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EUROPEAN BORDER AND COAST GUARD AGENCY

Frontex OSH
Regional Migrant Healthcare Contingency Plan

OPERATIONAL PROCEDURES FOR THE COORDINATION OF PUBLIC HEALTHCARE IN SICILY. 2017

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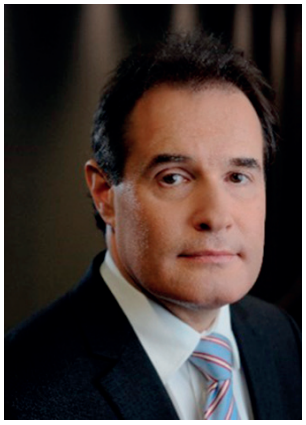


Dear Reader,

I am very pleased to present the English translation of the *Regional Migrant Healthcare Contingency Plan for Sicily*, originally published in Italian by the Italian Ministry of Health in cooperation with the Region of Sicily and World Health Organisation (WHO) Europe.

The document provides comprehensive operational procedures for the coordination of public healthcare and public health events, tailored to the current migratory movements affecting the Mediterranean.

Duty of Care is a shared responsibility between Frontex and the Member States who deploy personnel in its operations. For the personnel on the ground the boundary between public health and the individuals' occupational safety and health are often blurred. This is why specifically tailored procedures, such as systematic medical screening of newly arrived migrants are important.

The Regional Migrant Healthcare Contingency Plan for Sicily is one of the first of its kind and widely recognised as state of the art for professional health contingency planning. Since its publication in 2017 it has until now only been available in Italian. With the kind permission of the Italian authorities, Frontex translated it into English to help strengthen contingency planning capabilities across the EU. Faced with continued migratory flows across the EU's external borders, this contingency plan, now available in English will promote a harmonised approach to ensuring a high level of healthcare.

Fabrice Leggeri
Executive Director

Regional Migrant Healthcare Contingency Plan

OPERATIONAL PROCEDURES FOR THE COORDINATION OF PUBLIC HEALTHCARE IN SICILY

2017

Foreword

In presenting the second edition of the healthcare contingency plan for the management of current migratory flows drawn up by the Assessorato Regionale della Salute della Regione Siciliana [Regional Health Council for the Region of Sicily] and the Ministero della Salute [Ministry of Health] I obviously must refer to the government's recent political and diplomatic initiatives, which should hopefully help to regulate the surge of individuals who have landed on our shores, in full respect of the right to asylum and aid and in accordance with the spirit of sacrifice, dedication and hospitality that has animated Italy in general and Sicily, in particular, over the course of the last 3 years.

Sicily has reacted with generosity and extraordinary heroic proficiency – to use the words of the President of the European Commission – to a situation that has been determined by a variety of different factors, including emergencies due to regional and local conflicts in the Middle East, the economic flow of migrants coming mainly from central-southern Asia and the constant and multifactorial migratory flow from sub-Saharan Africa, determined by the sum of climatic, economic, environmental and humanitarian factors.

Regardless of the causes and the interests of organised crime groups – which are being actively investigated by international agencies and our own judicial system – the fact remains that Italy and Greece – which, however, is currently benefiting from agreements between the European Union and Turkey – are on the front line and are border countries indirectly protecting the whole of Europe while administering urgent and organised assistance to over half a million people rescued from the sea.

Sicily was the first to respond, and did so by mobilising all of its resources in order to offer quality healthcare to all individuals in accordance with the guiding principles of universal access and the right to good health, which are the cornerstones of our health system and the WHO, as reiterated during recent World Health Assemblies.

During this difficult 3-year period, we have provided emergency and voluntary assistance, we have vaccinated and provided primary goods to a wide range of people (whom we have approached with humanity and understanding), using the culture and language of the people who have landed on our shores, and we have created a new profession of linguistic, cultural and semantic mediators, which is vital in order to understand the needs of migrants, yet again proving Italy's capacity to respond in times of crisis – despite still suffering from the effects of a devastating financial crisis. All while never forgetting our role as an example of civility and understanding in an often small-minded and mean international context.

I would like to credit our healthcare system with having provided all individuals with assistance, having listened to everyone, often anticipating people's needs, protecting both migrating individuals and our communities alike, without ever allowing an epidemic episode to occur and without ever risking the safety of the

Italian population, which has always been welcoming, in full respect of the people we have taken in on behalf of the rest of Europe to whom we represent an exemplary model.

