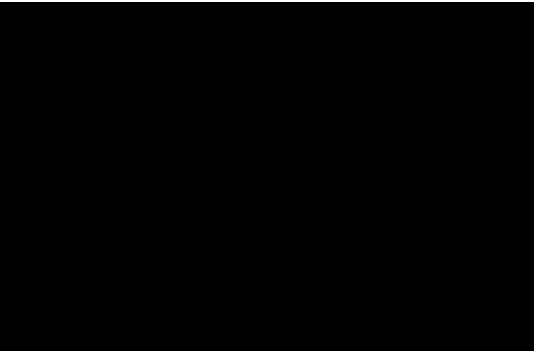


19 February 2020



Re: Official Information Act request – Airport ill traveller exercise

I refer to your Official Information Act request dated 29 January 2020 requesting the following information:

- 1. Auckland Regional Public Health Service's debrief report on its September Ill traveller exercise at Auckland International Airport, and,**
- 2. Any memos, reports or briefing notes, including drafts, prepared by officials relating to the exercise.**

I am responding from Auckland District Health Board (ADHB) as the DHB responsible for Auckland Regional Public Health Service (ARPHS).

ARPHS provides public health services to all three metro Auckland District Health Boards – Waitemata District Health Board, Counties Manukau Health and Auckland District Health Board, and the populations they serve. ARPHS's core role is to protect and promote public health.

Further to your request please find attached the following relating to the September Ill traveller exercise at Auckland International Airport:

1. ARPHS' 'Ill traveller Exercise September 2019 Stakeholder Debrief' Reflection and Recommendations report, December 2019 (Attachment A)
2. The following memos, reports and/or briefing notes:
 - Exercise Ill Traveller 2019 – Briefing and Disclaimer (Attachment B)
 - Exercise 'Ill Traveller' 2019 Master (Attachment C) – Please note that mobile contact numbers have been redacted from this document in terms of section 9(2)(a) protect the privacy of natural persons.
 - Ill traveller script (Attachment D)
 - Actors script (Attachment E)

- Ill traveller 2019 Exercise Information Sheets:
 - Information for people who have been on an aircraft with an unwell person (Attachment F)
 - Information for people who have had close contact with a suspected case of Ebola (Attachment G)
 - Measuring your temperature (Attachment H)
- Summary of recent ill traveller Exercise at Auckland International Airport (Attachment I)

You are entitled to seek a review of the response by the Ombudsman under section 28(3) of the Official Information Act. Information about how to make a complaint is available at www.ombudsman.parliament.nz or freephone 0800 802 602.

Please note that this response, or an edited version of this response, may be published on the Auckland DHB website.

Yours faithfully



Ailsa Claire, OBE
Chief Executive

Ill Traveller Exercise September 2019 Stakeholder Debrief

Reflection and Recommendations

2nd December 2019

Following Exercise Debrief. Final Report

Author: Keith Suddes

<https://arphs.hanz.health.nz/sites/BusSup/OfficialInformationActOIARequests/2020 OIAs/OIA 511 Simon Maude - Airport ill traveller exercise - Jan/III Traveller Exercise Response Reflection final report 12122019.docx>

Executive Summary – Key recommendations from debriefs (top three)

1. Risk reduction

A full response and use of Gate lounge, to triage passengers, may add additional risk to passengers and responding staff.

Clarification on various response options should be identified in the Protocol

2. Protocol Review

Review existing documentation to ensure it is user friendly, fit for purpose and aligned with stakeholder guidance.

3. Training Package

Ensure response staff are appropriately trained to manage such events.

Clarify, through protocol and training, the stakeholder roles and responsibilities during a response.

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1. Scope of this report

The recommendations, in this document, reflect the stakeholder response to an 'Ill Traveller' situation at Gate 16 of the Auckland International Airport terminal.

The feedback from the exercise debrief is summarised below.

2. Positive feedback

- All stakeholders acknowledged that the provision of an aircraft, by Air NZ, brought realism to the exercise and provided valuable insight into the issues likely to be faced.
- A very valuable exercise which the Airport should carry out on a regular basis.
- Thank you to all participants. Some valuable information gathered to assist with future planning.

3. Exercise Limitations and Issues

a. Stakeholder Briefings

- Some stakeholders required more time and information to prepare / pre-plan for the exercise. Additional meetings and discussions should be considered.
- Prior communication, with airport stakeholders, to explain the exercise and any expectations around the airport on the day.
- All stakeholders to provide their staff with pre-brief. Host agency can provide information and assistance with this, if required.

b. Exercise Script

- Set-up of gate 16 was delayed. Access to tables and chairs was slow.
- The provision of an aircraft, by Air NZ, added realism to the exercise which provided some valuable insights into issues stakeholders may face. E.g. damage to paper suits (PPE) while walking up and down metal stairs to aircraft.
- IMPORTANT – all participants must be briefed, prior to exercise beginning – NO taking photographs OR use of photographs is prohibited unless express permission is provided by participating stakeholders.
- Due to delay in exercise start (operational limitations) not all objectives of this exercise were fully tested i.e. triage of passengers at Gate 16.
- All participants are encouraged to stick to script so as not to confuse the objectives.

c. Request for Volunteers

- There was some confusion around volunteer participation and where to go on the day of the exercise.
- Consider the number of volunteers required to meet exercise objectives. Why 100 when 20 may still achieve objective. The exercise is about testing / challenging agencies NOT passengers.

4. **Observations** *(corrective actions have been collated into categories – top 3 actions for each category have been identified in table below)*

a. **Management of Response**

- There is 'possible risk' associated to a gate response.
- There should be consideration to triage / assess passengers on board reducing the need for full gate set-up.
- We cannot assume that the larger group will always be those unlikely to be sick e.g. recent flight where 100 of the 150 passengers were believed to be ill.
- Contingency planning – passengers attempting to leave the plane due to unrest, panic or disorder.
- Those less affected are more likely to be disruptive than those who are ill. So dealing with the well passengers as quickly as possible should reduce their intolerance of the situation.
- Clear chain of command to be visible at EOC and the Gate. Agencies know who to go to for information, advice and direction.
- There are clearly 4 defined groups during the triage phase:
 1. Those passengers who are ill
 2. Any travel companions of the ill passengers
 3. Passengers who sat close to or interacted with the ill passengers (this will include air crew)
 4. Those unexposed
- Group 4 above still require information and must be assessed to ensure all passengers have been correctly triaged and placed in correct group.

b. **Planning**

- Review of existing processes, protocols, plans and other existing documentation.
- Develop and deliver 'fit for purpose' documentation and supporting material.

c. **Intelligence**

- EOC is central to all collated information and provides intelligence to decision makers.
- All staff to be encouraged to challenge information and ask questions to gather more intelligence around WHY should the Ill Traveller protocol be activated.

d. **Logistics**

- Some stakeholders were delayed / late in attending the EOC at the beginning of the exercise, when their input would have been valuable.
- Access to passenger manifest as soon as practicable would be very useful.

