

**NORFOLK INTERNATIONAL AIRPORT
AIRPORT EMERGENCY PLAN**

**EXHIBIT 22: NORFOLK INTERNATIONAL
AIRPORT COMMUNICABLE DISEASE
INFECTION CONTROL PLAN**

Original Date: 14MAR2012

Revision Date:

FEDERAL AVIATION ADMINISTRATION

APPROVED: *Annie Cadwell*

DATE: APR 06 2014

COMMUNICABLE DISEASE INFECTION CONTROL PLAN

MISSION STATEMENT

To effectively prepare for, respond to, and recover from any situation involving infectious and or communicable diseases.

CONCEPT OF OPERATION

Purpose: This plan addresses the event that a scheduled or unscheduled aircraft arriving at the Norfolk International Airport may have one or more suspected cases of a severe, highly contagious, communicable disease on board. The plan also takes into consideration the discovery of a suspected case at the airport, including the airport community and the potential impact this could have on the daily operation and services primarily due to employee absenteeism. In the event such an incident results in a fatality / fatalities, the protocol for the investigation of suspicious / undetermined death(s) will be followed and may run in conjunction with this plan.

BACKGROUND: The federal government has legal authority to implement isolation, quarantine or other public health measures to prevent the introduction of specific diseases from aboard. The diseases subject to quarantine are established by Executive order of the President and currently include:

- Cholera and suspected cholera
- Diphtheria
- Communicable Tuberculosis
- Plague
- Smallpox
- Yellow Fever
- Viral Hemorrhagic Fevers (i.e. Ebola)
- Severe Acute Respiratory Syndrome (SARS)
- Influenza (Pandemic potential)

The Centers for Disease Control (CDC), through the Division of Quarantine and Global Migration (DQ), has the lead federal responsibility to carry out these

authorities at international ports of entry. The primary CDC quarantine station in the region is the Washington Quarantine Station located at Dulles International Airport. Ideally, all inbound flights containing passengers that have, or suspected to have, a communicable disease on the above mentioned list should be diverted to the Washington Quarantine Station. However, it is possible that, due to weather problems or other reasons, the flight may be diverted to Norfolk International Airport.

Once the CDC issues a quarantine order, the Department of Homeland Security (DHS) is responsible for the enforcement of the order through its various law enforcement agencies (e.g., CBP - Customs Border Protection, ICE - Immigration Customs Enforcement and TSA - Transportation Security Administration). All of these agencies would need to coordinate with the Norfolk Airport Authority and the response agencies outlined in this plan.

CDC staff is available 24-hours a day to coordinate the evaluation of any incoming ill passenger(s). Additionally, as a component of its disease control activities at Dulles International Airport, CDC may engage in disease surveillance among travelers, as well as develop and distribute health information. These surveillance activities may extend to other airports in the region, such as Norfolk International Airport, and these activities may be undertaken with assistance from other partners in the airport community.

AUTHORITIES:

CDC: May issue orders for Isolation and Quarantine to prevent the introduction of specific diseases from abroad.

Commonwealth of Virginia, Commissioner of Health: May issue orders of Isolation and Quarantine in the Commonwealth of Virginia in response to a Disease of Public Health Threat (DoPHT).

Code of Virginia: Various sections of the Code of Virginia deal with the issue of Quarantine and Isolation and by what authority orders may be issued and who has the responsibility of enforcing such orders. Below is but a sampling of these codes:

§15.2-1704 paragraph B subsection iv – Powers and duties of police force.

§32.1-43 – Authority of State Health Commissioner to require quarantine, etc.

§32.1-44 – Isolated or quarantined persons.

§32.1-48.07 – Conditions for invoking the provisions of this article.

§32.1-48.08 – Declaration of quarantine.

§32.1-48.09 – Order of quarantine.

§32.1-48.011 – Isolation may be ordered under certain exceptional circumstances; Commissioner authorized to require hospitalization or other health care.

§32.1-48.012 – Isolation order.

§32.1-48.014 – Enforcement of orders of quarantine or isolation; penalties.

§32.1-48.015 – Authorization to disclose health records.

§32.1-48.017 – Use of public or private property or facilities.

§32.1-116.3 – Reporting of communicable diseases; definitions.

Introduction and Scope

I. General

- a. The Centers for Disease Control and Prevention (CDC) may issue a health alert for airports to look out for cases or suspected cases of a specific communicable disease (i.e., SARS, Avian Influenza, etc.), arriving from a specific list of countries that have known cases of that particular illness.
- b. The Norfolk Airport Authority may receive notice that an inbound aircraft may have suspected cases on board. Agencies within the Norfolk Airport Authority will respond to protect the health of the public.

