

Infectious Disease Outbreak Response

Plan for COVID-19 (IDORP-C19)

HK>A

REF NO: IDORP-C19 V1.4

DATE: 19-03-2020

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1 INTRODUCTION

The purpose of the Infectious Disease Outbreak Response Plan COVID 19 (IDORP-C19) is to enable HKA management to protect against / contain an outbreak of COVID 19 disease. This is consistent with HKA's principle objective of ensuring staff health and well-being and managing business risk.

This document outlines the general principles and specific actions for responding to a pandemic of COVID 19 disease under the HKA Crisis Management frameworks. While the timing of a pandemic cannot be predicted, this plan provides an overview of the components for response by Group and Regional CMTs.

Given the possible variations in severity of a pandemic, the need for flexibility in the response plan to address different scenarios is emphasised. There is a need to engage and work with staff to raise the level of preparedness at the individual, community and national levels.

The IDORP forms part of the HKA's Crisis Management Plan (CMP), and HKA's Business Continuity Plan (BCP) to guide HKA's Group and Regional Crisis Management Teams (CMT). These plans are designed to prepare for and respond to a wide variety of business risks.

The CMP is enacted by HKA's Crisis Management Teams (CMT) at Group and Regional levels, led by the COO and Continent Heads respectively. The role of the CMT's as a group is to ensure that a comprehensive and integrated multi-faceted approach is in place to anticipate threat and disaster scenarios, and to prepare contingency plans to avoid, pre-empt, prevent or ultimately deal with any business emergency. The CMTs are supported by various Operational Heads in each office that deal with the operational issues under their charge.

Only authorised staff may direct the activation or deactivation of this IDORP. Authorised staff to initiate activation/deactivation are the HKA Chief Executive Officer, Chief Financial Officer, Chief Operating Officer, or Chief Legal & Compliance Officer. The plan will be activated if there is a significant business or commercial impact due to an outbreak of infectious disease.

The group and regional CMT structures will be utilised to scale the response as needed to effectively manage and meet the objectives of the infectious disease outbreak response. The IDORP assumes that individuals occupying leadership positions have a reasonable understanding of how to manage group-wide crises and incidents. The IDORP further acknowledges that there are a limited number of personnel within the HKA group with the knowledge or the experience in managing alike incidents, epidemiology, public health, and emergency preparedness.

This plan outlines key elements of crisis management in case of a COVID19 infectious disease outbreak, however depending on the scale of the event and the response, the protocols may be changed by the CMT.

The IDORP also assumes that all confidential data regarding individual cases will not be shared outside of those who need to know in order to ensure compliance with privacy and data protection requirements.

This Plan covers the following:

Section 1	Preventing importation of the infection <i>Actions to prevent importation of the infection to the HKA business</i>
Section 2	Controlling the infection within the workplace Actions to control our HKA workplaces to manage suspected / confirmed infection
Appendix A	COVID-19 Background Useful background on the virus.
Appendix B	WHO's Grades vs. HKA's Crisis Levels Clarification of World Health Organization grading against HKA's crisis levels.
Appendix C	National Authorities' Controls Summary of likely external controls that we will be subject to and need to manage.

2 PREVENTING IMPORTATION OF THE INFECTION

This IDORP guidance on prevention and control practices that are implemented in HKA's offices to prevent or limit the spread of the COVID-19 severe respiratory infection. These guidelines form part of HKA's existing Crisis Management Plan and Business Continuity Plan to maintain continuity of operations in a public health emergency. However, it is important to note that no two outbreaks are ever alike, and flexibility in response is important.

Group and Regional CMT will review the measures taken at the country level and update the guidelines with directives and advisories, where appropriate, based on the specific transmission characteristics of the infectious disease.

Measures outlined here are independent of country-specific alert levels in responding to a pandemic disease threat.