Regardless of the political opinions others may have about our capacity and resilience, which is unique in the world, the incontestable fact remains that our health system has survived the impact of said crisis, and has done so in the best possible way, often while launching innovative diagnostic and medical initiatives, which have allowed us to contribute to new research and maintain our position as a European leader. We must also thank the exemplary collaboration of the WHO, to which we owe friendship, collaboration and levels of intellectual, scientific and educational production that are unparalleled in other regions and around the globe. There is no point in my dwelling on WHO's policies and strategies, which are mainly based on Italy's experience and documentation, which acts as an ideal, dynamic, flexible and adaptable laboratory. I also don't have anything to add regarding the recent resolutions promoted by Italy at European and a global level during the WHO/Europe Regional Committee, which took place at the 2017 World Health Assembly.

Instead, I want to conclude by thanking the men and women of the Ministry of Health and the Region of Sicily, who have never sought the limelight, but whose constant, daily modest work of incomparable value has allowed us to achieve goals that are both unimaginable and surprising for external onlookers, all while remaining unfalteringly alert and active. However, these actions are by no means surprising to us, as we are familiar with the spirit and scientific and professional capacity of our employees and all Sicilian healthcare professionals, who, during a crisis such as this one, have still been able to innovate and reform while balancing financial-economic accounts, without harming the progressive quality of exemplary care: a clear sign that robust, honest and collaborative governance has allowed us to achieve results that others believed to be unattainable.

By implementing this plan to the fullest, we will achieve additional security via the continuous and consistent collaboration of service providers, which will overcome any risks of regional fragmentation and which, on the contrary, with the added value of cooperation, will demonstrate that it is possible to achieve excellence in emergency situations.

The Director General of Preventive Healthcare
Dr Raniero Guerra

Preamble

REGION OF SICILY
Regional Health Council

From November 2013 to the present day, over 400 000 migrants have landed on Sicilian shores, an unprecedented number that has involved the entire island and presents new challenges to the healthcare system. In order to guarantee an effective and uniform response, extraordinary planning and organisational efforts were required to manage the human and logistical resources.

The Regional Health Council, in close collaboration with the Ministry of Health, has recently implemented a more advanced process of planning the response to the ever more unrelenting migratory flows, in order to strengthen its already excellent healthcare intervention ability and coordination between the institutions set up for this purpose.

The objective of this document is to implement 'preparedness' measures '(of preparation and prevention) in order to establish a timely, effective and coordinated approach to managing migratory flows in critical contexts. This plan serves to identify various roles and responsibilities in the management of the phenomenon, as well as any strategic advisers, in order to guarantee increasingly efficient and coordinated resource management so as to ensure the effective response to the healthcare needs of migrants and the resident population.

To this end, we have revised the Regional Migrant Health Contingency Plan, which identifies the roles and responsibilities of all principal players and defines all processes and procedures.

The new plan has been drawn up by a dedicated task force and involved meetings between the Ministry of Health and the Regional Health Council, both with specific expertise in the field of communicable diseases, prevention and epidemiology.

This document will serve to strengthen the Region of Sicily's healthcare response to mass migration at this stage of the new millennium, providing a uniform and secure response to an extraordinarily complex phenomenon that requires specific and constant attention with regard to public health.

Councillor
Hon. Baldassare Gucciardi

1.0 Introduction

All the Aziende Sanitarie Provinciali [Provincial Health Authorities] (ASP) that have not yet tested operating systems for coordinating activities related to the management of migratory flows will be required to apply the directives listed in this Regional Migrant Healthcare Plan. These measures must be carried out in full compliance with the operating procedures, which will be described in detail, while making sure that procedures are activated via the individuals appointed to handle healthcare coordination measures, involving all active members in the region who play a role in managing landings and coordination on the internet, the Sistema dell'Emergenza-Urgenza Sanitaria SUES [118 emergency healthcare telephone number], hospitals and any other resources that play an active role in procedures.

Any Provincial Health Authorities that have up to now defined their own pathways and operating procedures will have to align any tools that have already been adopted with the phases implemented by the Regional Migrant Healthcare Contingency Plan, approved with R.D. [Regional Decree] No 1500 of 23 September 2014 in GURS [Official Journal of the Sicilian Region] No 42 of 3 October 2014, while taking due account of any good practice that has already been effectively and efficiently tested in terms of organisation and management. Preparation for this involves the collaboration of all legal authorities in the healthcare sector, whose sole purpose is the achievement of the final objective, which will be reflected in effective healthcare measures both prior and subsequent to disembarkation.