II. Notifications

- a. While it is not known exactly who will receive the initial notification for an aircraft with suspected cases on board, it will most likely be Air Traffic Control or the Norfolk Airport Police Dispatch Center. The initial organizations and personnel in this section shall be notified and provided with all available information to include:
 - i. Estimated Time of Arrival (ETA)
 - ii. Type of Aircraft
 - iii. Point of origin
 - iv. Description of the illness, disease, or symptoms

1. Does the patient have an elevated temperature?
2. Does the patient have symptoms consistent with communicable diseases?
3. Does the patient have recent travel history to countries with reported communicable disease cases, contact with a person with communicable diseases, or suspected communicable diseases?

NOTE: The above are questions that should be asked in order to conduct a basic evaluation to rule out communicable diseases.

- v. Number of suspected cases on board
 - vi. Point of contact
 - vii. Call back information
- b. After the initial dispatch of the call by either the Norfolk Tower or from Norfolk Airport Police Dispatch Center, the Norfolk Airport Fire Department Incident Commander will make the additional notifications or direct that the notifications be made to the organizations as listed:
- c. Organizations and Personnel to be notified (in order)
- i. Norfolk Airport Authority – primary notification
 1. NAFD (Norfolk Airport Fire Department) Shift Commander on Duty
 2. NAPD (Norfolk Airport Police Department) Watch Commander on Duty
 - ii. Norfolk Fire – Rescue Service
 1. Norfolk ECC (Emergency Communications Center)
(757) 441-5610
 - a. Request Norfolk Fire Rescue response based on information given by aircraft and or information obtained from NAFD Incident Commander.

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- b. Norfolk Fire Rescue will contact Norfolk Department of Public Health and request a response.
- c. Responding Units shall utilize AOA (Aircraft Operating Area) Gate Four (4) located near the Taxi Queuing Facility and adjacent to the current Long Term East Parking Lot as the staging area. Units will be escorted to the incident as requested by the Norfolk Airport Police Department.

iii. Norfolk Airport Authority – secondary notification

- 1. Norfolk Airport Authority Fire Chief
- 2. Norfolk Airport Authority Chief of Police
- 3. Norfolk Airport Authority Director of Operations
- 4. Norfolk Airport Authority Deputy Executive Director (Public Information officer – PIO)
- 5. Norfolk Airport Authority Executive Director (Public Information Officer - PIO)

NOTE: Refer to the Emergency Contact List maintained in the Norfolk Airport Police Dispatch Center when notifying the above listed individuals.

iv. Air Carrier or Aircraft Operator (if applicable)

- 1. Contact Airline Station Manager or Airline Representative in Charge if represented at Norfolk International Airport.
- 2. If not represented at Norfolk International Airport, the Airport PIO will be the initial liaison with the air carrier.

v. Federal / State Agencies

Consider the following agencies as resources:

(See Exhibit 11 for contact numbers)

- 1. Health Department

Epidemiologist (EPI) - District
Epidemiology Supervisor (EPI)
Environmental Health Supervisor
Rabies Pager
Environmental Health Manager

2. Federal Bureau of Investigation
3. Transportation Security Administration
4. U.S. Customs Border Protection
5. CDC Washington Quarantine Station at Dulles Airport
6. Sentara Norfolk General Hospital
7. Virginia State Police

III. Person(s) with Communicable Disease on Arriving Aircraft

Current federal regulations (42CFR71.21) require international carriers to immediately report death and illness of passengers or crew onboard inbound flights. The staff of the Washington Quarantine Station should be notified immediately when the aircraft commander reports the following:

For this purpose, an ill person exhibits:

- A temperature of 100°F (38°C) or greater accompanied by rash, or
- A temperature of 100°F (38°C) or greater accompanied by glandular swelling, or
- A temperature of 100°F (38°C) or greater accompanied by jaundice, or
- A temperature of 100°F (38°C) or greater that has persisted for more than 48 hours, or
- Diarrhea defined as the occurrence in a 24-hour period of three or more loose stools or a greater than normal number of loose stools.

The CDC Quarantine Station Manual of Operations provides case definitions and response protocols for illnesses of public health significance/threat onboard arriving flights. This information may be

updated as more information regarding emerging/re-emerging infectious diseases is obtained.