Surveillance

- Surveillance requires ongoing monitoring for disease pathogens and activity within HKA. Early identification of cases is essential for detection and mitigation.
- The Group and Regional CMTs work together to constantly monitor the operations and staff for any sign of the disease.
- In the absence of the diseases within the HKA family, the strategy is to maintain situational awareness through general surveillance and to monitor for new disease threats.
- Surveillance enables HKA to monitor the local and global disease situation and ensure that the company is well prepared to detect the first case.

Personal hygiene

- All employees should be encouraged to practice good personal hygiene to minimise potential transmission of respiratory infections at the workplace.
- Maintain good personal hygiene:
 - All staff are encouraged to wash their hands regularly and thoroughly. Sanitizing hand rub dispensers are to be installed in prominent places around the workplace. Posters promoting general hygiene practices are to be erected at communal areas. These measures are to be combined with other communication measures such as offering guidance by line managers, briefings at meetings and distribution of latest hygienic information. Staff, contractors and clients must always have access to sanitary facilities.
 - Sneezing and coughing into tissues which should be then be carefully disposed of.
- In addition, the following actions should be undertaken by staff during a pandemic:
 - Comply with health and travel advisories, company and staff directives issued
 - Where recommended, employees should also comply with social distancing measures outside the workplace (e.g. avoid crowded places and large gatherings and curtail social activities such as social visiting).
 - Comply with further directions on use of PPE and other hygiene measures to avoid cross contamination, especially if employees are tasked to carry out public health measures, e.g. symptom/temperature screening and contact tracing.

Environmental controls

- Staff have an obligation to ensure that workplaces are clean and hygienic. Workplaces should always

maintain environmental cleanliness to minimise transmission of infectious diseases which can be transmitted via close contact and respiratory droplets and through contaminated environmental surfaces.

- Surfaces (e.g. desks and tables) and objects (e.g. telephones, keyboards) need to be wiped with disinfectant regularly by the employees to contain the contamination on surfaces.
- All office space, common facilities e.g. toilets, conference rooms, multi-purpose halls etc. should be cleaned daily.
- Clean all surfaces, frequently touched surfaces and floors daily with a disinfectant, e.g. bleach (diluted to 1% concentration or 1000 ppm).
- Alcohol (e.g. isopropyl 70%, ethyl alcohol 60%) can be used to wipe down surfaces where use of bleach is not suitable e.g. metal.

As pandemic diseases have different public health impact and virulence, additional cleaning may be necessary to prevent transmission of more severe pandemic diseases (e.g. COVID-19, SARS and human cases of avian influenza) via contaminated environmental surfaces.

For milder pandemic diseases such as influenza, general cleaning guidelines would suffice for effective environmental cleaning. Additional cleaning measures for certain areas should be carried out where a suspected or confirmed case has been in.

Respiratory hygiene

HKA promotes good respiratory hygiene in the workplace. Offices will display posters promoting respiratory hygiene based on the advice from local and global health authorities. This is combined with other communication measures such as offering guidance, briefing at meetings and distribution of relevant information.

All offices must ensure that face masks and paper tissues are available at the workplaces, for those who develop flu like symptoms, along with closed bins for hygienically disposal. In case of a local epidemic or pandemic, anyone with even a mild cough or low-grade fever (37.3 C or more) must stay at home and use their sick leave.

Travel controls

- Before travelling:
 - HKA employees and contractors must consult national travel advice before going on trips.
 - Based on the latest information, Group and Regional CMTs assess the benefits and risks related to upcoming travel plans.
 - Group and Regional CMTs may bar certain or all employees from travelling to high-risk areas.
 - Staff who have plans to travel must consult a qualified healthcare professional
- When travelling:
 - Staff must ensure they maintain personal hygiene as explained in this document.
 - When travelling into a high-risk area and in transit, employees should carry hand sanitisers.
 - Staff must ensure they seek necessary approvals from Continent Heads in departure and receiving offices.
 - All staff have an obligation to comply with instructions from local authorities where they are traveling.

- Returning from business travel:
 - Employees who have returned from an area where COVID-19 is spreading should monitor themselves for symptoms during the incubation period and take their temperature twice a day.
 - If they develop even a mild cough or low-grade fever (i.e. a temperature of 37.3 C or more) they should stay at home and self-isolate, i.e. avoiding close contact (one meter or nearer) with other people, including family members. They should contact their healthcare provider or the local public health department, giving them details of their recent travel and symptoms.

