



**Guidelines/ Standard Operating Procedures for
International Flights inbound to Pakistan in wake of
Novel Coronavirus (2019-nCoV)**

GOVERNMENT OF PAKISTAN

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Guidelines/SOPs for International Flights inbound to Pakistan

Background

In view of the current outbreak for novel-corona virus, it is important to understand that human to human transmission has been established across various countries. It is therefore important that measures to limit the spread of the virus are taken ensuring control in earlier phase of the possible outbreak. This document shall serve as guidelines/SOPs for both the authorities and health officials in understanding the steps that need to be undertaken in due time.

Preparations-Administrative and Logistics- “Victory Loves preparation”

It is of utmost importance that preparations are made well before the execution is expected;

- ❖ Average number of International flights in the past couple of years for understanding the load.
- ❖ Segregating flights with bigger risk and ensuring maximum workforce in the instances of arrivals of those flights.
- ❖ Weekly schedule of all the flights to be available with details such as;
 - Origin and route
 - Time of Departure and arrival
 - Type of aircraft to assess the number of passengers.
- ❖ Demarcation of stations, Rooms, and sitting areas.
- ❖ Equipment types and numbers such as thermal scanners
- ❖ Identification of competent staff from the the current stock, or urgent hiring for ensuring continuity.
 - Personnel at health counters
 - Doctors
 - Nurses
 - Paramedics
 - Data operators
- ❖ Detailed trainings with refreshers of all the staff and clear guidelines for their roles and responsibilities.
- ❖ Establishing coordination between
 - FIA
 - ASF
 - CAA
 - CHE
 - ED/Directors of the Hospitals
 - LEAs
 - Ministry/Departments of Health



Operations

Once administrative and logistic requirements are met, operational modalities would need exact specifications with responsible following is what is recommended;

Flights Type

The flights will be broadly categorized in to

1. Flights bringing direct passengers from China and or Connected flights from China.
2. International flights originating/ en route other than China.

STEP-1: Inside the Plane- Before landing

- The flight crew shall make an announcement (Sample announcement annexed) for filling in the Declaration form which will be mandatory to the entry inside Pakistan.
- Declaration form (Annexed) will need to be duly filled by all passengers, in the instances where the flight is coming directly from China and or the crew is of Chinese origin will also be mandated to fill in the forms.
 - CAA shall ensure a uniform declaration form to be used by all airlines landing in any airport of Pakistan internationally.

STEP-2 First contact after Disembarking- “Thermo Scanners/Thermal Guns”

- All passengers should be in cue and will be undergoing Thermo scanning.
- At the reception the scanning, CHE shall place its quarantine assistant/s for evaluating the results (Health Counters).
 - Passenger with detection of fever shall bypass the next step and reach the on duty medical officer with the help of either CAA or the Quarantine assistant.
 - Passengers with no fever shall proceed to Health counters.

STEP-3 Health counters “Segregation”

- Health counters shall serve as a point of first contact for the passengers with their filled in declaration forms after undergoing thermal scanning either through the scanners or Thermal Guns.
- Each Health post will be managed by a Quarantine assistant and or Paramedic. The health posts number shall depend on the type of Plane in arrival and the number of passengers on board.
- Filled Declaration forms shall be collected at the counters and analyzed as per the questions helping segregation and preliminary decisions
- The content of the form shall segregate the passengers as;
 - Symptoms.
 - The relationship between origin, embarking and nationality in the backdrop of not more than the last 14 days of the concerned passenger in China.
 - Pakistani and other international Passengers with no history of travel and are asymptomatic.



- Passengers of Chinese origin and are state employees- 14 days positive history of travel/stay in China
- Passengers of Chinese origin and are here on terms of business, travel etc-14 days positive history of travel/stay in China
- Pakistani and other international. - 14 days positive history of travel/stay in China