Procedures:

- a. An aircraft arriving with suspected case(s) will be directed to park in an unassigned and vacant area as directed by the NAFD Incident Commander. This will usually be on the ramp area at the end of Concourse Alpha, though Taxiway "J" located at the approach end of runway five (5) may be afforded consideration as an alternate parking site depending on the nature of the circumstance. In some cases, the aircraft may be allowed to taxi to a gate at the terminal. This can be Norfolk Airport Authority Gate One (1) or the gate(s) leased by the affected air carrier; however, no crew member or passenger shall be allowed to exit the aircraft until authorized by the Incident Commander. Cases involving an international flight must also obtain clearance to deplane from U.S. Customs and Border Protection.
- i. The Incident Commander shall establish communications with the flight crew to gain additional information.
 1. This can be done through Tower/Ground radio or direct communication with aircraft pilot (i.e., via interphone).
 2. The Incident Commander, aided by the information in the health alert received from the Center for Disease Control and Prevention (CDC) shall determine which if any of the following actions are to be taken:
 - a. Isolate the aircraft
 - i. Until a unified command determines the next course of action.
 - b. Send an EMS (Emergency Medical Services) crew on board
 - i. In proper PPE (Personal Protection Equipment) for life safety reasons. This shall include

gloves, gowns, Respirator (with minimum N95 protection) and goggles or face shields.

ii. In proper PPE for vital signs and reconnaissance.

c. Allow the aircraft to go to a gate

i. If situation is unfounded

3. If a case or cases are suspected, the Incident Commander shall form a Unified Command to include all required agencies, organizations, companies, etc.

4. Unified Command shall determine the correct course of action based upon established infectious disease control procedures.

5. If for reasons of life safety the victim(s) require immediate transport to a medical facility, the Incident Commander and appropriate EMS authorities shall insure that this option is available and all necessary steps are taken to reduce further exposure to the public and emergency personnel. The ill patient(s) shall be immediately removed from the aircraft by EMS by the passenger loading bridge exit and shall not be allowed to pass through the terminal building areas.

6. The aircraft shall be kept isolated where no passengers or crew, or any items on the plane, shall be allowed off the plane until the appropriate arrangements for safe treatment and transport are made.

7. The following information shall be obtained from each passenger and crewmember. Use *Passenger Locator cards included in Section XII of this plan.*

a. Demographic Information.

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- b. Travel History, including city of departure.
 - c. Seat location and/or seat number.
 - d. Locating information for the next ten (10) days.
8. If appropriate, other passengers and flight crew who were exposed to the ill patient may be placed in quarantine until test results or other evidence shows that they are no longer at risk of becoming ill or spreading the infection. If the plane is from an international flight, the CDC has the authority to order the involuntary quarantine of the passengers. Otherwise, the Commonwealth of Virginia, Commissioner of Health may order persons to be involuntarily quarantined.

IV. Procedure for Severe Respiratory Illness Cases Not on Aircraft

- a. NAFD will respond to suspected case(s) on airport property.
 - i. The Incident Commander shall establish communications with the patient(s) to gain additional information.
 - 1. The Incident Commander, aided by the information obtained from the Center for Disease Control (CDC) and or the Norfolk Health Department shall determine which if any of the following actions are to be taken:
 - a. Isolate the patient(s) and restrict access to the immediate area
 - i. Until a unified command determines the next course of action
 - b. Have EMS crew:
 - i. In proper PPE, check vital signs and other criteria specific to the suspected illness
 - c. Allow the patient to leave

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- i. Situation is unfounded and a release is obtained
2. If a case or case(s) are suspected, the Incident Commander shall form a Unified Command to include all required agencies, organizations, companies, etc.
3. Unified Command shall determine the correct course of action based upon established infectious disease control procedures.
4. If for reasons of life safety the victim(s) require immediate transport to a medical facility, the Incident Commander and appropriate EMS authorities shall insure that this option is available and all necessary steps are taken to reduce exposure to the public and emergency personnel.
5. The patient(s) shall be kept isolated where no affected persons shall be allowed to depart until the appropriate arrangements for safe treatment and transport are made.
6. If appropriate, individuals who were exposed to the ill patient may be placed in quarantine until test results or other evidence shows that they no longer at risk of becoming ill or spreading the infection. Only the Commonwealth of Virginia, Commissioner of Health may order persons to be involuntarily quarantined.