Temperature screening at offices

Depending on the risks in the affected countries, the Group CMT could initiate temperature screening to specific offices in high-risk areas. Temperature screening may be activated for employees and visitors and monitor employees for symptoms (in line with advisories from local or global health authorities at any point in time). Such measures may be activated when there is a risk of community transmission of the virus to facilitate case detection and reduce the likelihood of disease spread in the workplace. However, such checks are meant to supplement, and not replace, individual monitoring and good personal hygiene.

- Key activities related to health monitoring for employees:
 - HKA may provide certain offices with infrared forehead thermometers for individuals (preferred) or ear thermometers.
 - Employees who are unwell will be directed to seek medical help promptly.
 - Employees should also be advised to screen themselves for symptoms before coming to work. Those who are sick should not come to work (e.g. mandatory sick leave)
- Key activities related to symptom or temperature screening for visitors
 - Symptom or temperature screening for visitors will be recommended for pandemic of diseases of high virulence and public health impact.
 - In general, employees carrying out symptom checks (including temperature screening) of visitors should wear N95 masks. This should be combined with frequent hand washing.
 - Record information of all visitors, including date and time of visit, name of visitor, telephone number and the location/meeting room he/she will be going to for contact tracing purpose.
 - Anyone with symptoms should not be allowed into the facility. They should also be asked to wear a surgical mask and advised to seek medical assessment promptly.
 - Disposable ear thermometer covers should be used, if using ear thermometers.

Quarantine

Quarantine refers to the segregation of well persons who may have been exposed to an infectious agent, and may be infected but are not yet ill. Quarantine of such cases will be carried out for effective containment of cases to limit the spread to the community. The duration of the quarantine will be determined based on the incubation period of the disease.

Quarantine usually occurs in the home. However, if a person under quarantine is unable to be quarantined at his/her home, dedicated quarantine facilities should be considered. Quarantine will be sustained for as long as recommended by the local and global health authorities. Group and Regional CMTs have the authority to issue quarantine orders to staff who travelled to high-risk areas. In such instances, the following can be carried out:

- Self-monitoring of symptoms:

- Advise the employee to monitor his/her own health for any flu-like symptoms and to seek medical attention immediately if he/she feels unwell.
- Voluntary home quarantine:
 - For a severe pandemic, Group or Regional CMTs may elect to advise the employee not to attend HKA offices and go on voluntary home quarantine for 1 incubation period of 14 days (or period as advised by the health authorities).

This may reduce the spread of disease if the employee subsequently develops symptoms but has to be weighed with the impact on absenteeism caused by voluntary home quarantine as not all exposed individuals become ill.

The Group and Regional CMTs will decide on the leave and cover arrangements.

- In-house phone surveillance:
 - For a severe pandemic, Group or Regional CMTs may also check on employee's health status by phone during their absence from work. This will facilitate treatment if the employee becomes symptomatic.
 - If required, HKA will contact individuals directly if they have been identified as close contacts of confirmed cases and require mandatory phone surveillance or quarantine.
 - Close contacts with unprotected exposure may be given post-exposure prophylaxis as advised by a physician.

As the purpose of quarantine is to contain a disease so that transmission is halted, for diseases which are highly transmissible, quarantine may only be effective up to a certain point. Other measures such as social distancing could also be emphasised.