For the management of migratory flows to the island of Lampedusa, please refer to the information listed in Regional Memorandum No 26694 of 18 March 2011 'Healthcare programme for migrants landing on the shores of Lampedusa' and implemented with Regional Memorandum No 43296 of 24 May 2012 of the same name and incorporated as Attachment 3 into the Ministry of Health document 'Operational recommendations for the management of healthcare problems relating to the influx of migrants on small islands' dated 5 November 2012.

2.0 Purpose

This plan describes the coordinated set of operating procedures for medical interventions to be implemented for migrants landing on Sicilian shores, taking into account both healthcare at disembarkation and healthcare administered in first reception centres. This plan applies both to planned landings in the context of search and rescue operations at sea (SAR) and other planned operations, and to unplanned landings.

This plan also applies to landings on the Island of Lampedusa and other minor islands of Sicily and does not contradict the 'Recommendations for the management of healthcare problems related to the influx of migrants on small islands' issued by the Ministry of Health on 5 November 2012, – Office 3, Coordination of the Office for Maritime, Air and Border Healthcare, but instead defines all roles and skills in operational job role information.

3.0 Distribution

International	WHO, IOM, UNHCR
European	European Parliament
National	President of the Republic
	President of the Chamber of Deputies
	President of the Senate
	President of the Council of Ministers
	Ministry of Health
	Ministry of the Interior
	Ministry of Defence
	Ministry of Labour and Social Policy
	Italian Red Cross
Regional	President of the Region
	Regional Health Council
	Regional Family and Social Policy Council
	Juvenile Court
Provincial	Regional Health Service Establishments
	Office for Maritime, Air and Border Health and Healthcare Assistance for Crew
	USMAF SASN crew Island Local Government Offices
	Island Police Headquarters
Municipal	Mayors of Sicilian Municipalities

4.0 Reference Legislation

4.1 Ministry of Health

Law No 833 of 23 December 1978 'Establishment of the National Health Service'.
Ministry of Health Official Memorandum No 4 of 13 March 1998, 'Prevention Measures for Public Health Requirements – Measures to be taken against individuals suffering from certain infectious diseases and their cohabitants or contacts'.
International Healthcare Regulations 2005
Ministry of Health Directive, Director General of Prevention, Ref. No 0023703 of 5 November 2012 – Document on 'Operational recommendations for the healthcare management of new migratory phenomena'
Law No 137 of 13 December 2013 conversion into law with amendments of Legislative Decree No 120 of 15 October 2013, on 'Urgent measures to rebalance public finances as well as those relating to immigration'

4.2 Regional Health Council

Article 28 of Regional Law No 5 of 14 April 2009, which states that 'the Region, in application of the constitutional principles of equality and the right to healthcare, as well as the free treatment of deprived individuals, guarantees urgent or essential outpatient or hospital treatment to all those who are in the region, without any discrimination in terms of sex, race, language, religion, political opinions, personal and social conditions' as per Article 35(3) of Legislative Decree No 286 of 25 July 1998
R.D. No 1187 of 30 April 2010 – Guidelines – Protocols and Procedures for SUES 118 Sicily
R.D. No 2183 of 17 October 2012 'Guidelines for administering healthcare to non-EU citizens and citizens of the Region of Sicily
Regional Health Council Decree 0469 of 8 March 2013, with which the permanent multidisciplinary interinstitutional board of experts for the coordination of healthcare for migrants was established.
R.D. No 88613 of 8 May 2013 'Board of experts restricting migratory flows to the Island of Lampedusa'
Presidential Decree 7 January 2014 'Identification of initiatives for 2014 on the occasion of 3 October, dedicated to the memory of the tragedy that took place off the Island of Lampedusa on 3 October 2013 by the Region of Sicily'.
R.D. No 326 of 6 March 2014 'Healthcare for foreigners – Regional Health Service enrolment procedures for foreign non-EU or EU minors with an STP or ENI code' with which the Regional Health Council implemented the agreement established by the Permanent Conference for relations between the State, Regions and Autonomous Provinces of Trento and Bolzano: 'Directions for the correct application of legislation regarding administering healthcare assistance to the foreign population by the Regions and Autonomous Provinces of Italy';
R.D. No 431 of 17 April 2014 Memorandum of Understanding 'For the governance of health immigration policies in the Region of Sicily' agreed with the Italian Red Cross, Emergency, and Doctors Without Borders
Regional Decree No 38 of 12 January 2015 'Adoption of the new vaccination for life calendar'

5.0 Skills and Roles

5.1 Skills and institutional role of the Office for Maritime, Air and Border Health and Healthcare Assistance for USMAF SASN Crew Members

The USMAF SASN (Office for Maritime, Air and Border Health and Healthcare Assistance for USMAF SASN Crew Members) [Uffici di sanità marittima, aerea di frontiera e per l'assistenza sanitaria al personale navigante] performs international disease prevention measures, as per the legislation in force at the Ministry of Health, by setting up means of transport, goods imported from non-EU countries and health monitoring for international travellers in order to minimise the spread of infectious diseases and other health risks. The USMAF SASN therefore exercises its skills regarding cross-border health, i.e. infectious diseases, preventive care and quarantining, at ports and airports located throughout the country.