V. Communicable Disease Outbreak in the Norfolk Airport Community

a. Impact on Operations

- i. During a "Pandemic," employers can expect up to thirty percent (30%) or their employees to be absent from the work place. This would have the potential to significantly impact the daily operations of the Norfolk airport Authority.

b. Essential Services and Functions

- i. The Norfolk Airport Authority has indentified the following services and functions as essential to maintaining continuity of operations.

a. Public Safety

- b. Maintenance of Facilities
 - c. Revenue Collection
 - d. Maintenance of Security Doors and Gates
 - ii. The Norfolk Airport Authority is committed to maintaining these functions through the payment of overtime, outsourcing and cross training of supervisors to conduct routine operations.
- c. Employee Precautions
 - i. The Norfolk Airport Authority will encourage employees to practice basic hygiene and workplace infection control by:
 - a. More frequent hand washing and or use of hand sanitizers
 - b. Use of gloves and respiratory protection
 - c. Social Distancing Strategies
 - d. Increased Sanitizing of Workplace Areas
 - d. The Norfolk Airport Authority encourages tenants of the airport to identify critical services and have a workable plan in place that ensures the continued operations of those identified services in the event they experience a thirty percent (30%) reduction in staff.
- e. Pre-departure Screening Process
 - i. The Norfolk Airport Authority in collaboration with the Center for Disease Control (CDC), Department of Public Health and the Transportation Security Administration (TSA) will support communications that alert patrons of additional screening measures and travel information specific to the disease outbreak. This information will be communicated by means by means but not limited to the following:
 - a. Media
 - b. Signage
 - c. Public Address Announcements
 - d. Pre-recorded Telephone Message
 - e. Website
 - ii. The Norfolk Airport Authority will support additional screening measures as implemented by the Center for

Disease Control (CDC), Department of Public Health and
or the Transportation Security Administration (TSA)

- iii. To ensure public confidence, the Norfolk Airport Authority should explain to passengers, patrons and tenants, as fully as possible, the reasons for any necessary health-related measures.

VI. Logistics

- a. The Norfolk Airport Fire Department maintains a supply of PPE for use by responding airport personnel. The supply includes:
 - i. N95 masks and Medical Exam Gloves
 - ii. Chlorine Bleach for decontamination
 - iii. Antiseptic Wipes and Hand Sanitizer
 - iv. Additional PPE for Passengers and Suspected Patients
 - v. Responding Mutual Aid Agencies should plan on bringing their own supply of PPE
- b. Additional logistics can be requested by Unified Command

VII. Security and Law Enforcement

- a. Security shall be provided and coordinated by the Norfolk Airport Police Department. This shall included but not be limited to the following:
 - i. Security for the staging area
 - ii. Providing escort within the SIDA (Security Identification Display Area) controlled areas
 - iii. Controlling access to and from aircraft and or the designated quarantine / isolation area
 - iv. Maintain Order
 - v. Enforcing the Quarantine / Isolation Order

(Reference §15.2-1704 and §32.1-48.014 of the Code of Virginia)

- b. Additional law enforcement agencies may be called for assistance.

Upon contact the FBI will coordinate with the Health Department for incident review. If a bioterrorism incident is ruled out, the FBI can provide assistance to Health Department personnel as they deem appropriate. In the event of a possible bioterrorism incident, the FBI and the Health Department will work together in a joint epidemiological investigation.

VIII. Isolation and Quarantine

- a. Isolation of the patient or patients shall be the preferred course of action while information is processed to determine if the reported incident is a probable case. If appropriate, exposed contacts of the suspected case may be placed in quarantine. The quarantine area will be separated from the isolation area.
- b. If the patient(s) or exposed contact(s) refuse to voluntarily go into isolation or quarantine, an Order of Involuntary Isolation and Quarantine can be obtained from the CDC or the Commonwealth of Virginia, Commissioner of Health. The length of the quarantine period will generally be for one incubation period of the disease. Enforcement of that order is the responsibility of the local jurisdiction.

IX. Public Information

- a. The release of information shall be a coordinated effort among the primary responding agencies.
- b. All requests for public information shall be directed to the air carrier if applicable. Parties waiting for the ill passenger(s) shall be notified of the delay by the air carrier representative or their designee.
- c. In the event the air carrier is not represented at Norfolk International Airport, or if the person or persons involved were not on an aircraft but on Norfolk Airport Authority property when the situation was reported, the Norfolk Airport Authority Public Information Officer or designee will coordinate all media activity and notifications.