Social distancing

Social distancing aims to reduce the number of person-to-person contacts in order to slow the spread of infection. Social distancing is thus an important measure to reduce transmission until an effective vaccine is available. HKA's Business Continuity Plan will be activated to scale down operations and maintain essential services during such periods. The spread of respiratory infections is exacerbated by increased social contact, crowded places and large gatherings. Examples of social distancing measures include:

- Dividing staff into work teams. Where office workflow permits, organisations can consider dividing their staff into work teams. Each team should, where possible, avoid contact with the other teams.
- Avoid meeting people face-to-face. Use other means to carry out discussion.
- If people have to meet, maintain a distance of at least 1 meter from visitors/ colleagues, if possible. Whenever possible, choose a larger venue or meeting room where is possible to maintain this distance.
- Introduce staggered lunch hour to reduce crowding of staff cafeterias.
- Use of systems where clients can request information via phone, email and prepare requested items ready for fast pickup or delivery.
- Employees to avoid activities even outside the workplace where they may be exposed to infected persons e.g. avoid crowded places and large gatherings and curtail social activities.

3 CONTROLLING THE INFECTION WITHIN THE WORKPLACE

Management of suspect cases

Where a suspect case is present amongst HKA staff, the Group CMT should be immediately notified, so a central response is coordinated by the HKA Group CMT. The central response will comprise of two levels:

The individual concerned:

- The individual must be directed to a room or area where they are isolated from others in the workplace, limiting the number of people who can contact them.
- All suspect and confirmed cases will be isolated, as far as recommended by the healthcare provider and best practice.
- The individual must be referred to a suitable healthcare centre for treatment.
- Upon discharge when well or if deemed non-infectious. quarantine orders will be served if necessary, to prevent potential spread.

The home or host offices:

- The home or host office management and the Continent Heads must be notified immediately to take the preventative measures for potentially affected staff. The workstation where the individual was stationed will be subject to disinfection.

Management of an employee with symptoms suggestive of an acute respiratory infection

During a severe pandemic, HKA will maintain records of employees' business and personal travel. In the event line managers observe or receive a report of an employee who is unwell, the unwell person should be:

- Provided with a surgical mask to wear in order to reduce droplets coughed into the air. Masks should be changed if they become wet, hard to breathe in, physically damaged or visibly soiled.
- Advised to cover his/her mouth and nose with tissues when coughing or sneezing.
- Isolated and moved to a room or area away from other people.
- The ill person should seek medical attention promptly.

In addition, office management should keep the number of employees attending to the ill person to a minimum. Staff attending to the ill person should wear N95 masks and disposable gloves. For emergency situations (e.g. person is unconscious or has difficulty breathing), emergency ambulance should be called.

To facilitate contact tracing, if necessary, the office management may decide to take down the names and contact details of all persons who have come into contact with the employee when he/she was unwell. If the ill employee is confirmed to have the disease, HKA line managers will trace all those who came into contact with him/her. Employees who need to be put on phone surveillance or be quarantined will be contacted and advised accordingly.

Cleaning guidelines for areas exposed to a suspected or confirmed case

When a suspected case was in the premises, the management should seal (where possible) the areas where the person has been. Open the door and windows to the affected areas (if possible) and leave the areas undisturbed for at least 8 hours. Cleaning and disinfection should be carried out after the area has been aired. There is no need for airing and special cleaning of other areas. Routine cleaning of these other areas can be carried out without additional PPE than what is usually used. When cleaning areas where a suspected case has been, cleaning crews should:

- Wear disposable gloves, disposable gowns and an N95 mask. Avoid touching the nose and mouth (goggles may help as it will prevent hands from touching eyes). Gloves should be removed and discarded if they become soiled or damaged and a new pair worn. All other disposable PPE should also be removed and discarded after cleaning activities are completed. Goggles, if used, should be disinfected according to manufacturer's instructions.
- Wash their hands with soap and water immediately after the PPE are removed and when cleaning is completed. Keep cleaning equipment to the minimum.
- Open window for ventilation, if possible
- Mop floor with bleach (1:10 dilution or diluted to 0.5% chlorine concentration or 5000 ppm).
- Wipe all frequently touched areas (e.g. doorknobs, armrests, seatbacks, tables, air/light controls, keyboards, switches etc.) and lavatory surfaces with chemical disinfectants (use according to manufacturer's instructions) and allowed to air dry. Bleach solution can be used. Alcohol (e.g isopropyl 70% or ethyl alcohol 70%) can be used for surfaces where use of bleach is not suitable.
- Wipe down walls up to 3m in height as well as blinds with disinfectant.
- Remove curtains for washing.
- Disinfect cleaning equipment used in one room before using for other rooms.
- Disinfect buckets with fresh disinfectant solution or rinse in hot water before filling.
- Rinse wiping cloths/mops in disinfectant several times or rinse thoroughly in hot water.
- Disinfectants should be applied to surfaces using a damp cloth. They should not be applied to surfaces using a spray pack, as coverage is uncertain, and spraying may promote the production of aerosols. The creation of aerosols caused by splashing liquid during cleaning should be avoided. A steady sweeping motion should be used when cleaning either floors or horizontal surfaces to prevent the creation of aerosols or splashing. Cleaning methods that might aerosolize infectious material, e.g. use of compressed air, must not be used.
- Avoid using the room for the following morning or afternoon sessions.

