INDEPENDENT STATE OF PAPUA NEW GUINEA
COVID-19 Management Standards 2020

PAPUA NEW GUINEA
COVID-19 'NEW NORMAL' MANAGEMENT OF INTERNATIONAL ARRIVALS
(GENERAL INBOUND TRAVELLERS & FOREIGN WORKERS INCLUDING FIFO)
PROTOCOL

Final
# REFERENCES

<table>
<thead>
<tr>
<th>NO</th>
<th>REFERENCE</th>
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<tbody>
<tr>
<td>2</td>
<td><a href="https://www.diazyme.com/covid-19-antibody-tests">https://www.diazyme.com/covid-19-antibody-tests</a></td>
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<td>3</td>
<td>The Royal College of Pathologists of Australia. (2020). COVID-19 IgG/IgM RAPID POCT TESTS.</td>
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<tr>
<td>4</td>
<td>National Operation Center (NOC) Daily Briefs</td>
</tr>
</tbody>
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### 1.1. DEFINITIONS/ACRONYMS

<table>
<thead>
<tr>
<th>ACRONYM</th>
<th>DEFINITION</th>
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</thead>
<tbody>
<tr>
<td>COVID-19</td>
<td>Disease caused by SARS-COV2</td>
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<tr>
<td>SARS-COV2</td>
<td>A new virus that has its origin in Wuhan, China that causes the disease COVID-19</td>
</tr>
<tr>
<td>Pandemic</td>
<td>Worldwide Spread of a new disease</td>
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<tr>
<td>GoPNG</td>
<td>Government of Papua New Guinea</td>
</tr>
<tr>
<td>Incubation Period</td>
<td>The time (in days) taken for symptoms to manifest starting from the time (days) someone gets infected by SARS-COV2</td>
</tr>
<tr>
<td>Level Two (2) Screening</td>
<td>Screening for COVID-19 that involves completing a COVID-19 Questionnaire, Temperature Check and Antibody Rapid Diagnostic Test</td>
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<tr>
<td>Level Three (3) Screening</td>
<td>Screening for COVID-19 that involves Level 2 Screening plus Swabbing for RT-PCR testing</td>
</tr>
<tr>
<td>RDT Test (Antibody)</td>
<td>Rapid Diagnostic Test that detects antibodies of SARS-COV2 in blood (finger-prick)</td>
</tr>
<tr>
<td>RT-PCR</td>
<td>Reverse Transcription Polymerase Chain Reaction</td>
</tr>
<tr>
<td>SOE</td>
<td>State of Emergency</td>
</tr>
<tr>
<td>WHO</td>
<td>World Health Organization</td>
</tr>
<tr>
<td>FIFO</td>
<td>Fly In, Fly Out</td>
</tr>
<tr>
<td>Controller</td>
<td>Controller of the SOE David Manning, Commissioner of Police, or his Delegate</td>
</tr>
<tr>
<td>Day One (1) of Quarantine</td>
<td>Date traveler arrives in PNG</td>
</tr>
</tbody>
</table>
1.2. CATEGORIES OF TRAVELERS

<table>
<thead>
<tr>
<th>CATEGORY</th>
<th>DEFINITION</th>
</tr>
</thead>
<tbody>
<tr>
<td>A</td>
<td>PNG Citizens currently in Australia; PNG Citizens currently in other Countries; All Others, including Diplomats</td>
</tr>
<tr>
<td>B</td>
<td>Foreign Workers, including FIFO</td>
</tr>
<tr>
<td>C</td>
<td>Business Travelers</td>
</tr>
</tbody>
</table>

1.3. INTRODUCTION

The COVID-19 Pandemic which started in Wuhan, mainland China in December 2019 has infected more than four (4) million people worldwide and continues to infect more, resulting in almost three hundred thousand (300,000) deaths in more than two hundred (200) states and territories around the globe.

Whilst most countries seem to have flatten the curve through their various ‘Interventions’ to break the cycle of the viral transmission patterns, the recent increase in the daily new infection figures coming out of countries like Singapore, Japan, and China means that no country in the globe is safe from COVID-19 nor should one relax and drop his guard.

The above sentiment has been echoed by the World Health Organization (WHO) recently that the possibility of a second and third wave must not be ruled out. Even having survived COVID-19 after an infection does not guarantee immunity. So much is yet to be learnt of the disease, therefore, all arsenals should be employed to combat the imminent threat of COVID-19.