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X. Demobilization

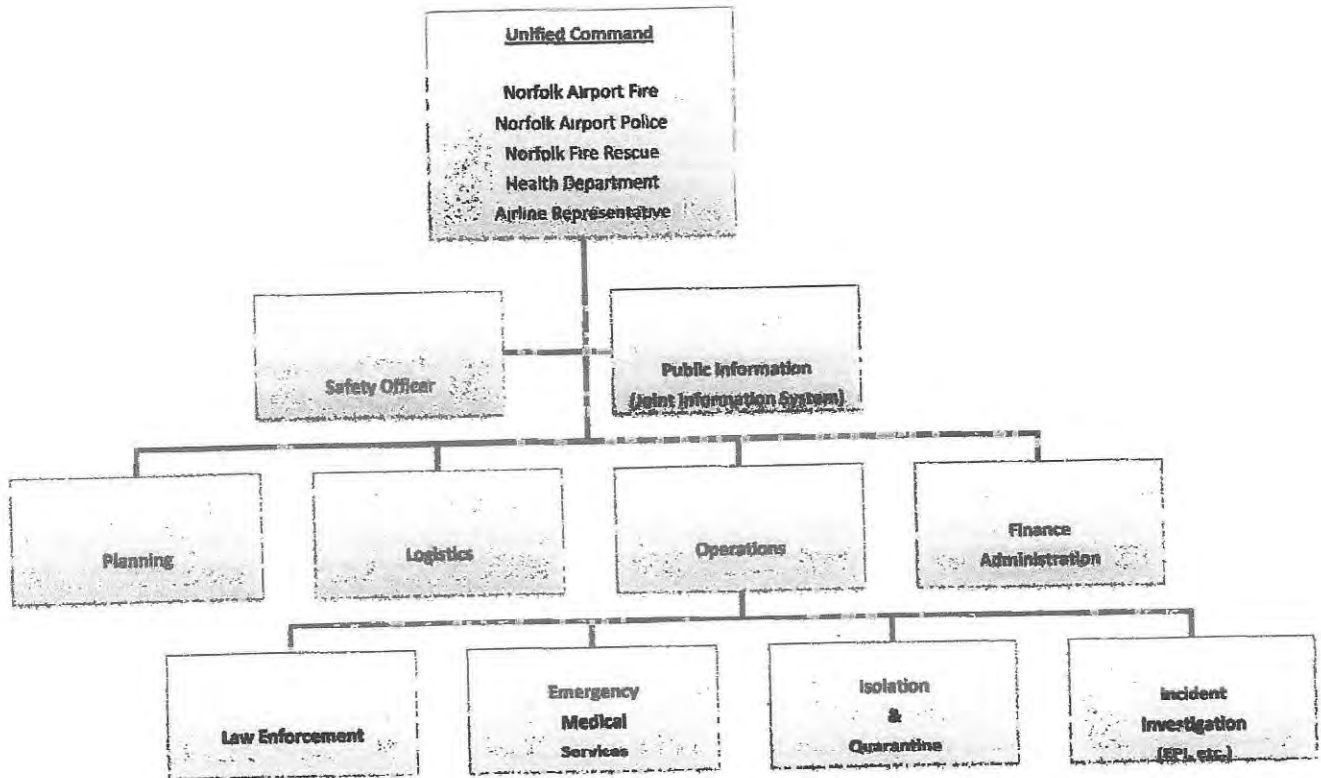
- a. Upon termination of the incident, all first responders exposed to those passenger(s) / patron(s) suspected of having or having been exposed to any communicable disease and or infection will continue to be monitored for signs of health related issues for a period of time to be determined by trained medical personnel.
- b. All facilities and equipment used during the incident shall be decontaminated in accordance to industry health care standards.
- c. A debriefing of all personnel involved in the incident as well as those passenger(s) and or patron(s) isolated and quarantined will take place as soon as deemed practical by the incident commander with input from those within the Unified Command.

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XI. Unified Command Structure – NIMS Compliant



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XII. Passenger Locator Cards

PUBLIC HEALTH - PASSENGER LOCATOR CARD

Public Health Passenger Locator Card to be completed when public health authorities suspect the presence of a communicable disease. The information you provide will assist the public health authorities to manage the public health event by enabling them to trace passengers who may have been exposed to communicable disease. The information is intended to be held by the public health authorities in accordance with applicable law and to be used only for public health purposes.