- Gate 16 is an appropriate 'default' gate due to its location and size. Basic plans for this gate should be considered for set-up to triage and receive passengers.
- Provision of 'grab bags' with resources required to set-up gate lounge i.e. arrows, notices, directions etc

e. Operations

- Ensure a systemised, controlled disembarkation from the plane to the receiving gate. Limit the numbers (groups) of passengers coming into the gate at any one time. *E.g. groups of 10 at a time to help with triage rather than all at once.*
- Information, essential to the decision making process, to activate the Ill Traveller protocol MUST go through the Incident Control Room (ICR) at AIAL in order for the ICR to collate all information and provide intelligence to decision makers – including the Medical Officer of Health.
- Creation of appropriate 'check lists' to assist staff receiving a notification and enable them to challenge /ask questions to clarify reason for protocol activation.
- Provide clarity around distances (disease dependent). Personal space safety.
- Whilst post event cleaning was not part of the 'scope' of this exercise it was felt by some stakeholders that cleaning process needed clarification.
- Emergency operations Centre specific feedback:
 - Initial phone call to Medical Officer of Health was unsuccessful. A text was sent to alert MOH of exercise beginning.
- Further discussion to take place around earlier release of passengers back into the BAU system once assessed. This will include NZ Customs. This is not a quick process, however, as all passengers MUST be re-assessed, at the gate, to ensure they have been triaged correctly.
- Gate set-up should begin as soon as possible and can be accommodated by all agencies taking direction from Lead agency.
- Ensure appropriate AIAL staff are identified in order to access resources required to set-up gate lounge.
- The 'strip down' of the gate following an event is as important as the set-up.

f. Welfare (Health, Safety, Security & Wellbeing)

- Clarity around appropriate PPE – personal protective equipment was requested by some stakeholders. What to wear and when?
- Standardising PPE so that all agencies have the same equipment and masks etc.
- Consider the wellbeing of passengers during such an event especially IF this was a long-haul flight.

g. Communications

- The use of certain words and terminology requires clarification e.g. quarantine..
- Use of acronyms and their meaning – MOH is Medical Officer of Health and NOT Ministry of Health as sometimes communicated.
- Access to personal radios is essential to allow for communication between key agencies.
- Be mindful of using words such as Ebola during communications with passengers as this may cause concern.
- Questions rose around communicating with passengers who do not speak English and how we would get interpreters / translators to assist.

5. Training

- A number of agencies agreed that additional training is required to ensure all stakeholders are prepared and ready for an event of this nature. See topics below:
 - Ill Traveller Protocol – What is an Ill traveller?
 - Following an activation of the Protocol – what is the correct course of action and what part does each stakeholder play?
 - Basic layout of a gate lounge and set-up practice
 - Donning and Doffing drills for PPE
 - Etiquette around EOC participation – roles and responsibilities and CIMS functions
- E-Learning modules, to be developed, to cover some of the above topics

6. Documentation

- Existing documentation, while comprehensive, requires a review to ensure it is user friendly and provides stakeholders with clarity. All documents must also be aligned across agencies.

7. Corrective Actions (Table format)

Function	Description	Action	Sponsor	Timeline	Comments
Management	Risk Reduction	Clarification of the 4 Groups for triage. Realisation that a full response and use of Gate lounge to triage passengers adds additional risk.			
	Chain of Command	Clearly identify at EOC and Gate lounge who is in charge. They will provide information, advice and direction for stakeholders and passengers.			
Planning	Triage process	Ensure passengers are introduced to gate lounge in a controlled manner. Suggest groups of 10 at appropriate intervals.			
	Review Protocol	Review existing documentation to ensure it is user friendly, fit for purpose and aligned with stakeholder guidance.			
	Create Protocol supporting material	Ensure support material is developed to provide training and guidance on Protocol			
	Develop layout plans, guides, forms and templates	Reflect on 'best practice' and ensure future documentation is available in appropriate formats			
Intelligence	Data management	Ensure the Protocol reflects the need			

				for all information to be channelled through the Incident Control Room (ICR) at AIAL			
	Information Sources			Empower staff to question / challenge information to ensure the Protocol should be activated.			
	Use of Default Gate 16			<ul style="list-style-type: none"> Provide a basic layout / set-up of gate 16 for stakeholders responding Ensure resources are available to meet needs 			
Logistics	Facilities			All requirements for Gate 16 and back up (Gate 4) are in place			
	Other resources			Develop 'Grab Bags' with signage, arrows, notice boards and directions to assist with gate lounge triage set-up			
Operations	Triage at gate lounge			Ensure passenger movement is strictly managed to allow the gate staff to cope with numbers arriving. Groups of 10, staggered arrival			
	EOC roles and responsibilities clearly defined			Provide clarity for function managers, response team and participants around EOC etiquette and engagement			
	Occupational Health & Safety			Identify appropriate PPE equipment and ensure all agencies have access and training on use e.g. donning and doffing			
Welfare	Welfare strategy			Development of a formal strategy for			

		staff, stakeholder and passenger welfare during extended periods of response.			
Comms / PIM	Comms Strategy / Plan	What does a Communications Strategy / Plan look like?			
Internal	Regular MOH briefings to staff	Ensure response staff are regularly informed of actions and tasks directed by the Medical Officer of Health			
	Terminology	Include definitions and a glossary in documentation			
	Stakeholder engagement	Early identification of appropriate stakeholder SPOC's.			
External	Social media	Powerful medium where information is shared. Ensure comms monitor and react appropriately to messages.			
	Reporting	Identifying reporting requirements for the response			
Training	Lead agency training	Ensure response staff are appropriately trained to manage such events			
	Stakeholder training	Clarify, through protocol and training, the stakeholder roles and responsibilities during a response			
Documentation	Protocol review	Comprehensive Protocol review required to ensure documentation and guidance is 'fit for purpose'			
	Align with Stakeholder	Ensure stakeholder information			



documents

Develop guidance for responders

reflects Ill Traveller protocol

Create user friendly guides for responding staff based on agreed Protocol

8. What happens next?

- Identify priorities and develop workplan to integrate into Protocol, plans for future events
- Research and develop supporting materials such as training packages, repository, templates, posters, guides etc
- Identify sponsors – those accountable for ensuring debrief recommendations are introduced in a timely manner
- Deliver training and education to Lead agency staff and key stakeholders around Protocol

EXERCISE III Traveler 2019 – Briefing & DISCLAIMER

10th September 2019

Notice to Volunteers

Thank you for participating in Exercise III Traveler. There are a few items of information that you need to know before you actually go to the scene and are in position.

Ex III Traveler is a joint exercise between ARPHS/AIA and partner agencies, that will apply and validate the multi-agency health response to an 'Ill Traveler' event /emergency at Auckland International Airport Ltd (AIAL).

It will be conducted at Auckland Airport – International terminal on Thursday the **12th September 2019 from 0800 to 1200.**

Volunteers and exercise participants are required to be assembled at 2 Walsh Brother Place (opposite the Airport Fire Station) by 8am, where they will be registered and given a safety briefing.

Once registered and accounted for vol/participants will be bussed out to an awaiting aircraft / Gate 16 / or EOC.

The exercise actual will start at 9am.

Please wear closed in shoes,) no open toe shoes or sandals etc), no lose clothing that can detach its self in high winds (i.e no scarfs, hats etc)

Security

The airfield is operational during the time of the exercise and all participants MUST stay in the area of the exercise. There are Safety and security Officers to assist with this requirement. Failure to comply with safety or security officer directions will result in the person being removed from the exercise.

Safety

There are many hazards at an operational airport not withstanding aircraft or ground vehicles. To maintain a safe environment volunteers MUST follow all directions given. There are Safety Officers to assist with this requirement. Failure to comply with safety directions will result in the person being removed from the exercise. The order **"NO DUFF"** is to be used if you have a safety concern. Please use this word to a Safety Officer, Facilitator or other Official.

Medical

Should you suffer an injury or medical condition during the exercise please advise an Official immediately. Use the code word **"NO DUFF"** if necessary.

General

Refreshments will be available for volunteers at the conclusion of the exercise at midday.

Keith Suddes is the ARPHS lead 021 546 266, Chiana Sherwood is AIAL lead 027 292 4509.

I..... declare that I have no significant medical condition preventing me from participating in Exercise III Traveler and I will comply with all safety and security conditions as stipulated.

Signed

12 September 2019

Parking

If you are able to car share with colleagues that would assist with limited parking.