Whilst on that, Papua New Guinea (PNG) has so far reported only eight (8) confirmed cases, all have now recovered, and to date, there is no death on account of COVID 19. There may be many possible explanations to this but the most obvious and important one is the fact that the PNG Government (GoPNG) acted so swiftly upon learning of the COVID 19 outbreak globally to take pre-emptive actions including stopping all in-coming flights out of China as early as mid-January 2020 and going into complete lockdown in mid-March 2020 after the first case of COVID-19 was diagnosed from a fly-in fly-out (FIFO) worker who works at the Hidden Valley Gold Project, Wau-Bulolo District, Morobe Province.
The GoPNG had then declared a fourteen (14) days lockdown of both international and domestic travels followed by a State of Emergency (SOE) for two (2) months. Certain preventative measures were undertaken to prevent and contain the spread of COVID-19 in the country.

Initially there was an Order by the SOE Controller, that is, Order 1 (Restrictions on International Arrival of Passengers), which Order was revoked by Order 7 which now allows for entry of persons through an international port of entry. “A port of entry into Papua New Guinea (‘PNG’) from other country stated in Column One in Schedule One is:

a. a First Port of Entry for aircrafts or vessels coming from other country into PNG as stated in Column Two for the time period of the National Emergency (Jacksons International Airport); and a quarantine station for the performance of quarantine by any authorized person on any vessel, person, animal, plant or goods coming from another country into PNG;

b. designated as a Point of Entry for the purposes of Article 20(1) of the International Health Regulations (2005).”

As part of control and preventative measures, a mandatory fourteen (14) Days Quarantine of all inbound passengers’ was recommended by the WHO and is enforced and implemented by GoPNG. This direction provides and ensures the safety and health of passengers and all persons involved in the process. A detailed protocol on the process is therefore required at this stage.
1.4. PURPOSE

Generally, the purpose of this detailed protocol is to assist the GoPNG in managing inbound passengers at all the ports of entry into PNG in order to prevent the spread of the disease from;

(i) countries with community transmission;

(ii) an area with community transmission to new areas in the country; and to reduce transmission in areas of the country where community transmission has been established.

Essentially, the protocol is created to ensure a standardized system is established for quarantining of all inbound passengers. However, this protocol is subject changes overtime, as and when new evidence and best practice of COVID 19 becomes available.

1.5. APPLICATION

This Protocol applies to all approved international ports of entry within the country and should be taken seriously as a measure to combat COVID 19. In saying this, all airline and shipping companies as well as GoPNG delegates must ensure to implement and maintain this protocol together with all other COVID-19 specific measures to combat the disease.

1.6. SUMMARY OF THE PROTOCOL

To initiate the protocol, it is recommended that all travelers must comply generally with all COVID-19 preventative protocols such as wearing face masks in flight, hand sanitization and social distancing where applicable.

For purposes of quarantining international inbound travelers, we have opted to sort them into two (2) categories and these include;

- **Category A** – These travelers will be subjected to fourteen (14) days Mandatory Quarantine in PNG with a Mandatory Swab taken on Day Twelve (12) for PCR Testing.

- **Category B** – These travelers will undergo Seven Days (7) of Self-Quarantine in approved hotels or their home in Australia or any other approved country of uplift before travel to PNG, and seven (7) days of Quarantine in PNG. They will also be required to do a PCR test 2-7 days before travel to PNG and PCR Negative Test result 2-7 days prior to travel must be presented to airline before travel and endorsed by company signature. A mandatory swabbing will be done on Day Twelve (12), or Day five (5) of Quarantine in PNG. If PRC is negative on Day twelve (12), traveler will be released to site to complete the remaining two (2) days of quarantine on site. Completed forms will be signed off by site medic and sent to National Incident Manager. Clearance will be given upon receipt of the completed forms from site.
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• Category C – These travelers will be approved by exception to ensure business activities continue throughout the National Pandemic Act implementation period. Clearance will be given in accordance with the powers of the controller under the Act. These business travelers will be isolated to meetings and quarantine in one hotel. Business travel is restricted to less than 7 days.

1.7. SCIENTIFIC BASIS TO THE PROTOCOL

When someone gets infected with the Corona Virus, it takes minimum of two (2) days (2.5%), maximum 14 days, a median of five (5) days (96.5%) and more than 14) days (1%) for symptoms of COVID-19 to appear (Lauer S.A. at al. 2020). This is called the Incubation Period of the Corona Virus.

Eighty percent (80%) of those with COVID-19 will have mild or even no symptoms while fifteen percent (15 %) will develop severe symptoms such as shortness of breath and need hospital admission. The remaining five (5) % will require some form of ventilator support in the Intensive Care Units (ICU).