STEP-4 Assessment of passengers as per their segregation

Asymptomatic- Having No Symptoms

- ***Passengers of all nationalities with no symptoms and have no history of travel to China within 14 days***
 - All Such passengers will submit their cards at health counters and will travel directly to the normal immigration counters
 - This process of directing these individuals to immigration counters will be done by CAA.
- ***Passengers of Chinese Origin and are state Employees, History of Travel/Stay in China -14 days***
 - As per the agreement with Chinese government, such passengers will have already undergone exit scanning and 14 days quarantine before embarking.
 - After reaching Pakistan it has been agreed that they shall be under observations for the first 14 days ensuring strict surveillance.
 - Their declaration cards and relevant information will be used for tracking and tracing.
 - A call from the surveillance team every 48 hours for updates till 14 days.
 - They will proceed to Immigration counters and will be escorted by CAA staff to a specific counter established in coordination with FIA.
- ***Passengers of Chinese Origin and are travelers, students Businessmen etc., History of Travel/Stay in China -14 days***
 - Other Chinese who have traveled, directly and or indirectly (14 days) from China would need to be briefed at health counters on
 - Ensuring that valid addresses and their active contact numbers of Pakistan are acquired at Health counters.
 - Ample amount of briefing be provided for understanding the risk and at the same time importance of early detection via IEC staff deputed at Health counter.
 - Their parent institution, business venture and institution addresses be duly noted at Health Counters.
 - A call every 48 hours be placed for ensuring updates.
 - They will proceed to Immigration counters and will be escorted by CAA staff to a specific counter established in coordination with FIA.
- ***Passengers of Pakistani or any other Origin- History of Travel/Stay in China -14 days***
 - Pakistani and other internationals who have had a relevant history of travel /stay in China for the past 14 days will undertake the following at Health counters



- Ensuring that valid addresses and their active contact numbers of Pakistan are acquired.
- Ample amount of briefing be provided for understanding the risk and at the same time importance of early detection.
- A call every 48 hours be placed for ensuring updates.
- They will proceed to Immigration counters and will be escorted by CAA staff to a specific counter established in coordination with FIA.

Symptomatic- Having the Symptoms

As per the current available guidelines of WHO (Disease spread, signs are not completely known therefore the definitions may evolve), either of the following should initiate the protocols of suspicion of corona virus;

- a. *Fever*
- b. *Cough*
- c. *Difficulty in breathing*

If either of these symptoms are coupled with a recent (14 days) history of travel to China, then the diagnosis excluding corona virus must be ensured. Following shall be the sequence of events;

- i. The suspected patient if identified by Thermo scanner, must report directly to the trained medical officer for brief history.
- ii. If the Thermo scan fails to identify but the health check-post assistants and the declaration form helps in identification, then a Quarantine assistant/paramedic must escort the passenger to the Medical officer for further review and action.

The medical officer shall tally his/her findings with the history of the passenger and in case of suspicion initiate the following;

- i. Immediate provision of mask to the passenger.
- ii. Reporting to the CAA and FIA officials on spot along with the Psychologist.
- iii. History of the passengers encompassing the investigation of close relatives/ family on board
 - a. If yes than examine them immediately with provision of masks to them.
 - b. Conduct awareness session and brief on the situation in case they are asymptomatic and the mechanism of trace and track will be initiated, however this time it will be every 24 hours, keeping in view the direct exposure pre-diagnosis/isolation.
- iv. Assist the Psychologist for counseling session on the disease modality and current protocols for such patients thereby instilling confidence and facilitating evacuation.
- v. Coordinate with CAA to locate the relatives of the passenger for ensuring the management of the luggage and updates on the condition of the passenger.
- vi. CAA shall also inform ASF for securing the place where the passenger is seated.
- vii. The Supervisory tier of medical professionals shall than coordinate with:
 - a. Rapid Response Team (Details annexed of the team and its SOPs)
 - b. Designated hospital Focal point for arrangements for Isolation at least 30 minutes before arrival.



- viii. The ASF shall than escort the passenger/suspect to the ambulance (Already deputed as per plan).
- ix. Ambulance shall have protective equipment and at the same time a qualified paramedic.
- x. A police escort shall be waiting outside the airport for evacuating the passenger to the designated health facility.
- xi. In case of more than one passenger with suspicion of the corona virus, multiple ambulances might be required therefore an assessment based on the need be done to ensure smooth running.
- xii. Finally, all staff coming in contact with a suspected case shall ensure full protection and ideally PPE needs to be used by Doctors/psychologist/ CAA and ASF officials.