Free parking is available at 2 Walsh Brother Place opposite the AES fire station. (see map)





Exercise 'Ill Traveller' 2019

MASTER

12th September 2019

Document owner: Keith Suddes, ARPHS

Last modified: 20 May 2019

File path: <https://arphs.hanz.health.nz/sites/BusSup/OfficialInformationActOIARequests/2020 OIAs/OIA 511 Simon Maude - Airport ill traveller exercise - Jan/EXERCISE Ill Traveler 2019 FULL.docx>

1. Background

Auckland Regional Public Health Service (ARPHS) acts on behalf of the Ministry of Health (MoH) for public health preparedness at air and sea ports, including Auckland Airport. This includes:

- responding to public health notifications and emerging threats,
- undertaking an annual Point of Entry Core Capacity Assessment under the International Health Regulations (IHR) 2005,
- attending the Auckland Airport Joint Emergency Operations Committee (JEOC),
- ensuring public health emergency processes align with airport processes, including within:
 - Section 8 of the Auckland Airport Aerodrome Emergency Plan (AEP) – ‘Illness or mass casualties on board’, and
 - the interagency ‘Ill Traveller Protocol’ document,
- engaging with border agencies to ensure ‘readiness’ for an event,
- facilitating exercises and discussions.

The MoH has an [online guideline document](#) describing the border health protection options Health authorities may consider in readiness for acute public health threats.

This will be a short exercise to apply and validate the multi-agency health response to an ‘Ill Traveller’ event /emergency at Auckland International Airport Ltd (AIAL).

It will be conducted at Auckland Airport – International terminal Gate#16 on **12th September 2019 from 0800 to 1200.**

Leading up to this exercise we hosted a workshop (3rd July) for stakeholders to discuss their participation on the day.

See list below of stakeholders. [5.3 Participants](#)

AIAL will facilitate this Exercise. ARPHS will support the planning and delivery of the exercise scenario. ARPHS will lead the response during the exercise with support from participating agencies in line with Section 8 of the Aerodrome Emergency Plan (AEP) and the pre-agreed Multi-Agency Ill Traveller Protocol.

The lead agency is ARPHS with other participating agencies being:

- AIAL;
- St John;
- Ministry of Health (MoH);
- AEM;
- Counties Manukau Health;
- Police;
- MPI;
- NZ Customs;
- Immigration;
- AVSEC;
- MFAT;
- Airline (Air NZ / Virgin Australia);
- Ground Handlers;
- AES (Airport);
- Others (TBC)

2. Exercise Aim and Objectives

2.1 Aim

The main diseases of concern are those listed as 'Quarantinable diseases' under Schedule 1, Part 3 of the Health Act 1956 which aligns with the IHR 2005.

International Civil Aviation Organisation (ICAO) guidelines also align with the IHR 2005, including the reporting requirements for flight crew via the General Declaration (Declaration of Health) form.

Health (the ARPHS Medical Officer of Health) is the Lead Agency when there is a suspected public health threat at the airport. The Medical Officer of Health will determine the appropriate management of the ill travellers, anyone in contact with the ill travellers, the aircraft and any facilities used during the response.

The aim of the exercise, from ARPHS perspective, of Ill Traveller 2019 is to provide participants, with an opportunity to:

- Activate the multi-agency 'Ill Traveller' protocol in response to a probable 'Quarantinable disease';
- Apply and discuss the appropriate response including escalation to AIAL EOC activation following protocol activation;
- Describe how ARPHS will engage efficiently and effectively with other agencies and stakeholders;
- Identify the information flow to ensure the appropriate channels are being utilized and intelligence is being shared effectively;
- Assess the current protocol and process to ensure it is 'fit for purpose' during a 'realistic' simulation replicating a situation on an inbound flight.

2.2 Objectives

The ARPHS objectives of the exercise are:

- To engage with AIAL and stakeholders during, an exercised, coordinated response to a public health risk;
- To assess screening, triage, and movement of passengers from an aircraft through to utilisation of Gate # 16;
- To evaluate the communication channels between ARPHS, AIAL and participating stakeholders to ensure the sharing of accurate and timely information and intelligence.

Document owner: Keith Suddes, ARPHS

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3. Exercise Timeline

3.1 Phase One – 2 hour Workshop (3rd July 2019) **Concluded**

- Discuss the scenario and invite likely participants (stakeholders) to identify their role and responsibilities.
- Confirm stakeholder list
- Aims and objectives of exercise confirmed
- Scenario explained
- Logistics and resources required (i.e. an aircraft with xxx passengers)

3.2 Phase Two – Exercise Day 12th September 2019 (4 hr exercise 0800 – 1200)

An 'Ill Traveller' scenario to practice the following:

- Response to a probable 'Ill Traveller' which meets the criteria of IHR
- Initial passenger assessment by St John aboard an aircraft
- Triage and movement between aircraft and gate #16
- Layout of gate #16 (use of airshelters IF appropriate)
- Passenger assessment at gate #16
- Security of/at gate #16
- Communications between ALL participants
- AIAL EOC participation

3.2.1 Exercise schedule (*working 'light' lunch provided during exercise*)

- 8:00am - 8:30am Welcome, registration and introductions (location to be confirmed)
- 8:30am – 9:00am Deploy to exercise start points (locations to be confirmed)
- 9:am – 11:00am Commence exercise scenario
 - Detection
 - Notification
 - PPE requirements
 - Passenger assessment
 - Command and Control arrangements
 - Communications
 - Risk management process

- Management of ill traveller, exposed contacts and unexposed passengers / crew - gate lounge operations, arrival cards, written information, verbal briefing
- Public and media information
- Cleaning and disinfection
- 11:00am - 12:00pm Mop up and debrief
- 12:00pm Conclude exercise and disperse

3.3 Phase Three – Debrief (likely to be October 2019 TBC)

Initial (on the day) debrief following exercise to identify any immediate issues.

- Consider a more detailed debrief 'in-house' OR stakeholder participation to discuss lessons learned and revise protocol if necessary

4. Exercise scenario

4.1 Exercise scenario

The scenario for Exercise Ill Traveller 2019 will meet the criteria for an Ill Traveller defined by International Health Regulations (IHR).

Details of the 'Scenario' below:

Background

- The Democratic Republic of Congo (DRC) declared its tenth outbreak of Ebola in August 2018.
- As of 16 July 2019, there have been 2522 cases and 1698 deaths (a case fatality rate of 67%)
- The first cross border cases were identified in Uganda in June 2019 - 3 cases from the same family were diagnosed in Uganda after travelling to DRC for a funeral of a family member who died from Ebola.
- On 17 July 2019, the WHO declared the DRC outbreak a Public Health Emergency of International Concern (PHEIC). No entry screening at airports or other ports of entry outside the region was considered necessary.
- On 18 July 2019, the NZ Ministry of Health issued a national health advisory stating the no national action was required.

Scenario

- A group of four health care workers from an international NGO returning to New Zealand on a long haul flight to AIAL. (Optional: HCWs initially travel to Chicago for debrief with NGO before returning to NZ on an AirNZ long haul flight from Chicago to Auckland)

- History of working in the same Ebola Treatment Centre (ETC) in DRC within the last 3 weeks.