Among all confirmed cases, only about 2-3 percent of them will die, and they are usually patients aged older than 60 years with some underlying medical conditions. It is also known that the body responds to the presence of Corona Virus (antigen) by mounting an immune response by producing antibodies.

By early as Day Five (5) of the infection by Corona Virus, antibodies called IgM is produced followed by IgG on Day Ten (10) and thereafter and remains for months to years. The viral load is the highest at around Day Five (5) or Day Six (6) but especially when a patient is symptomatic. However, there is a high degree of false positives and false negatives such that using antibody tests (RDTs) alone is not a reliable method of screening. Available data suggests that the best way of screening is through PCR testing on day twelve (12) to day fourteen (14). And the fourteen (14) days of Quarantine is still the accepted method without much alternatives, a strategy that is advocated by WHO.

Other additional measures such as wearing of facial masks, further reduces the risk of being infected or transmitting the virus to others. Doing a PCR Testing on day twelve (12) before release on day fourteen (14) further reduces the risk of asymptomatic infected travelers who are still potentially infective beyond day fourteen (14).

1.8. PROCESS FOR SCREENING AND TRANSPORT TO QUARANTINE FACILITY

• Port of Entry Screening Team must ensure all contact and quarantine facility details of traveler are collected on arrival with health declaration form (Failure to give correct information may attract legal implications per SOE Orders and related laws).
• On exit from the Customs PNG or domestic arrival the traveler will be met by a Surveillance Team member who will be accompanied by police or military and escorted into the designated Quarantine Facility transport.

• VIP, home quarantine, company personnel or other exempted personnel who travel for medical purposes will be managed by a designated surveillance officer who will receive notification from the SOE Controller’s Office prior to arrival.

• For VIP or home quarantine, if there are more than 3 persons per household, the traveler must be quarantined in a designated hotel at own cost.

1.9. QUARANTINE IN THE CONTEXT OF INTERNATIONAL HEALTH REGULATIONS (IHR)

Quarantine is included within the legal framework of the International Health Regulations (2005), specifically: Article 30 – Travelers under public health observation; Article 31 – Health measures relating to entry of travelers; and Article 32 – Treatment of travelers.

1.10. DEFINITION OF QUARANTINE

• The quarantine of a person is the restriction of activities or the separation of person who is not ill, but who may be exposed to an infectious agent or disease, with the objective of monitoring their health status, if symptoms developed and ensuring the early detection of cases.

• Quarantine is different from isolation, which is the separation of ill or infected person from others to prevent the spread of infection or contamination.

1.11. PERSONS TO BE QUARANTINED

Persons who should undergo quarantine include;

• International travelers: travelers who depart or transit a country or countries with community transmission in the 14 days prior to arrival in the country, by air, by sea or by land crossing.

• Domestic travelers: travelers who have been in an area or areas with community transmission in PNG in the 14 days prior to arrival in another area (regardless of if local transmission exists or not).
• Contacts of patients with laboratory-confirmed COVID-19 case(s): persons who are involved in any of the following from 2 days before and up to 14 days after the onset of symptoms in the patients:
  o Having face-to-face contact with a COVID-19 patient within 1 meter and for >15 minutes;
  o Providing direct care for patients with COVID-19 disease without using proper Personal Protective Equipment (PPE);
  o Staying in the same close environment as a COVID-19 patient (including sharing a workplace, classroom or household or being at the same gathering) for any amount of time;
  o Travelling near with (that is, within 1 m separation from) a confirmed COVID-19 patient in any kind of conveyance;
  o and other situations, as indicated by local risk assessments such as chewing betel nut, playing bingo, attending gatherings/church.

1.12. QUARANTINE PERIOD

• All International travelers: 14 days from the day of arrival in a Papua New Guinea except specified in this protocol;
• Foreign Workers including FIFO: persons in quarantine in home country in designated hotel or home for 7 days; must have a PCR Negative Test done 2-7 days prior to travel to PNG with a Signed Statutory Declaration attesting to 7 days of Home or Hotel Self-Quarantine; and 7 days Quarantine in PNG with a PCR test done on Day 5 in PNG, if the controller approved;
• Domestic travelers: 14 days from the day of arrival in a new area in PNG;
• Contacts of confirmed COVID-19 case: 14 days from the last time they were exposed to the case.

1.13. QUARANTINE FACILITIES

The Quarantine Facilities are identified in Port Moresby for proper monitoring and follow up of travelers. All travelers arriving in Port Moresby must complete quarantine in Port Moresby for 14 days before departing to their final destination in PNG.