Cleaning crews should be made aware of the symptoms and should report to their occupational health service if they develop symptoms.

Personal Protective Equipment (PPE)

During a pandemic, use of Personal Protective Equipment (PPE) may be advisable in some situations, e.g. when handling employees who are ill or when carrying out symptom screening or temperature checks for employees or visitors.

- Use of PPE:
 - Masks are effective if worn according to instructions and properly fitted.
 - Masks, when worn properly and coupled with other precautionary measures like handwashing and avoiding close contact, can prevent droplet transmission of influenza and other acute respiratory infections.
 - Users of N95 masks need to ensure proper fit.
 - Repeated adjusting of mask while wearing can be a cause of infection due to contamination of hands with droplets gathered on the mask.
 - Mask should be discarded and changed if it becomes physically damaged.

- Users should be monitored for dizziness, difficulty in breathing and skin irritation.
 - The mask should be disposed of together with other biohazard waste
 - Avoid touching the nose and eyes which can be routes of infection.
 - Discard all disposable items in a bag securely sealed and labeled.
 - Hands should be washed with soap and water immediately after gloves are removed.
- Type and quantity of PPE
 - In specific situations where the pandemic disease is severe and/or additional barrier protection is required over a surgical mask (e.g. during COVID-19 or SARS-like disease scenarios), staff could use the N95 masks as an added precaution.
 - As N95 masks have to fit-tested, all HKA offices are advised to stockpile a smaller quantity for the relevant staff who may be engaged in these higher-risk activities.
 - It is recommended that offices maintain 3-month stockpile. However, the actual quantity would depend on offices' own estimation of their requirements.

APPENDIX A: COVID-19 BACKGROUND

Epidemic

An epidemic occurs when new cases of a certain disease, in a given human population, and during a given period, substantially exceed what is expected based on recent experience.

Pandemic

A pandemic is an epidemic of an infectious disease that has spread through human populations across geographical regions globally. Pandemics occur when the general population has no or little immunity against an emerging or re-emerging pathogen. Over the centuries, infectious diseases with different modes of transmission have resulted in pandemics, including influenza (respiratory spread), cholera (water- and food-borne) and bubonic plague (vector-borne). This document focuses on the response framework against COVID-19 acute respiratory infection with pandemic potential.

Public Health Impact

The ability of respiratory pathogens to spread (**transmissibility**) and the ability to cause serious illness (**virulence**) determine the extent of the outbreak and its resulting public health impact.

Coronavirus

Coronaviruses are RNA viruses that can cause respiratory tract or enteric infections in a variety of animals, including humans, livestock and pets. Coronaviruses primarily infect the upper respiratory and gastrointestinal tract of mammals and birds, and five different currently known strains infect humans. Most coronavirus infections in humans result in mild, self-limiting illness.

Coronaviruses undergo genetic mutations and recombination at a rate similar to that of influenza viruses. Due to the extensive genetic diversity of these viruses, infections that result from coronaviruses can be difficult to predict and manage. These viruses may cause epidemic diseases of pandemic potential.

Primary Risk Factors

The primary risk factor for human infection for novel coronaviruses appears to be direct or indirect exposure to contaminated environmental sources, with some human spread among close contacts. For efficient human-to-human transmission to occur, these pathogens must undergo further genetic changes and adaptation.