Traveller 1

- Becomes seriously unwell during the flight
 - Visual Observation: Traveller's face was flushed (red)
 - Signs and symptoms: fevers, an episode of vomiting at their seat, later bleeding from mouth and nose.
 - Exposure assessment: answered YES HCW in DRC within past 3 weeks
 - Temperature check result: 39.6° Celsius or 103.28° Fahrenheit

Traveller 2

- One HCW is mildly unwell
- Visual Observation: face appears flushed. Signs of pain
- Signs and symptoms: fever, with episodes of diarrhoea and mild abdominal pain. (Optional: symptoms may have occurred prior to the flight)
- Exposure assessment: answered YES HCW in DRC within past 3 weeks
- Temperature check result: 36.0° Celsius or 96.8° Fahrenheit

Traveller 3

- Visual Observation: No obvious signs of illness
- Signs and symptoms: none
- Exposure assessment: answered YES HCW in DRC within past 3 weeks
- Temperature check result: 36.5° Celsius or 103.10° Fahrenheit

Traveller 4

- Visual Observation: No obvious signs of illness
- Signs and symptoms: none
- Exposure assessment: answered YES HCW in DRC within past 3 weeks
- Temperature check result: 36.5° Celsius or 103.10° Fahrenheit

5. Exercise Organization

5.1 Assumptions

The following assumptions apply to exercise planning and play:

- There are passengers on the inbound aircraft that meets the IHR criteria for an 'Ill Traveller';

- The AIAL EOC will be stood up following protocol activation;
- St John will perform an initial assessment of passengers;
- Passengers will be further triaged at or prior to gate #16;
- AIAL Gate #16 will be the exercise location;
- To prevent alarming the public, communications will be simulated; (testing the information boards may be considered);
- In the event of any external communications from the exercise room, participant's will take special care to identify messages as "Exercise Only" by beginning ALL communications with the statement "EXERCISE, EXERCISE, EXERCISE"

5.2 Scope and type

This exercise will test agency/organisations/departments response and subsequent events/actions taken, following the activation of the 'Ill Traveller' protocol.

Passengers will be assessed and triaged while facilitating them at gate #16 from an aircraft.

A decision on DHB participation, and scale, is still to be made.

5.3 Participation

Agencies also need to consider their level of participation which they wish to be engaged in as per table two below.

Table 1. Agency Resources required

Agency	Position/Role	Participation level	Contact
ARPHS	Medical Officer of Health to coordinate response Support passenger movement Staff to assist with triage and management at gate #16 Internal and public communications	FULL – present at AIAL	Keith Suddes [REDACTED]
St John	Passenger assessment Consider iso-pod use Triage support	Full	Steve Walker [REDACTED]
DHB - Counties	Reception of Ill Travellers	Partial or notional (TBC)	Vicki Wright [REDACTED]
Ministry of Health	Coordination of healthcare	Observe	William

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	services		Rainger [REDACTED] Dion Anderson [REDACTED]
AIAL	Manages Auckland International Airport Manages the EOC and ICR Coordinates response and intelligence management	Full	Chiana Sherwood [REDACTED]
AES	Airport first response to aircraft incidents Initial security / response	Full / Partial	
Air New Zealand	Provide vessel and crew for duration of exercise	TBC	Ellen king [REDACTED]
Ground Handlers	Representing the Airline (carrier) providing the vessel	TBC	Margaret Straite [REDACTED]
Police	First response by Airport police Security of facility and safety of passengers	Full	Laurie Culpin [REDACTED]
MPA	Passenger and aircraft management	TBC	
NZ Customs	Passenger management	Partial	Teina CLARKE [REDACTED]
NZ Immigration	Passenger management	TBC	
MFAT	Passenger management	TBC	
AVSEC	Security and movement around airside		
NZDF	Responsible for Whenuapai Base	Observe	
FENZ		Observe	Brendon Irwin [REDACTED]

Table 2: Agency Participation

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Level	Description
Full	Agency commits to all parts of the exercise including: <ul style="list-style-type: none"> contributing staff as requested contribute to exercise development.
Partial	Agency participates in a specific part of the exercise (agency may contribute to exercise development as above)
Facilitation	Agency not actively involved in exercise development but personnel are made available to facilitate exercise injects or enquiries (i.e. Control team) or: Able to act as an evaluator and commit to the following: <ul style="list-style-type: none"> Assist planning team with evaluation methodology Development of evaluation templates including KPIs for the exercise. Agencies are asked to contact the planning team direct for either of these roles.
Not engaged	Agency not involved in the exercise development, exercise facilitation or exercise play. Agency input will be simulated as required with notional injects and exercise control . NOTE: there will be no communication or contact during the exercise proper.
Observer Status	Any agency or individual not involved directly with the exercise but wish to observe exercise proceedings. NOTE: Observers may not contribute or communicate during the exercise response phase or during the exercise review phase with exercise players/agencies

6. Exercise Delivery

6.1 Format

Table 3 below outlines the exercise play format

Participants / Exercise	Description
Control	

1. Activation of Ill Traveller Protocol MOH notified	<ul style="list-style-type: none"> • Following confirmation of 'Ill Traveller' • AIAL EOC notify MOH and St John • ARPHS notified
2. Contact with St John by MOH	<ul style="list-style-type: none"> • 2 way conversation with MOH and St John during initial assessment
3. AIAL EOC Set up	<ul style="list-style-type: none"> • AIAL EOC activated to coordinate responding agencies • Manage intelligence • Provide support for communications • Liaison with Border Agencies

The exercise will be run as an operational response to a simulated 'realistic' event in real time.

Resources will already be available at AIAL at a holding area.

7. Responsibilities and Administration

7.1 Exercise Venues

- Suitable aircraft – essential to evaluate the response appropriately
- Designated airside apron area (to be confirmed)
- AIAL EOC
- Gate #16 at AIAL
- Designated holding area for participating agencies (to be confirmed)

7.2 Exercise Resources

- All participating agencies are responsible for identifying their resource needs;
- Tables, chairs and appropriate resources for reception area at Gate #16;
- Any IT requirements for reconciliation / passenger movement;
- Transport for passenger movement (if required)
- Catering – funding for light lunch is available (quantity TBC)

Table 4. Resources required

Agency	Resources
ARPHS	Catering, PHN's (staff) for Gate #16, PPE for staff
AIAL	EOC, communications network, resources for Gate #16 reception of passengers, intelligence management, IT (if required), appropriate staffing
Airline	Airplane (capable of 150 passengers), crew for airplane
Ground Handlers	Ground crew (if required)
St John	Iso-pod (if appropriate)

	Ambulances and training resources, appropriate staffing
Other	Transportation for passenger movement, Tables and chairs for Gate #16 Airshelter(s) - if required Parking arrangements for participants, agency staff and exercise facilitators

7.3 Exercise management

Exercise will be facilitated by ARPHS – Keith Suddes and AIAL Ivan Trethowen

Other facilitators will be identified to assist with exercise evaluation.

Table 5. Exercise staff

Role / Responsibility	Agency	Name
Exercise director	ARPHS	Dr Shanika Perera (MOH)
Exercise control	ARPHS	Keith Suddes
Exercise control	AIAL	Ivan Trethowen Chiana Sherwood
Facilitator - Gate	AIAL	Keith / Lionel
Facilitator - Landside	Police	TBC
Facilitator - EOC	AIAL / ARPHS	Dion / Chiana
Safety Officer	AIAL / AVSEC	Airport Personnel

7.3.1 Risk Reduction

Movement in and around the Aircraft

For **exercise purposes** the aircraft will be positioned in a pre-agreed location prior to the start of the exercise. (exercise begins at 9am – plane in position BEFORE 8:30am)

The aircraft will be stationary on the apron near to gate 16 (bridge not connected*) exact location still to be agree with relevant stakeholders (AIAL, AvSec, AirNZ etc).

Stairs will be in place at the front exit door for entry and exit of responders and passengers.

Passengers will disembark the plane and be escorted, on foot, to awaiting buses which will make the short journey to Gate 16 where triage and assessment will be carried out.

A 50m sterile area (no exercise vehicles may enter) around the aircraft will be maintained throughout the exercise. There will be no requirement for any exercise vehicles to approach within 50m of the plane during the exercise.

Location of Sick Passengers On-board

Seating arrangements of Health Care Worker group – towards (if not at) rear of cabin.