Similarly, any arrivals of domestic and international travels from countries or provinces with community transition to provinces via seaports or airport, the Provincial Health Authority (PHA) is responsible to ensure the quarantine should be completed for 14 days in the province before allowing onward travel to the next destination. In Port Moresby, the following quarantine facilities are arranged.
### TYPE OF QUARANTINE FACILITIES

<table>
<thead>
<tr>
<th>Type</th>
<th>Travelers</th>
<th>Cost</th>
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</thead>
<tbody>
<tr>
<td>Designated Hotels</td>
<td>International travellers (non-citizens/resident and citizens/residents who can afford to pay)</td>
<td>Self-Sponsor</td>
</tr>
<tr>
<td>Hotels (Holiday Inn, Gateway, Lamana, Hilton, Stanley, Airways, Crown Plaza, Ela beech and Grand Papua Hotels)</td>
<td>International travellers (citizens/residents who cannot afford to pay and traveled for governmental mission)</td>
<td>Government of PNG to be approved by the controller</td>
</tr>
<tr>
<td>Apartments in company sites</td>
<td>International travellers (citizens/residents and non-resident or Diplomats)</td>
<td>The company covers the cost</td>
</tr>
<tr>
<td>Quarantine at home to be approved by the controller</td>
<td>VIP</td>
<td>Free</td>
</tr>
</tbody>
</table>

### 1.14. ROOM OCCUPANCY DURING QUARANTINE

- It is required that one single room for one person/couple/family during quarantine
- Shared rooms are only allowed for travelers of the same family members and beds should be placed at least 1 meter apart.

### 1.15. REQUIREMENTS FOR APPROPRIATE QUARANTINE FACILITIES

An assessment must be undertaken to ensure that the appropriate conditions for safe and effective quarantine are met. An appropriate quarantine facility must meet the following requirements:

- **Security requirement:** the location of the facilities should be in an area that
  - the security and safety of the quarantined persons are ensured,
  - protection for baggage and other possessions
  - free from potential fire, flooding or accidents
  - Must have security personnel guarding entrance and exit of quarantine area
  - Security to be reinforced by police or military where possible

- **Quarantine monitoring team:** Quarantine facility must ensure there is a room allocated to the quarantine monitoring team as a part of the quarantine operation by the hotel. Room must have chairs, table and phone line that can reach other rooms.

- **Room requirement:** adequately ventilated, spacious rooms with en-suite facilities (that is, hand hygiene and toilet facilities).
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- Environment requirement: suitable environmental infection controls must be used, such as adequate air ventilation, air filtration systems, and waste-management protocols.

- Comfort requirement: accommodation with an appropriate level of comfort, including:
  - provision of food, water, and hygiene facilities
  - appropriate medical treatment for existing conditions
  - If possible, access to the internet, news, and entertainment should be provided.

- Medical and psychosocial assistance requirement:
  - Laboratory testing and appropriate clinical management must be provided for quarantined travelers who are subject to medical examinations or other procedures for public health purposes.
  - Psychosocial support such as counseling must be available for quarantine people.
  - Special attention to older persons and those with comorbid conditions because of their increased risk for severe COVID-19.

- Communication arrangement
  - Communication in a language that those who are quarantined can understand,
  - Explanation of their rights, services that will be made available, how long they will need to stay and what will happen if they get sick
  - For international persons, contact information for their local embassy or consular support should be provided.
  - Those who are in quarantine must be able to communicate with family members who are outside the quarantine facility.

- Delivery of foods to people under quarantine
  - A designated place needs to be set up for delivery of food and supplies from quarantine facility to quarantined people to avoid direct contact.

1.16. INFECTION PREVENTION AND CONTROL (IPC)

Infection Prevention and Control (IPC) procedures must be applied, including transport means, entry of the quarantine facilities, reception, elevators/lifts, corridors, quarantine rooms, restaurants, toilets, entertainment areas, smoking areas, from the time point of entering the facilities to the time discharging.
• Educating persons who are quarantined and quarantine personnel about IPC measures;
  
  o All personnel working in the quarantine facility need to have training on standard precautions BEFORE the quarantine measures are implemented.

  o Standard precautions should be given to all quarantined persons ON ARRIVAL.

  o Both personnel and quarantined persons should understand the importance of promptly reporting to relevant personnel if they develop symptoms.

• Standard precautions need to be practiced by all persons who are quarantined;

  o Perform hand hygiene frequently, particularly after contact with respiratory secretions, before eating, and after using the toilet. Hand hygiene includes either cleaning hands with soap and water or with an alcohol-based hand rub. Alcohol-based hand rubs are preferred if hands are not visibly dirty; hands should be washed with soap and water when they are visibly dirty.

  o Ensure that all persons in quarantine are practicing respiratory hygiene and are aware of the importance of covering their nose and mouth with a bent elbow or paper tissue when coughing or sneezing and then immediately disposing of the tissue in a wastebasket with a lid and then performing hand hygiene.

  o Refrain from touching the eyes, nose and mouth.