Incubation Period: COVID-19

The incubation period will vary depending on the pathogen and will have to be determined through surveillance. As of 20 February 2020, the incubation period for COVID-19 has been observed to be between 2 to 27 days. A longer incubation period would impact the efforts focused on controlling the coronavirus spread.

Transmission of COVID-19

Respiratory droplets and contact transmission are considered to be the most important routes of transmission of COVID-19, but do not fully account for the occurrence of all coronavirus disease cases.

When someone who has COVID-19 coughs or exhales they release droplets of infected fluid. Most of these droplets fall on nearby surfaces and objects such as desks, tables or telephones. Agents such as influenza viruses live on contaminated nonporous, hard surfaces (depending on the humidity and temperature). People could catch COVID-19 by touching contaminated surfaces or objects, and then touching their eyes, nose or mouth.

If they are standing within one meter of a person with COVID-19 they can catch it by breathing in droplets coughed out or exhaled by them.

Infectious Period

For coronaviruses, infected persons are most infectious when symptomatic, however a person can carry and transmit COVID-19 without showing symptoms at all. Most persons infected with COVID-19 experience mild symptoms and recover, however, some go on to experience more serious illness and may require hospital care. People with weakened immune systems and people with conditions such as diabetes, heart and lung disease are also more vulnerable to serious illness.

Organism survival in different environments

Survival of respiratory pathogens outside the body varies with multiple factors including temperature and humidity. Survival is generally enhanced under conditions of low humidity and in the cold. Depending on the material and the conditions, human coronaviruses can remain infectious from 2 hours to 9 days. At temperatures of around 4°C or 39.2°F, certain versions of the coronavirus could remain viable for up to 28 days. At temperatures of 30–40°C (86–104°F), coronaviruses tended to persist for a shorter time.

Inactivating Coronavirus

Agents, including hydrogen peroxide, ethanol, and sodium hypochlorite (a chemical in bleach), quickly and successfully inactivate coronaviruses. Surface disinfection with 0.1% sodium hypochlorite or 62–71% ethanol significantly reduces coronavirus infectivity on surfaces within 1-minute exposure time. Transmission in healthcare settings can be successfully prevented when appropriate measures are consistently performed.” Handwashing is critical.

Confirmed case

A person with laboratory confirmation of COVID-19 infection, irrespective of clinical signs and symptoms.

Suspect case

- A patient with acute respiratory illness (fever and at least one sign/symptom of respiratory disease (e.g. cough, shortness of breath), AND with no other aetiology that fully explains the clinical presentation AND a history of travel to or residence in a country, area or territory reporting local cases of COVID-19 disease during the 14 days prior to symptom onset.

OR

- A patient with any acute respiratory illness AND having been in contact with a confirmed or probable COVID-19 case in the last 14 days prior to onset of symptoms.

OR

- A patient with severe acute respiratory infection (fever and at least one sign or symptom of respiratory disease (e.g., cough, shortness breath) AND requiring hospitalisation AND with no other aetiology that fully explains the clinical presentation

Note: if a clinician determines that a person under investigation should be tested then that person must be managed as a suspect case until COVID-19 is confirmed or excluded as the cause of illness.

Probable case

A suspect case for whom testing for COVID-19 is inconclusive.

Close contact

A close contact is defined as requiring:

- greater than 15 minutes face-to-face contact in any setting with a confirmed case in the period extending from 24 hours before onset of symptoms in the confirmed case, or

- sharing of a closed space with a confirmed case for a prolonged period (e.g. more than 2 hours) in the period extending from 24 hours before onset of symptoms in the confirmed case.