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1. Seriously unwell passenger located to rear of cabin
2. Mildly unwell passenger (within several rows of 1. above)
3. Two well travelling companions (adjacent to either of above passengers 1 or 2)

Disembarkation

- Passengers seated in an adjacent seat to the two unwell passengers (in front, behind, diagonally, including across the aisle – up to 8 persons per unwell passenger) – identify, separate from other passengers, interview (for current health status, exposures and contact details), provide information (ebola, PH monitoring) triage and direct / escort from aircraft to bus and take to appropriate reception area – in or around Gate #16
- Remaining unexposed passengers and crew – identify, separate from HCW group in particular, attempt to separate from other exposed passengers and crew, provide information (incident, ebola, seeking medical attention) triage and direct / escort from aircraft to bus and take to appropriate reception area – in or around Gate #16

Risk Mitigation

Identified risk	Likelihood	Mitigation
Vehicle movement around aircraft	Low	50m sterile area around aircraft – no exercise vehicles to enter this area
Persons entering and exiting aircraft	Low	Health and Safety briefing to underline this is an operational aircraft where 'due care' must be applied during the exercise
Positioning of Aircraft prior to and post exercise	Low	Routine positioning of aircraft by qualified crew and ground handling staff
Seats and cabin	Low	No violent or aggressive actions are required during this exercise. Volunteers will be seated and then asked to disembark in an orderly manner.
	Low	Sick passengers will be assisted by St John using appropriate techniques and equipment to ensure low risk of injury or damage.
Other		Safety officers will be present throughout the exercise

7.4 Actors / Role Players

Stakeholders and participating agencies are encouraged to recruit volunteers to participate in the exercise.

While this is an exercise - the environment is operational and a 'controlled' area for the safety of all participants.

Further details, on volunteer registration at the airport, will be provided to stakeholders shortly.

Volunteer requirements (seeking 150 volunteers for realism):

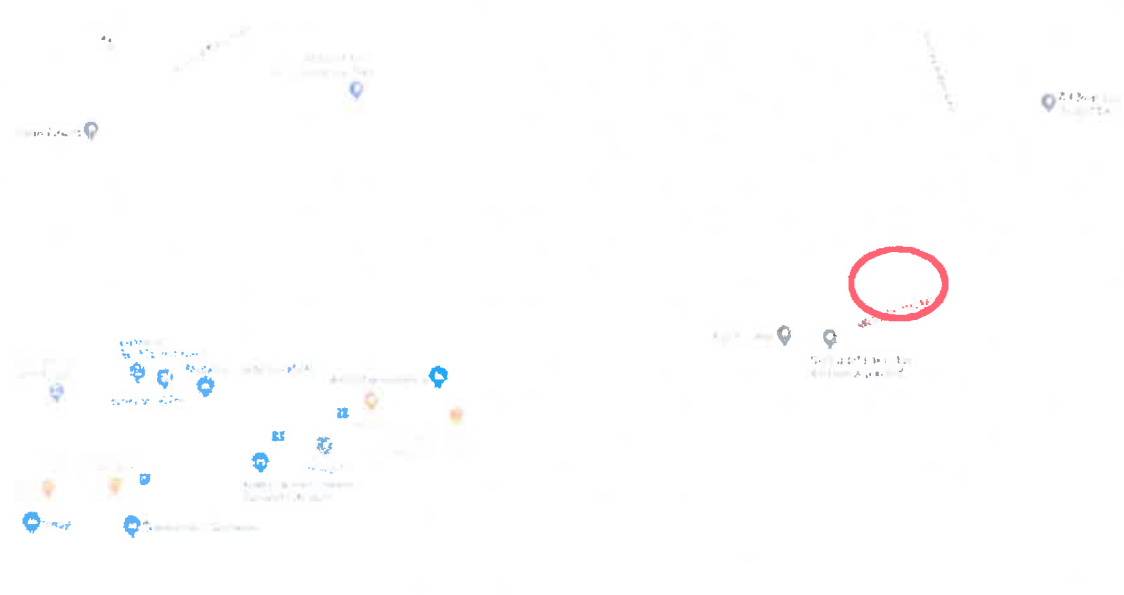
- All volunteers need to be registered with the airport no later than 12th August 2019.
 - Require a passport for identification (security clearance) for airside access;
 - Each stakeholder is encouraged to seek **20 volunteers minimum** to attend the exercise
 - Forward all volunteer details to Keith Suddes ksuddes@adhb.govt.nz to coordinate list for the airport;
 - **NO** volunteers will be allowed access, on the day of the exercise, without prior registration with the airport by 12th August 2019;
 - Dress code for volunteers:
 - Suitable attire for the weather. Expect to be seated on a plane for 3 hours maximum;
 - Sensible footwear -- NO high heels or open toe footwear.
 - A light lunch will be provided, for all participants, during the exercise.
- All volunteers will be escorted by authorised staff throughout the exercise
- A safety briefing will be provided to all volunteers

Any questions please feel free to contact Keith Suddes: [REDACTED] ksuddes@adhb.govt.nz

Breakdown of participants

Location	Agency	Numbers	Role	Comment
EOC	AEM	x2	Observers	
	St John	x1	Liaison	
	ARPHS	x1	Facilitator	Keith
	ARPHS	x2	Observer	Jane / Julia
	AIAL	x1	Facilitator	
	Air NZ	x1	Observer	
Gate 16	MoH	x1	Facilitator	Dion
	ARPHS	x1	Facilitator	Lionel
	Police	x1	Facilitator	
	NZDF	x4	Observers	
	St John	x4	Observers	
	Customs	x1	Observer	
	FENZ	x1	Observer	
Plane	Volunteers	x92	Passengers	
	Actors	x4	Ill Travellers	
	Air NZ	x3	Pilot / Cabin Crew	
Players	AIAL	x4	EOC Ops team	
	ARPHS	x5	MOH & HPO's	
	St John	x3	Responders	
	Police	x6	Security	
	AES	x4	Safety Officers	

Parking and Briefing location - 2 Walsh Brother Place



Briefing

All participants

Exercise participant safety takes priority over exercise events. The following general requirements apply to the exercise:

- The Exercise Director/Controller will initiate exercise play.
- The Exercise Director/Controller will conclude the exercise. "End EX" No one may leave the exercise until we all return here for the hot debrief and lunch.
- Real-world emergency actions take priority over exercise actions. "NO DUFF"
- Exercise participants will comply with real-world response procedures.
- All communications (e.g. written, radio, telephone, etc.) made during the exercise will begin and end with the phrase, "Exercise, exercise, exercise."
- Standard fire and safety regulations relevant to the Airport will be followed during the exercise.
- There will be no working toilets on the plane – hold on for 2 hours.

Players (Agencies)

- Respond to exercise events and information as if the emergency were real.
- Facilitators will give you only information they are specifically directed to disseminate. You are expected to obtain other necessary information through existing protocol channels.
- If you do not understand any aspect of the exercise ask a facilitator.
- Recognize that this is an exercise and may require incorporation of unrealistic aspects.
- Participate in the 'Hot' debrief with controllers, facilitators and observers.
- Complete the Participant Survey. This allows you to comment candidly on emergency response activities and exercise effectiveness.
- Provide any notes or materials generated from the exercise to your facilitator for review and inclusion in the 'Cold' debrief.
- Volunteers to stick to their role and script (where provided). Follow directions from agencies and comply with health and safety at all times.

Observers

Observers will be escorted to their area for the duration of the exercise.

EOC | Gate #16 | Plane

All observers will be asked to remain within the designated observation area during the exercise. The facilitators will be present to explain the exercise program and answer questions for the observers during the exercise.

Facilitators

To monitor exercise, answer exercise related questions and ensure schedule is followed.