• Environmental controls;

  o Environmental cleaning and disinfection procedures must be followed consistently and correctly. The persons under quarantine are required to clean their rooms. The need to be educated about and protected from COVID-19 and ensure that environmental surfaces are regularly and thoroughly cleaned throughout the quarantine period.

  o Clean and disinfect frequently touched surfaces – such as bedside tables, bed frames and other bedroom furniture – daily with regular household disinfectant containing a diluted bleach solution (that is, 1-part bleach to 99 parts water). For surfaces that cannot be cleaned with bleach, 70% ethanol can be used.

  o Clean and disinfect bathroom and toilet surfaces at least once daily with regular household disinfectant containing a diluted bleach solution (that is, 1-part bleach to 99 parts water).
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- Clean clothes, bed linens, and bath and hand towels using regular laundry soap and water or machine wash at 60-90 °C (140–194 °F) with common laundry detergent, and dry thoroughly.

- Waste is disposed of in a sanitary landfill and not in an unmonitored open area.

- Cleaning personnel should wear disposable gloves when cleaning surfaces or handling clothing or linen soiled with body fluids, and they should perform hand hygiene before putting on and after removing their gloves.

1.17. AVOIDANCE OF MASS GATHERING AND PRACTICE OF SOCIAL DISTANCING

- Any mass gathering in the quarantine facilities regardless of persons being quarantined or quarantine personnel, should be avoided.

- Physical distance must be maintained (that is, distance of at least 1 meter);
  - between all persons who are quarantined
  - between all quarantine personnel and
  - between all persons who are quarantined and all quarantine personal.

1.18. DAILY MONITORING THE HEALTH OF QUARANTINED PERSONS FOR EARLY RECOGNITION AND REFERRAL OF A SUSPECTED COVID-19 CASE

PHA Surveillance and Rapid Response Teams (RRT) or National Surveillance Team will conduct daily follow up of persons who are quarantined for the duration of the quarantine period.

- Equip quarantine room with simple medical thermometers and teach quarantined persons and provide instructions on how to use them.

- Appoint quarantine personnel for health monitoring.

- Appointed persons collect and recording of health body temperature and health status of quarantined persons, once in a day, using Quarantine Person Health Monitoring Form. This can be self-reported and check in person from time to time.

- Inform PHA RRT for investigation and sample collection for testing if any quarantined persons develop febrile illness or respiratory symptoms at any point during the quarantine period;
If the person is suspected of COVID-19, sample will be taken by the RRT, the person should remain in the same room while waiting for the results of testing; daily visit by medical team with appropriate PPE should be conducted before results of tests available.

- Submit daily the Quarantine Person Health Monitoring form to the PHA Surveillance and Rapid Response Teams (RRT).

Groups of persons at higher risk of infection and severe disease may require additional surveillance owing to chronic conditions or they may require specific medical treatments.

1.19. REFERRAL OF SUSPECT CASES TO ISOLATION FACILITIES

If a person is suspected of having COVID-19, the person must be transferred to a designated isolation facility following the instruction by PHA RRT, using designated ambulance or car. The ambulance or car should be disinfected after each transfer of suspected or confirmed case of COVID-19. This will remain at the of the controller

1.20. DISINFECTION OF ROOM OCCUPIED BY CONFIRMED CASES

The room occupied by any person suspected or confirmed to have COVID-19 should be thoroughly disinfected following the environmental control procedures mentioned above before enrolment of new persons for quarantine.

1.21. CLEARANCE OF PERSONS FROM QUARANTINE

A person under quarantine, who has not developed any symptoms and signs of COVID-19 during 14 days of quarantine, can be cleared at the 14th day of completion. Those persons who developed symptoms and signs, the person should be investigated, and sample collected, if tested negative, the person should complete 14 days of quarantine period.

If the person became positive for laboratory testing, the person will be converted to confirmed case and should be transferred to isolation facility for further clinical management. Official clearance of quarantine completion can be given if requested from the employers or individuals request with justification to be approved by designated Medical Officer.

1.22. QUARANTINE INSTRUCTIONS – INTERNATIONAL TRAVELERS

Specific Instructions have been developed for the processes of individual agencies at various stages of the entry and quarantine:
1.23. PRE-ARRIVAL IMMIGRATION

- Immigration officials will provide relevant details for inquiries relating to intended travel to PNG.
- Receive and process Visa applications in a manner approved at the time.
- Air-ticketing agencies regardless of online or offline should inform intended travelers on quarantine requirement once they arrive in PNG.