Asymptomatic from Hubei Province in general and Wuhan in specifics¹

Passengers (Students/Travelers - Pakistani or other internationals excluding Chinese*) from Wuhan/ Hubei province will be placed under observation for 24-48 hours (Depending on the advisories by teams on ground and infectious disease specialists) at facilities designated for observation.

- Detailed counseling of the families/relatives for ensuring understanding of the issue at hand.
- All measure pertaining to detailed examination and diagnosis will be followed, which shall include sampling from all concerned.
- Post 24-48 hours and diagnostics their isolation or observations will be decided as in the aforementioned document under the heading of asymptomatic and symptomatic passengers.
- The only difference will be the tracing and tracking/ communication on once every 24 hours basis via surveillance units with the concerned passengers.

Overall precautions pertaining to the spread shall be observed by all the staff concerned in these guidelines. It is also important that if any of the staff member during this cycle of SOPs has symptoms of the disease post exposure has to be reported at the earliest and isolated as per protocols. IEC material has to be explained to the staff at the airport during detailed briefs and at the same time measures ensured for the aircraft crew. Roles and responsibilities will be added as per the SOPs.

STEP-5 DATA Collation

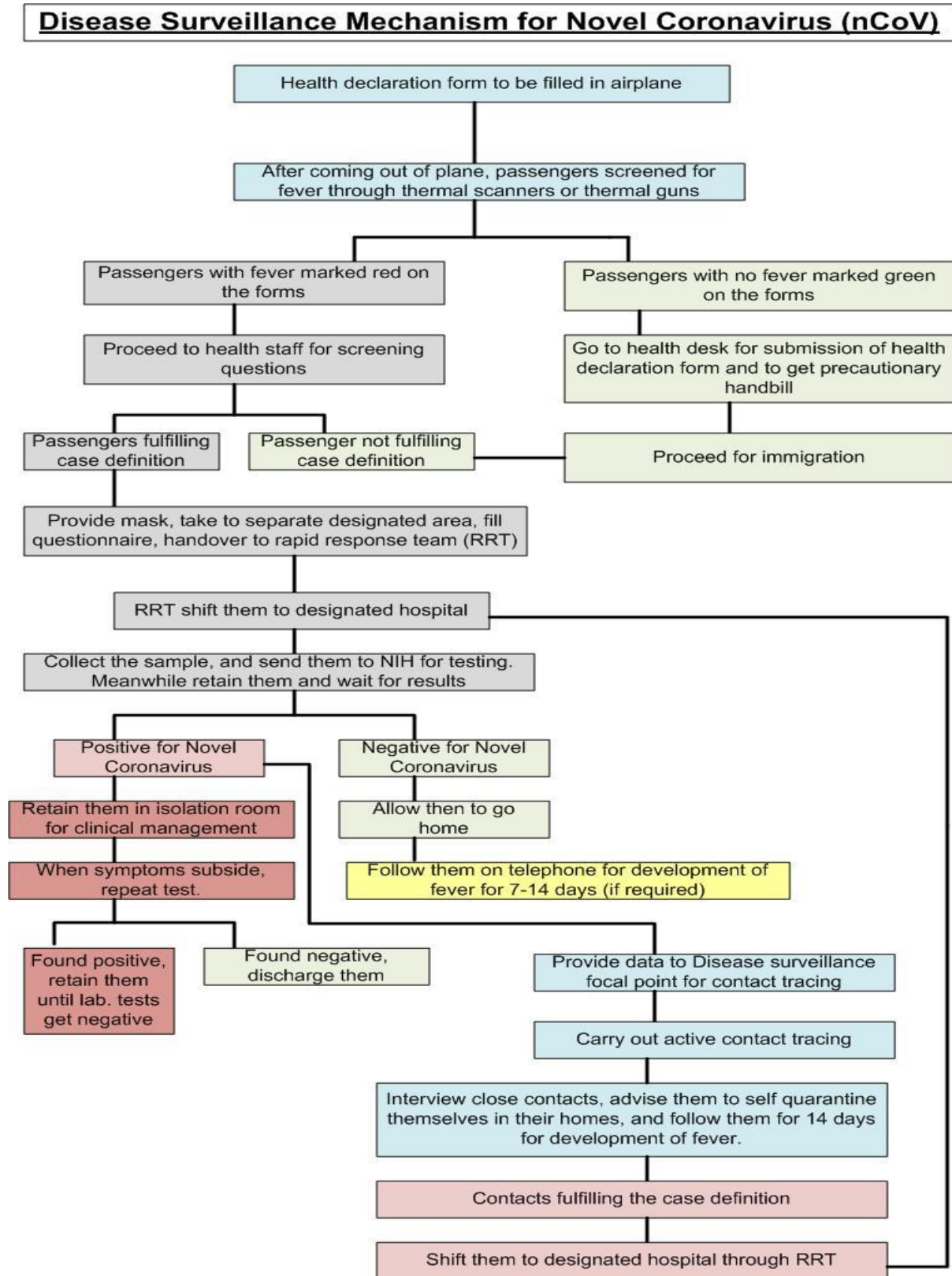
- Data punching operators would be required for ensuring that all information's on the declaration cards are entered within 1-2 hours of the flight operations.
- In case of a positive case of Corona virus, the exposure to passengers on flight are maximum, therefore coordination needs to be established with PTA, so that information of the case must be transmitted to the mobiles of all on board (from the specific flight) via an SMS, enabling passive surveillance, better isolation/quarantine of the fellow passengers and good community messaging as well as early case detection.