Traveller 1 *Madelon*

- Becomes seriously unwell during the flight
- Visual Observation: Traveller's face is flushed (red)
- Signs and symptoms: fever, an episode of vomiting at their seat, later bleeding from eyes, mouth and nose.
- Exposure assessment: answered YES Health Care Worker in DRC within past 3 weeks
- Temperature check result: 39.6° Celsius or 103.28° Fahrenheit



Traveller 2 *Nicky*

- Health Care Worker is mildly unwell
- Visual Observation: face appears flushed. Signs of pain
- Signs and symptoms: fever, with episodes of diarrhoea and mild abdominal pain. (Optional: symptoms may have occurred prior to the flight)
- Exposure assessment: answered YES Health Care Worker in DRC within past 3 weeks
- Temperature check result: 36.0° Celsius or 96.8° Fahrenheit



Traveller 3 *Carrie*

- Visual Observation: No obvious signs of illness
- Signs and symptoms: none
- Exposure assessment: answered YES HCW in DRC within past 3 weeks
- Temperature check result: 36.5° Celsius or 103.10° Fahrenheit



Traveller 4 *Mariam*

- Visual Observation: No obvious signs of illness
- Signs and symptoms: none
- Exposure assessment: answered YES HCW in DRC within past 3 weeks
- Temperature check result: 36.5° Celsius or 103.10° Fahrenheit



Exercise Schedule and Actions

Event #	Time	Event Description	Action	Expected Outcome
1	0800	Registration and briefing at 2 Walsh Brother Place. (opposite Airport Fire Station – AES)	All participants register and are briefed on exercise. Observers and Gate personnel deploy to Gate #16 and are briefed at that location.	Participants registered and safety brief provided. Personnel then transported to their destinations.
2	0900	Air Traffic Control calls ICR to inform them... <i>"Exercise, exercise, exercise. The pilot on Flight xxx from xxx has stated they have a sick passenger on board who is extremely unwell. The passenger has fever, vomiting and bleeding from the eyes, nose and mouth."</i>	Notification to ICR AIAL, Operations Manager	Receiving personnel activate the Ill Traveller Protocol AIAL EOC is activated.
3	0905	Key personnel notifications 0910 Pilot to announce MOH advice	Communication notification to all key personnel – as per Protocol	Key personnel respond to the immediate need of the EOC. The Medical Officer of Health is contacted and briefed. EOC also alerts St John to attend and assess the passenger(s). AES may be alerted to support IF required at Gate
4	0915	St John board plane to identify ill traveller(s) St John personnel have been preparing for boarding since 0815 at Gate donning area	St John board plane	St John personnel talk to passenger(s) and crew to ascertain: <ul style="list-style-type: none"> • Signs and symptoms • Travel history • How many affected passenger
5	0925	Assessment	St John contact MOH and provide assessment briefing.	St John and MOH liaise. MOH provides direction to St John on

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6	0940	Notifications	<p>AIAL EOC briefs key personnel and agencies of MOH risk assessment and actions required.</p> <p>MOH notifies Ministry of Health and ARPHS GM of situation.</p> <p>Comms and PIM considerations.</p> <p>Under direction of MOH, St John begin to move passengers from plane to designated gate (#16)</p>	<p>appropriate actions as per Protocol.</p> <p>MOH updates AIAL EOC of St John assessment and MOH risk assessment.</p> <p>EOC brief all key personnel of situation and actions required on plane and at gate.</p> <p>MOH continues to liaise with St John and other agencies requiring information.</p>
7	0945	Passenger movement		<p>St John liaise with airside personnel to arrange transportation of:</p> <ul style="list-style-type: none"> • Sick passengers • Close contacts / work colleagues • Other passengers
8	0945	Gate #16 reception Staff prepared gate layout from 0815	MOH briefs personnel at Gate #16 to prepare for passenger arrival	<p>MOH provides a briefing for:</p> <ul style="list-style-type: none"> • HPO's, Police, AES, AvSec • Other agencies present at gate
9	1000	Passenger management	Personnel at Gate #16 to manage passengers as they arrive at gate.	<p>Passengers to be triaged by staff at gate.</p> <p>Appropriate segregation in place at gate.</p> <p>Border agencies (where participating) to carry out their protocols.</p>
10	1100	Exercise concludes	All staff to return to 2 Walsh Brother Place (where initial brief took place)	Lunch and Hot debrief to take place.
11	1200	Disperse		

Evaluation / Observation Sheet for Landside / EOC

III Traveller Exercise					
Objective 1		To engage with AIAL and stakeholders during an exercised, coordinated response to a public health risk			
Task	Task Completed			Comments	Rating 0 - 3
	YES	No	Not Observed		
III Traveller Protocol				<ul style="list-style-type: none"> The Protocol is 'fit-for-purpose' Agencies refer to Protocol and follow guidance Appropriate activation of Protocol is clearly demonstrated All movement of personnel who enter any potentially contaminated space or handle potentially infectious materials is logged 	
Agency movements					

Objective 2					
To assess screening, triage, and movement of passengers from an aircraft through to utilisation of Page # 16					
Task	Task Completed			Comments	Rating 0 - 3
	YES	No	Not Observed		
Appropriate PPE available				<ul style="list-style-type: none"> The space for donning and doffing follows protocol Suitable PPE available and worn correctly 	
Ability to identify a highly infectious disease patient				<ul style="list-style-type: none"> Identified signs and symptoms Asked appropriate questions Discovered travel history 	
Isolated a highly infectious disease patient				<ul style="list-style-type: none"> Patient provided with mask 	

									<ul style="list-style-type: none"> • Infection control measures taken • Appropriate separation carried out 	
--	--	--	--	--	--	--	--	--	--	--

Objective 3 To evaluate the communication channels between ARPHS, AIAL and participating stakeholders to ensure the sharing of accurate and timely information and intelligence.

Task	Task Completed		Task Details	Comments	Rating 0 - 3
	YES	No			
Communications		Not Observed			
Initial assessment and actions			<ul style="list-style-type: none"> • Initial information shared with key agencies • Comprehensive information collated to develop intelligence – <i>airline, flight #, origin, ETA, # of ill passengers, temperature, signs / symptoms, travel history, any bodily fluids in cabin etc</i> 		
Internal Comms			<ul style="list-style-type: none"> • Communication processes utilized to interact with internal stakeholders 		
External PIM			<ul style="list-style-type: none"> • External public communication through mass media or public information process followed • Suitable information provided where required • Affected travellers have appropriate written information 		
Stakeholder Comms			<ul style="list-style-type: none"> • Notification and communication processes between local health professionals and national governance • Governance notified in a timely manner 		

Evaluation / Observation Sheet for Airside / Gate / Plane

III Traveller Exercise

Objective 1 To engage with AIAL and stakeholders during an exercised, coordinated response to a public health risk

Task	Task Completed		Task Details	Comments	Rating 0 - 3
	YES	No Not Observed			
III Traveller Protocol			<ul style="list-style-type: none"> The Protocol is 'fit-for-purpose' Agencies refer to Protocol and follow guidance Appropriate activation of Protocol is clearly demonstrated 		
Agency movements			<ul style="list-style-type: none"> All movement of personnel who enter any potentially contaminated space or handle potentially infectious materials is logged 		

Objective 2

To assess screening, triage, and movement of passengers from an aircraft through to utilisation of Gate # 16

Task	Task Completed		Task Details	Comments	Rating 0 - 3
	YES	No Not Observed			
Ability to identify a highly infectious disease patient			<ul style="list-style-type: none"> Identified signs and symptoms Asked appropriate questions Discovered travel history 		
Information management			<ul style="list-style-type: none"> Coordinated the collation of all available information Developed intelligence to share with key personnel Suitable documentation to audit response 		
Facilities			<ul style="list-style-type: none"> EOC suitably equipped for management of such events All required liaison personnel can be 		

Coordinate response				<ul style="list-style-type: none"> • accommodated • Direct key personnel to appropriate locations • Ensure appropriate resources are made available • Control display and notification of passenger information and communications 					
Objective 3 To evaluate the communication channels between ARPHS, A&M and participating stakeholders to improve the timing of response and timely information and intelligence.									
Task	Task Completed			Task Details	Comments	Rating			
	YES	No	Not Observed						
Initial assessment and actions				<ul style="list-style-type: none"> • Initial information shared with key agencies 					
Internal Comms				<ul style="list-style-type: none"> • Communication processes utilized to interact with internal stakeholders • Engaged with Medical Officer of Health • Liaised with St John and other key stakeholders 					
External PIM				<ul style="list-style-type: none"> • External public communication through mass media or public information process followed • Suitable information provided where required • Affected travellers have appropriate written information 					
Stakeholder Comms				<ul style="list-style-type: none"> • Notification and communication processes between local health professionals and national governance 					