2.0. THE PROTOCOL

2.1. RESPONSIBILITY OF ALL INTERNATIONAL TRAVELERS UNDER CATEGORY A – ALL PASSENGERS TRAVELLING TO PNG EXCEPT FOREIGN WORKERS INCLUDING FIFO

2.1.1. All international travelers coming to PNG must familiarize themselves about COVID-19 and its symptoms, and the ways of preventing the spread of this infectious disease.

2.1.2. All travelers to PNG must comply with the COVID-19 Preventative measures employed by all authorities including at the ports of uplift, inflight and upon arrival at ports of entry.

2.1.3. They must undergo a complete fourteen days of Quarantine in designated facilities in PNG

2.1.4. They must have a swab taken on day twelve (12) of their Quarantine for a PCR Test.

2.1.5. They will be signed out of quarantine by designated medical practitioners after completion of their fourteen (14) days of quarantine if the PCR test is negative.

2.1.6. Any PCR Positive case will be isolated and contact tracing done according to the established protocol of managing positive COVID-19 cases.

2.2. RESPONSIBILITY OF ALL INTERNATIONAL TRAVELERS UNDER CATEGORY B – FOREIGN WORKERS INCLUDING FIFO WORKERS

2.2.1. All international travelers coming to PNG must familiarize themselves about COVID-19 and its symptoms, and the ways of preventing the spread of this infectious disease.

2.2.2. All travelers to PNG must comply with the COVID-19 Preventative measures employed by all authorities including at the ports of uplift, inflight and upon arrival at ports of entry.
2.2.3. They must undergo seven (7) days of self-quarantine in an approved hotel or home in approved country of uplift.

2.2.4. They must provide evidence of seven (7) days of self-quarantine at home or company provided designated hotels in country of uplift before boarding by way of a properly completed statutory declaration.

2.2.5. The Statutory Declaration will be a signed document that bears the signature of the traveler, the hotel management and or his or her approved Company Representative.

2.2.6. They must do a PCR test 2-7 days before travel to PNG and the Negative PCR Test result as well as the signed Statutory Declaration declaring mandatory self-quarantine of 7 days must be presented as travel document while checking in and must be produced at Point of Entry in PNG.

2.2.7. They must have a swab taken on day twelve (12) of their Quarantine, which is the same as day five (5) in PNG for a PCR Test.

2.2.8. They will be signed out of quarantine by designated medical practitioners after completion of their fourteen (14) days of quarantine if the PCR test is negative.

2.2.9. Any PCR Positive case will be isolated and contact tracing done according to the established protocol of managing positive COVID-19 cases.

3.0. AIRPORT PROCESS – PRE-ARRIVAL AND ARRIVAL PROCESSING – ALL AGENCIES

3.1. RESPONSIBILITY OF AIRLINES

Refer to the Airline standard operating procedure covering the following areas;

- PA Announcements incorporating 5 precautionary measures to take
- Pre-Flight
- Inflight
- Social Distancing
- Potential Suspect Traveler on board
- Clearing Flight
- Baggage Handling
- Aircraft Fumigation
- Aircraft Waste Management
3.2. TERMINAL – PRE-ARRIVAL FACILITATION

- Airline provides passenger data on booked Passengers on Board (POB), including Aircrew, the day before any of their flight movements – for resource planning and to ensure concurrence with number of Health Declaration Forms collected.

- All personnel working at the airport are to be fully equipped with personal protective equipment (PPE) prior to arrival of all International Inbound Flights.

- Respective airlines are to be responsible for Public Announcements in relation to COVID-19 awareness (emphasis on social distancing).

- Airline representatives, NDOH/NOC team, and airport security are to be on site at their deployment locations prior to arrival of all International Inbound flights.

- NAC duty teams are visible and on site to support NDOH/NOC team, where needed for all international inbound flights.

- NAC Airport Operations Control Centre (AOC) to confirm if there are any changes to flight timings and advice NAC duty teams at the international terminal accordingly. NAC duty team to then inform respective concerned airport stakeholders including NDOH team.

- Buses from participating Quarantine Hotels to be prepositioned outside arrival hall and to pick up passengers and luggage and passengers to practice safe distancing in buses. Drivers of buses to wear appropriate PPE.