For the purposes of surveillance, a close contact includes a person meeting any of the following criteria:

- Living in the same household or household-like setting (e.g. in a boarding school or hostel).
- Direct contact with the body fluids or laboratory specimens of a case without recommended PPE or failure of PPE.
- A person who spent 2 hours or longer in the same room (such as a GP or ED waiting room).
- A person in the same hospital room when an aerosol generating procedure is undertaken on the case, without recommended PPE.
- Aircraft passengers who were seated in the same row as the case, or in the two rows in front or two rows behind a confirmed COVID-19 case. Contact tracing of people who may have had close contact on long bus or train trips should also be attempted where possible, using similar seating and proximity criteria.
- All crew-members on an aircraft who worked in the same cabin area as a confirmed case of COVID-19. If a crew member is the COVID-19 case, contact tracing efforts should concentrate on passengers seated in the area where the crew member was working during the flight and all of the other members of the crew.
- Close contacts on cruise ships can be difficult to identify, and a case-by-case risk assessment should be conducted to identify which passengers and crew should be managed as close contacts (see Special Situations section of the COVID-19 CDNA national guidelines for public health units for further information).
- Contact needs to have occurred within the period extending 24 hours before onset of symptoms in the case until the case is classified as no longer infectious by the treating team.

Casual contact definition

Casual contact is defined as any person having less than 15 minutes face-to-face contact with a symptomatic confirmed case in any setting, or sharing a closed space with a symptomatic confirmed case for less than 2 hours. setting or include healthcare workers, other patients, or visitors who were in the same closed healthcare space as a case, but for shorter periods than those required for a close contact. Other closed settings might include schools or offices.

Note that healthcare workers and other contacts who have taken recommended infection control precautions, including the use of full PPE, while caring for a symptomatic confirmed COVID-19 case are not considered to be close contacts. However, these people should be advised to self-monitor and if they develop symptoms consistent with COVID-19 infection they should isolate themselves and notify their public health unit or staff health unit so they can be tested and managed as a suspected COVID-19 case.





Other casual contacts may include:

- extended family groups
- aircraft passengers who were not seated nearby a symptomatic confirmed case or a crewmember who did not work in the same cabin area as a symptomatic confirmed case.
- passengers and crew on board the same cruise ship as a symptomatic confirmed case (or cases), who are not considered to be close contacts. See Special situations for further information.

APPENDIX B: WHO'S GRADES VS HKA'S CRISIS LEVELS

Grading is an internal HKA process that is conducted to:

- inform the organization of the extent, complexity and duration of the organisational response, the level of the crisis, and any required external support;
- prompt all HKA regions, offices at all levels to be ready to repurpose resources to manage the response;
- ensure that HKA acts with appropriate urgency and mobilises the appropriate resources in support of the response of the affected Region, Partners and the office;
- trigger HKA's emergency response procedures and emergency policies;
- expedite clearance and dissemination of internal and external communications.

WHO Grade	WHO Definition	HKA's Likely Crisis Levels	HKA Crisis Definition
WHO Ungraded 	An event that is being assessed, tracked or monitored by WHO but requires no response.	Level 3: Bronze OR Level 2: Silver	Level 3 Crises: Office CMT <ul style="list-style-type: none"> • Low risk to life, reputation or operations • Impact on single office/site • May or may not require a response by external agencies • Contained with controls in place
WHO Grade 1 	A single or multiple country event with minimal public health consequences that requires a minimal response or a minimal international response. Group or external support required is minimal. Support is coordinated by regional WHO offices.		Level 2 Crises: Regional CMT <ul style="list-style-type: none"> • Moderate risk to life, reputation or operations • Single or multiple offices/sites may be impacted in a region • Might require response by external agencies and the Group CMT • An uncontained incident in multiple locations within a region
WHO Grade 2 	A single or multiple country event with moderate public health consequences that requires a moderate response. Organisational and/or external support required is moderate. An Emergency Support Team, is run out of the regional WHO office.	Level 2: Silver OR Level 1: Gold	Level 1 Crises: Group CMT <ul style="list-style-type: none"> • An imminent, wide-scale threat to life, reputation or operations • Many offices are impacted • Requires response by external agencies • An uncontained incident in multiple countries • Impacting the wider HKA Group and extraordinary resources are required to manage the impact
WHO Grade 3 	A single or multiple country event with substantial public health consequences that requires a substantial response. An Emergency Support Team, run out of the regional offices, coordinates the provision of support.		