Evaluation / Observer Ratings

Ratings	Description
Performed without Challenges (3)	The tasks associated with the core capability were completed in a manner that achieved the objective(s) and did not negatively impact the performance of other activities. Performance of this activity did not contribute to additional health and/or safety risks for the public or for emergency responders, and it was conducted in accordance with protocol.
Performed with Some Challenges (2)	The tasks associated with the core capability were completed in a manner that achieved the objective(s) and did not negatively impact the performance of other activities. Performance of this activity did not contribute to additional health and/or safety risks for the public or for emergency responders, and it was conducted in accordance with protocol. <i>However, opportunities to enhance effectiveness and/or efficiency were identified.</i>
Performed but with Major Challenges (1)	The tasks associated with the core capability were completed in a manner that achieved the objective(s), but some or all of the following were observed: <ul style="list-style-type: none"> • demonstrated performance had a negative impact on the performance of other activities; • contributed to additional health and/or safety risks for the public or for emergency workers; • and/or was not conducted in accordance with protocol
Unable to be Performed (0)	The tasks associated with the core capability were not performed in a manner that achieved the objective(s).

Pilot information.

DO NOT announce until Medical Officer of Health has contacted you to deliver this message.

"Ladies and gentleman, we are unable to disembark yet because there are unwell passengers on board who may have a possible infectious disease.

Ambulance staff will be boarding the plane shortly to assess and transport the unwell passengers. Ambulance staff will be wearing full protective clothing. Please do not be alarmed by their appearance. This is a precautionary measure only.

All passengers will be transported to Gate 16 by bus to receive further public health information.

Please make sure you complete your Passenger Arrival Cards clearly as you may need to be contacted after you leave the airport.

Authorities are working together to manage this situation as quickly as possible.

Your full cooperation will be appreciated. Thank you"

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Exercise timeline (backup 1 hr)

- 8:00am Welcome, registration and introductions (location to be confirmed)
- Deploy to exercise start points (locations to be confirmed)
- Zero Commence exercise scenario
 - Pilot alerts authorities of a very sick passenger on board
 - MOH informed through appropriate channels
 - AIAL EOC alerted
 - Gate #16 set up begins
- 10 mins St John deployed to aircraft
 - St John carry out assessment
 - AES deployed to support St John (possibly)
 - MOH updated on assessment by St John
 - AIAL EOC updated by St John / MOH
- 20 mins Sick passengers assessed and triaged
 - Very sick immediate evac
 - Moderately sick evac
 - Close contacts (passengers assessed)
 - Crew assessed
 - Well / non symptomatic passengers disembark
 - PIM and media considerations
- 25 mins Passenger movement
 - Triage passengers from aircraft
 - Management of ill traveller(s), close contacts and unexposed passengers / crew - gate lounge
 - HPO's at gate ready to receive passengers
 - Border agencies to receive passengers
- 60 mins Exercise concludes
- 11:15am Hot Debrief and light lunch
- 12:00pm Conclude exercise and disperse

ATC initiates exercise with... "Exercise, exercise, exercise. We have a sick passenger on board * who is extremely unwell. The passenger has fever, vomiting and bleeding from the eyes, nose and mouth."**

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Agency	Who	Contact
ARPHS	Medical Officer of Health	Dr Shanika Perera - [REDACTED] / [REDACTED]
	Exercise Control Observer / Facilitator HPO's	Keith Suddes - [REDACTED] Lionel Ng - [REDACTED] Basker - [REDACTED] Srinivas - [REDACTED] Lamees - [REDACTED] Jackie - [REDACTED] Tofa - [REDACTED] Madelon - [REDACTED] Nicky - [REDACTED] Mariam - [REDACTED] Carrie - [REDACTED]
Actors		
St John	Ops at Gate / on plane	Steve Walker - [REDACTED]
Ministry of Health	REMA - Facilitator	Dion Anderson - [REDACTED]
AIAL	Facilitator EOC Manager EOC Supervisor	Chiana Sherwood - [REDACTED] Maria Tuamoheloa Kelly
AES	Safety Officer	Neil Swailes [REDACTED]
Air New Zealand	Emergency response Consultant – Observer	Ellen King [REDACTED]
	Pilot Crew	
Ground Handlers	Observer	Margaret Straite [REDACTED]
Police	Ops team at Gate #16	Sgt Mark Wright
NZ Customs	Observer	Teina CLARKE [REDACTED]
AVSEC	Operations Manager	Sara Crawley-Allen [REDACTED]
NZDF	Emergency Management Observer	Peter Wichman [REDACTED]
FENZ	Observer	Brendon Irwin [REDACTED]
Catering	The Difference	Tamara Ratahi - [REDACTED]

Traveller 1 *Madelon*

- **Becomes seriously unwell during the flight**
 - Visual Observation: Traveller's face is flushed (red)
 - Signs and symptoms: fever, an episode of vomiting at their seat, later bleeding from eyes, mouth and nose.
 - Exposure assessment: answered YES Health Care Worker in DRC within past 3 weeks
 - Temperature check result: 39.6° Celsius or 103.28° Fahrenheit

**Traveller 2 *Nicky***

- Health Care Worker is mildly unwell
- Visual Observation: face appears flushed. Signs of pain
- Signs and symptoms: fever, with episodes of diarrhoea and mild abdominal pain. (Optional: symptoms may have occurred prior to the flight)
- Exposure assessment: answered YES Health Care Worker in DRC within past 3 weeks
- Temperature check result: 36.0° Celsius or 96.8° Fahrenheit



**Traveller 3 *Carrie***

- Visual Observation: No obvious signs of illness
- Signs and symptoms: none
- Exposure assessment: answered YES HCW in DRC within past 3 weeks
- Temperature check result: 36.5° Celsius or 103.10° Fahrenheit

**Traveller 4 *Mariam***

- Visual Observation: No obvious signs of illness
- Signs and symptoms: none
- Exposure assessment: answered YES HCW in DRC within past 3 weeks
- Temperature check result: 36.5° Celsius or 103.10° Fahrenheit



<p>Becomes seriously unwell during the flight</p> <ul style="list-style-type: none"> • Visual Observation: Traveller's face is flushed (red) • Signs and symptoms: fever, an episode of vomiting at their seat, later bleeding from eyes, mouth and nose. • Exposure assessment: answered YES Health Care Worker in DRC within past 3 weeks • Temperature check result: 39.6° Celsius or 103.28° Fahrenheit 	<p>Back Story</p> <p>A group of four health care workers from an international NGO returning to New Zealand on a long haul flight to AIAL.</p> <p>HCWs initially travelled to Chicago for debrief with NGO before returning to NZ on an AirNZ long haul flight from Chicago to Auckland.</p> <p>History of working in the same Ebola Treatment Centre (ETC) in DRC within the last 3 weeks.</p> 
<p>Becomes mildly unwell during the flight</p> <ul style="list-style-type: none"> • Visual Observation: face appears flushed. Signs of pain • Signs and symptoms: fever, with episodes of diarrhoea and mild abdominal pain. • Exposure assessment: answered YES Health Care Worker in DRC within past 3 weeks • Temperature check result: 36.0° Celsius or 96.8° F 	<p>Back Story</p> <p>A group of four health care workers from an international NGO returning to New Zealand on a long haul flight to AIAL.</p> <p>HCWs initially travelled to Chicago for debrief with NGO before returning to NZ on an AirNZ long haul flight from Chicago to Auckland.</p> <p>History of working in the same Ebola Treatment Centre (ETC) in DRC within the last 3 weeks.</p> 
<p>Feeling OK</p> <ul style="list-style-type: none"> • Visual Observation: No obvious signs of illness • Signs and symptoms: none • Exposure assessment: answered YES HCW in DRC within past 3 weeks • Temperature check result: 36.5° Celsius or 103.10° Fahrenheit 	<p>Back Story</p> <p>A group of four health care workers from an international NGO returning to New Zealand on a long haul flight to AIAL.</p> <p>HCWs initially travelled to Chicago for debrief with NGO before returning to NZ on an AirNZ long haul flight from Chicago to Auckland.</p> <p>History of working in the same Ebola Treatment</p>
<p>Feeling OK</p> <ul style="list-style-type: none"> • Visual Observation: No obvious signs of illness • Signs and symptoms: none • Exposure assessment: answered YES HCW in DRC within past 3 weeks • Temperature check result: 36.5° Celsius or 103.10° Fahrenheit 	<p>Back Story</p> <p>A group of four health care workers from an international NGO returning to New Zealand on a long haul flight to AIAL.</p> <p>HCWs initially travelled to Chicago for debrief with NGO before returning to NZ on an AirNZ long haul flight from Chicago to Auckland.</p> <p>History of working in the same Ebola Treatment</p>