3.3. TERMINAL – ARRIVAL (DISEMBARKATION INTO TERMINAL)

- All inbound passengers and Aircrew will be subject to the Health Screening process prior to entering into the country through CIQ processing:
  
  o First screening (temperature measurement) not involving direct contact. Maintain physical distance of at least 1 metre.
  
  o Second screening (i.e. interviewing passengers with fever for clinical symptoms suggestive of COVID-19 disease and travel history).

- Any inbound passenger and crew member refusing to undergo the health screening will be answerable to the Airport Police and NAC AVSEC.

- Any inbound passenger making snide and disrespectful comments/remarks about the health screening process will be answerable to the Airport Police and NAC AVSEC.
3.4. RESPONSIBILITY OF NATIONAL DEPARTMENT OF HEALTH (NDOH) – HEALTH SCREENING OF INBOUND PASSENGERS

- It is mandatory for all arriving passengers including Aircrew to complete a Health Declaration Form (HDF) in-flight. A online HDF will be available soon for completion and submission before departure in the departure lounge (after check-in).

- All arriving passengers including Aircrew will be subject to thermal screening measures in place;
  
a) The first temperature reading is conducted using the non-touch thermometers; and
b) The second temperature reading is a full body thermal scan conducted using a Thermal camera.

- If the temperature reading is below 37.5⁰, the passenger or Aircrew proceeds to hand in their HDF to the NDOH team and proceed down the ramp to CIQ processing in the Arrival Hall.

- Any passenger or Aircrew with a consistent high temperature reading above 37.5⁰ after 3 temperature readings will be immediately separated and taken to the isolation room for NDOH further assessment. NDOH will then decide to invoke the national quarantine/Isolation procedure based on their further assessments.

- Any passengers that have answered “YES” to any of the questions in the form will be subjected to further interview and action from NDOH at their Health Desk.

- NDOH Rapid Response Team will attend to the passenger or Aircrew and collect samples for further testing.

- For any Aircrew member, NDOH will have to advise the concerned Airline, NAC, and CIQ accordingly.

3.5. TERMINAL – FACILITATION OUT OF TERMINAL (POST-CIQ PROCESSING)

- After all passengers (excluding Aircrew) have completed CIQ processing, they are to exit (with their baggage) out of the Arrival Hall through the designated exit and out to Airside.

- A clear pathway will be cordoned off for passengers to walk further down to the Ceremonial Car Park.

- There will be two (2) assigned buses for immediate transporting of passengers to the quarantine locations.
• SOE Controller/NDOH will advise on which quarantine location each passenger will be assigned to.

3.6. TERMINAL – ARRIVAL WAITING CONCOURSE

• Public movement into the International Terminal area will be restricted and monitored.
• No Meter and Greeter’s (including family, friends, and hoteliers) will be allowed to wait outside the designated waiting area – (Curbside of the International Terminal Building).
• No public loitering at the airport allowed. There must be a specific and valid reason for being on site at the airport. NAC AVSEC and contracted security officers will remove anyone found to be loitering.
• All persons to undergo thermal screening checks (using non-touch thermometers) prior to entering the Terminal building.

3.7. TRANSPORT – AIRPORT TO QUARANTINE FACILITY

• Following CIQ processing arriving passengers are sorted into 2 groups, those for self-funded quarantine and GoPNG funded quarantine. 2 buses allocated for carriage of passengers and luggage. Passengers who are symptomatic must wear masks prior to boarding buses.
• Personnel assigned to buses must be issued with PPEs relevant to task being performed.
• Passengers prior to embarking transports must have their belongings and it must also be recorded. Passengers can wear masks volunteering upon entry and load own luggage onto vehicle designated for luggage from Airside Jackson’s International Terminal or other airports/seaport or border control areas. Passengers must practice social distancing and hand hygiene protocols from each other and assigned security personnel.
• Verbal communication between security personnel and passengers is prohibited.
• Buses to exit international terminal from outside Arrivals Hall and driven under Police escort to quarantine sites.
• In the unlikely event of any traffic incident the following should happen:

  a) Escort vehicles and personnel lock down scene and form perimeter, advise NOC and redirect traffic.
  b) Traffic units to be called in to investigate and make report.
  c) Assess damage to vehicles, injuries security personnel and passengers prior and update NOC.
  d) NOC to call for ambulance and advise emergency responders of nature of convoy, its passengers and intended destination. In the event a passenger or passengers sustain injuries NOC must alert PMGH of incoming patient to prompt PMGH to put in place protocols for patient.
e) Another bus to be dispatched to assist in evacuation of passengers to intended quarantine site.