¹ On the recommendations of the Infectious disease control, Hospital care and Prevention.

*Chinese State employees/travelers will be managed as mentioned in point 1 of the document.



SUMMARY OF WORKFLOW:





DETAILED WORKFLOW WITH INFOGRAPHS

Flights from China

1. Flights bringing direct passengers from China and or Connected flights from China. 0
2. International flights originating/ en route other than China. 0
 Flights with additional risk, need more HR *

For every Flights needed detail:

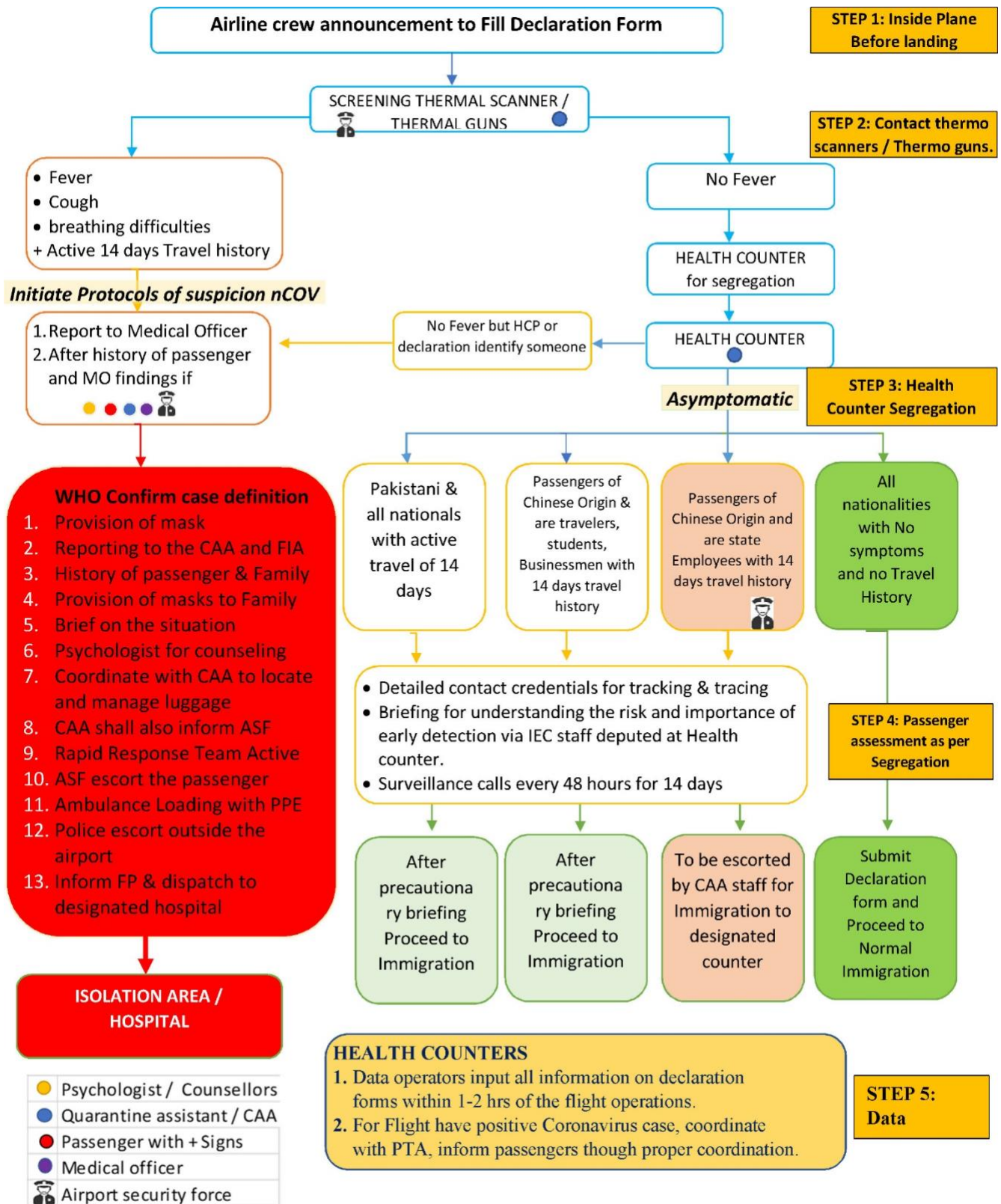
- o Origin and route
- o Time of Departure and arrival
- o Type of aircraft and tentative number of passengers.