Information for people who have been on an aircraft with an unwell person

This information is being provided to you because you have been on an aircraft with someone who has been unwell.

The person who is unwell is receiving medical treatment, and because of their recent travel, is also being tested for the Ebola virus. This does not mean the person has Ebola.

It is not easy to catch Ebola. It is not spread through the air and it's not as infectious as the flu or measles. You cannot get Ebola just from sitting next to someone on a plane – it requires direct contact with infected body fluids. You are not at high risk of catching Ebola.

There are a lot of diseases you can catch overseas. If you do become unwell within a month of returning to New Zealand, it is important you phone Healthline (0800 611 116) and let them know that you have received this letter. Healthline can also provide general health advice.

Information for people who have had close contact with a suspected case of Ebola

This information is being provided to you because you have been identified by a public health unit as having had direct contact with someone who is suspected of having Ebola. Such contact could include direct physical contact with an ill person, their body fluids, their clothes or linens during their illness or their body after death.

If the person who is unwell is confirmed as having Ebola, there is a possibility that the illness could have been passed on to you. If they are in New Zealand, a blood sample will be taken from them and tested for the Ebola virus. We will be in regular communication with you, and once we have confirmed whether the person has Ebola or not, will inform you.

What is Ebola?

Ebola is a disease caused by a virus. There is no vaccine against Ebola available at this time. Ebola virus can cause a serious illness but if the disease is identified and treated early then recovery is more likely.

How is it spread?

- Ebola virus spreads from person to person by contact with the blood and body fluids of an infected person.
- The virus could also be spread through semen for up to three months following recovery.
- Ebola can also be caught by preparing or eating the meat of wild African animals known as 'bushmeat' or direct contact with infected bats, rodents or primates.

Am I at risk of catching Ebola?

As you have been identified as having contact with a person suspected of having Ebola it is important that you are monitored, so that any early symptoms of Ebola can be detected and treated.

How is my health monitored and for how long?

Your health will need to be monitored until Ebola is ruled out, or until 21 days since your last contact with the suspected case. Monitoring your health involves:

- Having your temperature taken twice daily. Do not take any medicine that may reduce fever (eg Panadol, Paracetamol) for four hours before taking your temperature. If your temperature is elevated, or you begin feeling unwell, limit your contact with people and ring your local Public Health Unit.
- Someone from the Public Health Unit will make contact with you each day to check on you and answer any questions you might have.

What are the symptoms?

- The early symptoms of Ebola are a sudden onset of fever, muscle and joint aches, weakness and headache.
- Other symptoms can include diarrhoea, vomiting and a skin rash.
- Note that the early symptoms of Ebola are similar to a lot of other illnesses, so having these symptoms does not necessarily mean that you have Ebola. However, it is important that you let Public Health Unit staff know as soon as you start to feel unwell as although Ebola virus can cause a serious illness, early identification and treatment makes recovery more likely.

Is there anything else I should know or do?

Public Health Unit staff will tell you if you should not return to work or school. As long as you are well you can stay at home, meet people, catch public transport, go to the shops and otherwise continue your daily activities.

More information

You can find out more information at <http://www.health.govt.nz/ebola>

Measuring Your Temperature

Ebola Contact Daily Temperature Log

Name:.....

You have been asked to record your temperature twice a day for the next days. To do this you have been given a thermometer. It is important to use the thermometer properly in order to give a true reading.

To take your temperature, follow the instructions below:

- Remove the thermometer from the plastic container & press the digital button.
- Place the silver bulb under your tongue where the tongue meets the floor of the mouth. Close your lips around the thermometer making sure it stays under the tongue. You can steady the end of the thermometer with your fingers if you wish but do not hold the thermometer with your teeth
- After the thermometer has been under your tongue *until it beeps*, remove the thermometer and read the temperature. *Do not hold the silver bulb while reading.*
- Write the date, time and your temperature in the table below.

For children follow the same method but place the silver bulb end of the thermometer high into the child's armpit with the other end protruding forwards. Again wait until it beeps and then read. The temperature is best taken when the child is seated on an adult's knee with the child's arms are held securely against their side.

Do not measure your oral temperature within five minutes of consuming hot or cold foods or drinks or smoking. Do not take medicine to reduce fever (eg paracetamol, panadol or ibuprofen) for up to six hours before taking your temperature.

Remember:

- Please record the date, time and your temperature in the table below.
- Do not allow other people to use your thermometer.

Date	Morning Time	Temperature (°C)	Evening Time	Temperature (°C)	Daily Activities*

*brief note of what you did (in case Health authorities need to follow up any significant contact with others) eg home all day, shopping in mall, movie at x cinema, meal at y café, attended wedding

Summary of Recent Ill Traveller Exercise at Auckland International Airport.

On Thursday 12th September 2019 ARPHS facilitated an Ill traveller exercise hosted by Auckland International Airport Limited (AIAL).

The aim of the exercise was to provide participating stakeholders, with the opportunity to:

- Activate the multi-agency 'Ill Traveller' protocol in response to a probable 'Quarantinable disease';
- Apply and discuss the appropriate response including escalation to AIAL EOC activation following protocol activation;
- Describe how ARPHS will engage efficiently and effectively with other agencies and stakeholders;
- Identify the information flow to ensure the appropriate channels are being utilized and intelligence is being shared effectively;
- Assess the current protocol and process to ensure it is 'fit for purpose' during a 'realistic' simulation replicating a situation on an inbound flight.

Approximately 150 people participated in the exercise with 100 volunteers acting as passengers on an A320 airbus kindly provided by Air New Zealand.

The key stakeholders participating included AIAL, Air NZ, St John, Aviation Security, Police and NZ Customs.

The scenario involved a group of 4 health care workers (HCW) returning from the Dominican Republic of Congo where there is currently a PHEIC declared, Ebola outbreak, by WHO.

Two of these HCW's became sick on a flight from Chicago; their symptoms meeting the International Health Regulation criteria for the Multi-Agency Ill Traveller Protocol to be activated.

Stakeholders were provided the opportunity to practice their roles and responsibilities, in a safe learning environment, where any lessons learned could be later discussed to ensure the Protocol is fit-for-purpose.

This successful exercise demonstrated the importance of a coordinated multi-agency ill traveller response that involves ARPHS collaborating with key border agencies.

A full debrief will be scheduled for late October / early November for all stakeholders to provide feedback.

A BIG thank you to all the volunteers; without you there is no exercise.



Briefing to begin the exercise



Passengers boarding plane in preparation for exercise start



Emergency Operations Centre (EOC) discussing plan of action



St John about to board the plane and assess passengers



St John assessing the passengers



St John in their Personal Protective Equipment (PPE)



Public Health briefing passengers after disembarking the plane

