arrangements and agreements must be in place for

- the use of existing premises or the provisions of areas for the creation of premises in the vicinity of the berth.

2.3.3 Equipment

Administrative arrangements and agreements are in place for:

- adjusting the number and type of items of equipment deployed, depending on the situation.

2.4 Quarantine of suspect travellers

For responding to potential PHEIC events, paragraph 2(d) of Part B of Annex 1 of the IHR requires the capacity to provide for the assessment and, if required, quarantine of suspect travellers, preferably in facilities away from the point of entry.

Recommendation:

Administrative arrangements and agreements are in place for a defined and documented communication procedure, familiar to and practised by all parties, for the situation-dependent:

- quarantine of suspect travellers in the event of an incident on board a ship, taking account of the continuation of ship operations; and
- use of properly functioning facilities provided for in the contingency plans.

2.5 Implementation of recommended measures

For responding to potential PHEIC events, paragraph 2(e) of Part B of Annex 1 of the IHR requires the capacity to apply recommended measures to disinsect, derat, disinfect, decontaminate or otherwise treat baggage, cargo, containers, conveyances, goods or postal parcels including, when appropriate, at locations specially designated and equipped for this purpose.

Recommendation (see also paragraph (5) of the first sentence of paragraph 13(5) of the IGV-DG):

By order of the competent public health authority, the entity responsible in any given case shall conduct, if appropriate, disinsection, deratting, disinfection, decontamination or any other necessary treatment, in accordance with legal provisions and sound engineering practice.

The implementation of control measures may relate to:

- conveyances (especially ships and vehicles);
- port installation buildings;
- open spaces in the port;
- baggage;
- containers and cargo.

Administrative arrangements and agreements are in place for

- the safe storage, decontamination or destruction of objects, in consultation with the competent authority.

2.5.1 Personnel

Administrative arrangements and agreements are in place for

- access to trained and qualified personnel for the appropriate and prompt implementation of recommended measures (cleaning, disinsection, deratting, disinfection, decontamination or any other necessary treatment), in consultation with the competent authorities;

As far as possible, the measures are to be concluded during the scheduled berthing period, or there should at least be a final appraisal of the measures required.

2.5.2 Premises

Administrative arrangements and agreements are in place for:

- the safe storage, decontamination or destruction of objects, in consultation with the competent authority.

2.6 Medical entry and exit controls

For responding to potential PHEIC events, paragraph 2(f) of Part B of Annex 1 of the IHR requires the capacity to apply entry or exit controls for arriving and departing travellers.

Recommendation:

2.6.1 Personnel

Administrative arrangements and agreements are in place for:

- 24/7 access to designated personnel at the port who take, coordinate, implement and, if necessary, enforce key decisions to implement orders issued by the competent authority.

2.6.2 Organizational management

Administrative arrangements and agreements are in place for:

- the organizational management of medical entry and exit controls; and
- a situation-dependent, defined and documented procedure, familiar to and practised by all parties, for medical entry and exit controls.

2.7 Transfer of travellers who may be carrying infection or contamination

For responding to potential PHEIC events, paragraph 2(g) of Part B of Annex 1 of the IHR requires the capacity to provide access to specially designated equipment and to trained personnel with appropriate personal protection for the transfer of travellers who may be carrying infection or contamination.

Recommendation:

2.7.1 Personnel

Administrative arrangements and agreements are in place for

- 24/7 access to trained and designated personnel to ensure the appropriate transfer of travellers who may be carrying infection or contamination to specially designated equipment (for instance quarantine facility).

2.7.2 Equipment

Administrative arrangements and agreements are in place for:

- provision of the necessary personal protective equipment; and
- 24/7 access to vehicles for the safe and hygienic transfer of travellers who may be carrying infection or contamination to specially designated equipment.

3 Contact tracing

Paragraph 1 of Article 18 of the IHR states that the WHO may issue recommendations to States Parties with regard to tracing the contacts of suspect or affected persons.

Recommendation (see also paragraph 17(3) in conjunction with paragraph 12 of the IGV-DG):

Administrative arrangements and agreements are in place for:

- the prompt provision of passenger manifests with contact data by the ship's master or the tour operator to the competent local health authority, in accordance with the legal provisions (paragraph 17(3) in conjunction with paragraph 12(5) of the IGV-DG);
- the distribution of passenger locator forms (PLFs), possibly by order of the local health authority (paragraph 17(3) in conjunction with paragraph 12(3) of the IGV-DG; standardized passenger locator forms as referred to in Annex 1a of the IGV-DG are to be kept available at the port health service (PHS).
- a defined and documented procedure, familiar to and practised by all parties, for tracing contacts; and
- designated, qualified personnel for processing, digitization, tracing and contacting;

Note: The local health authority may only use the data collected under the Protection against Infection Act for the performance of its duties set out in that Act, and is thus responsible for compliance with privacy laws.

4 Training and drills

Administrative arrangements and agreements are in place for:

- a programme of basic and advanced training for all parties involved in operations;
- familiarity of all designated persons with their area of operation, procedures, documentation requirements and regulations, to be demonstrated in practical drills;
- proficiency of the personnel in the use of personal protective equipment;
- a defined and documented procedure, familiar to and practised by all parties, for precautionary vaccination and pre- and post-exposure prophylaxis; and
- knowledge of the epidemiological situation at the port (including knowledge of the general risks to public health that are discovered in the course of routine inspections and knowledge of the usual risks to public health that are associated with the type, size, origin and destination of the ships).

5 Exchange of experience and evolution of core capacities

A regular exchange of experience (for instance in the Working Party of the Coastal Federal States) and the continuous evolution of the core capacities that have to be available at all times and of the

core capacities that are additionally required for responding to potential public health emergencies of international concern at points of entry are advisable.

6 References

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5. **Protection against Infection Act of 20 July 2000 (Federal Law Gazette I, p. 1045).** Internet: <https://www.gesetze-im-internet.de/ifsg/>.
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