Days	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Number of Flights							
Number Passengers							

EXTRA FORMS, SITTING AREAS, WASHROOMS, ASSISTANCE IF SOMEONE HAS NOT FILLED THE FORMS

PASSENGER MOVEMENT TOWARDS ARRIVALS

LANDING (STAFF AT POINT OF ENTRY, GATE, DRIVER, ANY AIRPORT PERSONAL IN CONTACT WITH THEM SHALL HAVE GLOVES AND MASK)





ANNEXES

ANNEXURE 1. SOP for Screening Team

Standard operating procedure for Screening Team

1. Purpose:

Purpose of SOPs is to provide framework for formulation and operations of Screening Team to response for Novel Coronavirus emergency

2. Composition of Rapid Response Team:

- Team Leader (Airport Health Officer)
- Medical Management personnel (doctor and/nurse)
- Logistician
- Environmental health specialists
- Hazardous material teams
- Psychosocial support experts
- Communication expert
- IT support / Administrative Staff
- Ambulance Team

3. Procedure:

- i. Team lead will prepare operational plan about how to screen flight before arrival of the flight
- ii. Team will lead will brief the team, and assign roles and responsibilities to every team member
- iii. Upon arrival of flight screening personnel will welcome the passengers, take their health declaration forms, check fever through thermal guns, mark red or green on the form, and then guide them to relevant counter.
- iv. Psychosocial experts on health counter will counsel the passengers and handover necessary IEC material to them.
- v. Medical management personnel will carry out preliminary interview of the suspected case as per case definition and assess whether the passenger fulfil criteria of suspected case or not.
- vi. If passenger do not fulfil criteria of suspected case, then they will guide them to health counter.
- vii. If passenger fulfil the criterial of suspected case then they will provide mask to passenger and ask psychosocial expert to counsel them.
- viii. Medical management personnel then inform team lead.
- ix. Team lead will inform Rapid Response Team (RRT) and take suspected case to separate room / area.
- x. Team lead will make necessary arrangements before arrival of RRT.



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- xi. IT support / Administrative Staff will carry out necessary administrative procedure with immigration and airport administration.
- xii. Communication expert will talk to family or persons who came to receive the passenger and counsel them.
- xiii. If required communication expert will communicate with media also.
- xiv. If necessary, ambulance team will take suspected case to another retention area near airport whether RRT will arrive and carry out their required procedures.
- xv. Team lead will remain in coordination with RRT for further procedures.