Flight Information

1. Airline and Flight Number <input style="width: 40px; height: 20px;" type="text"/> <input style="width: 80px; height: 20px;" type="text"/> <small>Airline Flight Number</small>	2. Date of arrival <input style="width: 30px; height: 20px;" type="text"/> <input style="width: 30px; height: 20px;" type="text"/> <input style="width: 40px; height: 20px;" type="text"/> <small>DD MM YYYY</small>	3. Seat Number <input style="width: 40px; height: 20px;" type="text"/> <small>Where you actually sat on the aircraft</small>
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Personal Information

4. Name

Family Name Given Name(s)

Your Current Home Address (including country)

Street Name and Number City

State/Province Country ZIP/Postal Code

Your Contact Phone Number (Residential or Business or Mobile)

Country Code Area Code Phone Number

E-mail address

Passport or Travel Document Number Issuing Country/Organisation

Contact Information

5. Address and phone number where you can be contacted during your stay or, if visiting many places, your cell phone and initial address

Street Name and Number City

State/Province Country ZIP/Postal Code

Country Code Area Code Phone Number

6. Contact information for the person who will best know where you are for the next 31 days, in case of emergency or to provide critical health information to you. Please provide the name of a personal contact or a work contact. This must NOT be you.

a. Name

Family Name Given Name(s)

b. Telephone Number

Country Code Area Code Phone Number

c. Address

Street Name and Number City

State/Province Country ZIP/Postal Code

7. Are you travelling with anyone else? YES NO If yes, please provide the name of the individual(s) or group(s)

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PUBLIC HEALTH - PASSENGER HEALTH DECLARATION CARD

Public Health Passenger Health Declaration Card to be completed when requested by destination public health authorities. This part of the form contains the information that is not captured by the Passenger Locator Card on the reverse of this form. The information is intended to be held by the public health authorities in accordance with applicable law and to be used only for public health purposes.

Passenger Information

Sex
Male Female

Birth Date
DD MM YYYY

Public Health Questions

- a. Have you had a fever or chills in the last 24 hours? Yes No
- b. Do you have a cough or difficulty breathing of recent onset? Yes No
- c. Do you have a sore throat, runny nose, headache or body aches? Yes No
- d. Have you vomited or had diarrhea in the last 24 hours? Yes No
- e. In the last 10 days, have you been near or spent time with someone who had a fever and cough, or was a known case of influenza? Yes No
- f. Do you have a chronic disease or condition? Yes No

List all the countries where you have been (including where you live) in the last 10 days:
List in order with most recent country first (where you boarded)

1. <input type="text"/>	4. <input type="text"/>
2. <input type="text"/>	5. <input type="text"/>
3. <input type="text"/>	6. <input type="text"/>

The first part of this form "Public Health - Passenger Locator Card" has remained unchanged. This part of the form has been developed for the Influenza A (H1N1) outbreak only and will be revised afterwards.

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SALUD PÚBLICA – DECLARACIÓN DE SALUD DEL PASAJERO

Esta declaración deberá rellenarse cuando así lo requieran las Autoridades Sanitarias. Esta parte del formulario contiene información que no figura en la tarjeta para localizar a los pasajeros (en el anverso de este documento). La información quedará en posesión de las Autoridades Sanitarias, conforme a la legislación vigente, y será usada únicamente para fines de salud pública.

Información sobre el pasajero

Sexo
 Masculino Femenino

Fecha de nacimiento
 DD MM AAAA

Preguntas sobre salud pública

- a. ¿Ha tenido fiebre o seclosifros en las últimas 24 horas? SI No
- b. ¿Tiene tos o dificultades respiratorias desde hace poco? SI No
- c. ¿Tiene la garganta inflamada, secreciones nasales intenses, dolor de cabeza o le duele el cuerpo? SI No
- d. ¿Ha vomitado o tenido diarrea en las últimas 24 horas? SI No
- e. En los últimos diez días, ¿ha estado cerca de alguien, o pasado tiempo con alguien que tuviera fiebre y toslera, o fuera un caso conocido de gripe? SI No
- f. ¿Padeca de alguna enfermedad crónica? SI No

Mencione los países en los que ha estado en los últimos diez días (inclusive en el que vive):
 Hágalo en orden inverso, empezando por el país en el que acaba de estar (donde se subió el avión).

1. <input type="text"/>	4. <input type="text"/>
2. <input type="text"/>	5. <input type="text"/>
3. <input type="text"/>	6. <input type="text"/>

La primera parte de este formulario (Salud Pública – Tarjeta para localizar a los pasajeros) no ha cambiado. Esta parte del formulario ha sido diseñada únicamente a los efectos del brote de gripe A (H1N1) y será revisada más adelante.

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