- Any other incidents such as reaction of crowds towards convoy its passengers and quarantine site must be reported to NOC.
- Escort provided to ensure no stoppages along the route. Windows on all vehicle to be closed.
- Passengers handed off to security personnel at quarantine sites after head count of passengers.
- Buses and vehicles to have all commonly touched surfaces and windows wiped down at respective quarantine sites after every drop off and return back to Jackson Airside until next tasking.

3.8. SECURITY AT QUARANTINE SITES

- Security at quarantine sites to be layered into:
  
  o **Layer 1:** Private Security Contractor to manage security of site perimeter.
  
  o **Layer 2:** Correctional Service members to provide security of NDOH staff within site and ensure those in quarantine strictly adhere to NDOH quarantine requirements, guidelines and processes.
  
  o **Layer 3:** Police to provide security outside site and erect cordon to create buffer between site and main public road ways.
  
  o CS and NDOH personnel to take headcount and record all disembarking from bus. Records must also include luggage.

- At quarantine sites NDOH to induct passengers as to the required processes and protocols of their next 14 days in quarantine.
- CS personnel take note of areas where subjects are quarantined and make regular checks to ensure those in quarantine strictly adhere to NDOH quarantine requirements, guidelines and processes.
- NDOH and CS personnel must be in appropriate PPE and exercise social distancing when documents or items are exchanged. Social distancing must also be followed by all quarantined persons when out of their lodgings.
- All information is to be passed electronically by email.
- Contracted security to provide site security to ensure integrity of site. Access into the quarantine facility is controlled by the contracted security provider, whose personnel must also be issued with PPE such as gloves and face masks.
- Entry to the accommodation blocks is to be restricted. Touch points are to be disinfected by contracted firm / establishment cleaners.
- There are to be no third-party visitors for persons in quarantine.
All layers of security to ensure safety of all on site from external threats and prevent movement of those in quarantine outside of assigned lodgings or site.

3.9. QUARANTINE LOCATION PROTOCOLS

- Each facility identified as appropriate to locate persons undertaking isolation are to ensure high standard of cleanliness, housekeeping at all stages of processing and management of rooms.
- The protocols that are in place are to ensure the safety of staff, persons in isolation, security personnel and other guests.
- The protocols are also to reduce the risk of cross contamination.
- Rational use of PPE is recommended based on risk assessment for the use for guests, administration, reception and housekeeping.
- Where possible, non-centralized air conditioner filters are to be replaced, bagged and disposed of as toxic waste.

3.10. EMERGENCY/MEDICAL ASSISTANCE

- In case of an emergency where the facility is required to be evacuated, PPE is to be used by all staff involved in quarantine process, along with person subject of quarantine. Should the facility be no longer available for use, the NDoH and NOC are to arrange for alternate accommodation.

- In the case of medical assistance being requested, NDoH personnel are to arrange medical treatment at the earliest possible time, at the facility. Should the person require transport to a medical facility, appropriate protocols for transport of suspected COVID19 cases is to be followed.

3.11. LEGISLATIVE AUTHORITY

- National Pandemic Act 2020
- International Health Regulations (2005)
- National Agriculture, Quarantine, and Inspection Authority Act 1997
- National Health Administration Act 1997
- Customs Act 1951
- Migration Act 1978
- Civil Aviation Act 2000
- Criminal Code Act 1974
- Internal Security Act 1993
- Correctional Services Act 1995
Other legislation as necessary

4.0. ROLES & RESPONSIBILITIES

4.1. Responsibility, accountability, and authority for IDOM and COVID-19 Specific Protocols such as this one must be appropriately assigned and documented for all involved (Such as Airline or Shipping managers, Health authorities, immigrations etc).

4.2. Roles and responsibilities should be clearly defined and communicated. There should be no gaps in coverage.

4.3. An adequate commitment of resources must be made available to ensure effective implementation of this Protocol.

5.0. TRAINING AND OTHER REQUIREMENTS

5.1. All personal administering the protocol must familiarize themselves with the protocol.

5.2. All Health Workers doing the Nasopharyngeal Swab collection must be properly trained and competent.

5.3. All swabs taken should be stored and transported under Cold Chain Protocol.

5.4. All front line workers must have full PPEs including facemask, face shields and aprons when collecting swabs.

5.5. All wastes must be stored in Biohazard Bags and disposed appropriately.

6. INCIDENT REPORTING AND REPORTING BREACHES

6.1. Each port of entry facility must develop and implement an Incident Response Plan.

6.2. Breaches must be communicated to the Controller or his delegate and or the Incident Manager immediately.

6.3. Formal systems will be in placed to handle and investigate all incidents (e.g., identification of root causes) and to initiate corrective and preventative action and to report timely to the management and authorities as required pursuant to legal and regulatory requirements.

27 June 2020