ANNEXURE 2. SOP for Rapid Response Team

Standard operating procedure for Rapid Response Team

4. Purpose:

Purpose of SOPs is to provide framework for formulation and operations of Rapid Response team (RRT) to response for Novel Coronavirus emergency

5. Composition of Rapid Response Team:

- Team Leader (DHO / need based)
- Medical Management personnel (doctor and/nurse)
- Epidemiologist/Surveillance Officer
- Communication expert
- Logistician
- Laboratorians
- Infection Prevention and Control expert
- Psychosocial support experts
- Environmental health specialists
- Hazardous material teams
- Media expert
- IT support / Administrative Staff
- Ambulance Team

6. Procedure:

- xvi. Preparation for field work and briefing to the team.
- xvii. Team lead assign and clarify roles and responsibilities to every team member
- xviii. Upon receipt of information from Airport health department (CHE), Team lead will communicate with all relevant stakeholder and inform about time of departure and time of arrival from destination to airport and from airport to hospital.
- xix. Team will arrive at airport as per plan laid out on need basis.
- xx. Team lead will coordinate / report to airport health department and take all relevant details.
- xxi. Medical management personnel will approach suspected case in PPE, and take passenger to ambulance
- xxii. Psychosocial support experts will carry out counselling of the suspected case, his family members, general passengers, airport staff etc.
- xxiii. Media expert will handle media if required
- xxiv. IPC team and hazardous control team will disinfect the area and safely dispose of waste if required.
- xxv. IT support / Administrative Staff will conduct relevant administrative procedures with CHE, airport authorities, immigration and other relevant stakeholders.



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- xxvi. Ambulance team will coordinate with designated hospital focal point or relevant staff for arrival time of patient to make necessary arrangements.
- xxvii. Medical management personnel will coordinate with focal person of hospital and provide all information and necessary instruction as required.
- xxviii. Epidemiologist / Disease Surveillance Officer will take all relevant data of the suspected case, and close contacts.
- xxix. Team lead will ascertain that all the relevant procedures will be followed before leaving airport
- xxx. Normalcy on airport will be maintained and no routine process will be halted.
- xxxi. Team lead will share data with relevant stakeholders.
- xxxii. Team lead will debrief to the team and give more instruction to team on basis of gaps if identified during the work.



ANNEXURE 3. SOP for Disease Surveillance Team

SOP for Disease Surveillance Team

7. Purpose:

Purpose of SOPs is to provide framework for formulation and operations of Disease Surveillance Team to response for Novel Coronavirus emergency

8. Composition of Rapid Response Team:

- Team Leader (TSO FELTP / need based)
- Medical Management personnel (doctor and/nurse)
- Epidemiologist/Surveillance Officer
- Communication expert
- Logistician
- Laboratorians
- Infection Prevention and Control expert
- Psychosocial support experts
- Environmental health specialists
- Hazardous material teams
- Media expert
- IT support / Administrative Staff
- Ambulance Team

9. Procedure:

- xxxiii. Preparation for field work plan and briefing to the team.
- xxxiv. Team lead assign and clarify roles and responsibilities to every team member
- xxxv. Upon receipt of information from Rapid Response Team (RRT), Team lead will communicate with all relevant stakeholder and inform about plan for contact tracing.
- xxxvi. Team lead will all relevant details from RRT.
- xxxvii. Logistician will make all the necessary logistic arrangements
- xxxviii. Team will go to the area of residence of close contacts of suspected case as per plan laid out on need basis.
- xxxix. Epidemiologist conduct active contact tracing and use questionnaire developed by MoNHSRC, NIH & CHE or use standard WHO guidelines.
 - xl. Medical management personnel will carry out preliminary examination of close contact and assess whether the contact need to be hospitalized or quarantined at home.
 - xli. Psychosocial support experts will carry out health awareness and education session in the community.
 - xlii. Media expert will handle media if required.



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- xl.iii. IPC team and hazardous control team will disinfect the area and safely dispose of waste if required.
- xl.iv. IT support / Administrative Staff will conduct relevant administrative procedures with CHE, airport authorities, immigration and other relevant stakeholders.
- xl.v. Ambulance team will coordinate with designated hospital focal point or relevant staff for arrival time of patient to make necessary arrangements.
- xl.vi. Medical management personnel will coordinate with focal person of hospital and provide all information and necessary instruction as required.
- xl.vii. Team lead will ascertain that all the relevant procedures will be followed before leaving the area.
- xl.viii. Normalcy in the area will be maintained and no routine work will be halted.
- xl.ix. Team lead will share data with relevant stakeholders.
 - 1. Team lead will debrief to the team and give more instruction to team on basis of gaps if identified during the work.