APPENDIX C: NATIONAL AUTHORITIES' CONTROLS

Role of the local or international Authorities

The local authorities may take any preventive measure that may be necessary to protect and preserve the public from any public health hazard during any state of emergency within their jurisdiction. "Preventive measure" means abatement, correction, removal, or any other protective step that may be taken against any public health hazard that is caused by a disaster and affects the public health.

They may take measures to control the spread or further occurrence of any contagious, infectious, or communicable disease of which they are aware.

They may inspect any place or person when necessary to enforce health regulations.

Group CMT Lead or their delegated individual from HKA staff, will serve as the designee for decisions and implementation of measures recommended or enforced by the government authorities to implement these public health interventions.

Border controls

Measures implemented at the border checkpoints by national governments are HKA's first line of defence against possible importation of pandemic case(s).

HKA will monitor the concerned key border control agencies (Civil Aviation Authority in each country, Immigration Authorities, etc.), following the activation of the Border Controls. The border control measures typically include inbound and outbound temperature screening, installing Health Advisory Posters and filling in of Health Declaration Cards (HDCs), to be implemented based on the epidemic phase.

The control measures will be based on the local epidemic phases. However, any timely initial assessment of an emerging disease would be based on incomplete and limited information; hence the measures taken would err on the side of caution with more intense efforts until such time when the disease profile becomes clearer.

Temperature screening may be activated at selected or all border checkpoints. Thermal scanners could be applied to pick up potentially fever cases and persons will be screened by the medical personnel and managed accordingly.

Pandemic vaccine

In a pandemic, it is very likely that vaccines, if technologically feasible, will only be available after 4-6 months. In the initial stages, these will be in short supply. However, vaccination is the key strategy in response to a pandemic.

Initially, when vaccines are in short supply, vaccination will be provided to priority groups, such as those at higher risk of disease-related complications and personnel providing essential services (e.g. healthcare workers). As vaccines become more readily available, vaccination will be expanded to the rest of the population.

APPENDIX D: GENERAL ADVICE ON SELF-ISOLATION

Below there are a few suggestions on how to manage the time during the self-quarantine period.

- Always follow the advice from your healthcare provider.
- You should maintain your regular routine as much as possible, including waking up at the same time each day. Try and keep everything as normal as possible.
- Try not to leave the house, however there are a few options for spending time outside.
- While in isolation you can spend time in your garden, courtyard or balcony, as long as they're private areas.
- If outside areas are a shared space in a building or apartment block, it's best to wear a surgical mask.
- There is little evidence to suggest that pets could contract the virus. Consider walking the dog and wear a mask. Do not socialise with people on the street.
- When coughing or sneezing cover your mouth and nose with a tissue; immediately throw tissues in a covered bin; wash your hands with soap and water for at least 20 seconds and if that's not available, use a hand sanitiser.
- Avoid sharing household items, including drinking cups, eating utensils, towels or even bedding. Wash items thoroughly after using.
- Clean high-touch surfaces daily using a household cleaning agent. These include counters, tabletops, doorknobs, bathroom fixtures, toilets, phones, keyboards, tablets and bedside tables.
- Shared spaces in the home should have good airflow, so if you can, open windows.
- If you are living with people who are not in isolation, wear a mask when you're in the same room as them. It's best to avoid spending time in communal areas and use a separate bedroom and bathroom, if possible. Wash your hands with soap and water for 20 seconds before entering areas used by others and after using the bathroom.
- Exercise is a great way to reduce stress and is strongly advised.
- Ask friends or family to do your shopping e.g. groceries or prescription medicine for you, or you can order these items to your door from supermarkets online or by calling your pharmacy. All deliveries should be dropped off on the doorstep.
- Those in self-isolation shouldn't entertain any visitors. Stay in contact with friends and family using the telephone or social media instead.
- Stay in touch with your colleagues using Skype for business or phone.
- Keep your line manager informed on any symptoms and your general health.