USMAF SASN's supervision and health checks relate to the application of the International Health Regulations and are intended to identify irregular migrants who represent a particular category of international traveller and who may carry communicable diseases that require the implementation of public health measures.

With regard to the management of migratory flows, the Ministry of Health has entered into an agreement with the Italian Red Cross (IRC) to carry out international disease prevention measures.

The Ministry of Health's USMAF SASN healthcare staff carry out health checks at three different points in time, together with Italian Red Cross staff:

1) When the vessel is docked, USMAF SASN healthcare staff and IRC staff board the vessel to administer an initial health triage to migrants, as well as to issue a clean bill of health.
2) Once disembarking priority has been established, USMAF SASN staff will measure body temperature, check the most accessible lymph nodes and assess the general condition of each migrant.
3) Migrants who need further medical attention will be taken to a health platform set up on a quay and split into the following sections: Medical Area, Area for Pregnant Women and Minors, Area for Observations and Area for Fatalities.

Once the three operational phases have been completed, USMAF SASN staff will implement syndromic surveillance, taking into account the incubation periods of any transmissible infectious diseases. This surveillance takes place in collaboration with the Health Directorates of the Provincial Health Authorities and in communication with Healthcare Managers at ASP reception centres.

5.2 Skills and Institutional Roles of Regional Health Authorities

The Regional Health System guarantees that it will provide the essential assistance levels listed in the plans designed to ensure self-sufficiency on a provincial basis via its Provincial Health Authorities, hospitals and university hospitals.

The Regional Health Service will provide users (including foreign citizens) with informed access and the appropriate and shared use of health services for diagnosis, treatment and rehabilitation in relation to their care needs, as well as prevention and health education, in terms of the resources available and in accordance with national and regional healthcare plans.

Provincial Health Authorities:
Each province contains a Provincial Health Authority that provides health assistance via hospital and local activities.

Hospitals
Hospitals provide highly-specialised national and regional healthcare activities with advanced and innovative diagnostic and therapeutic technologies and also perform the tasks specifically assigned to them in regional planning documents. Hospitals also act as point of reference for specialised activities of the Provincial Health Authorities within their area of competence. Without prejudice to the recognised autonomy of university institutions, in order to ensure there are the healthcare activities necessary for teaching and research at the Faculties of Medicine and Surgery within the framework of regional health planning, the Regional Health Council promotes collaboration between the Regional Health Service and the Universities of Palermo, Catania and Messina in order to achieve the purposes set out in Legislative Decree No 517 of 21 December 1999.

5.3 Skills and Institutional Roles of the Italian Red Cross

The Italian Red Cross, which is part of the International Red Cross and Red Crescent Movement, is organised in a pyramid structure and is divided into a National Committee, as well as Regional and Local Committees throughout the country. The Red Cross is recognised as an auxiliary public authority by Legislative Decree 178/2012.

The IRC has also entered into a collaboration agreement with the Ministry of Health – Directorate General of Prevention at national level for the 'fulfilment of the tasks envisaged for Italy by

the application of the new International Health Regulations for the strengthening of the monitoring and alert system at the country's borders.'

In particular, the agreement provides for both support and collaboration, as well as the potential execution of delegated activities relating to the health monitoring measures listed in the International Health Regulations for which the State is responsible, in relation to events linked to migratory phenomena, with particular reference to the southern coasts of the country and Sicily, in particular.

After a request by the Ministry of Health, the Italian Red Cross will ensure IRC employees and vehicles are present in the disembarkation area to support the USMAF SASN's activities, in order to make sure that the arrival of people in the region does not constitute a danger to public health by administering necessary treatment to individuals with illnesses or diseases.

Furthermore, in order to strengthen the healthcare emergency response network at the country's borders, activation protocols have been set up, in the event of an emergency, for a contingent of Italian Red Cross healthcare staff to intervene throughout the country.

To this end, the IRC has suitable means to provide both the management of the transfer and assistance in a highly bio-contained setting from the ship or disembarkation area to the hospital of reference equipped for the disease in question, in the event of the announcement of infectious diseases on board. In addition, a mobile laboratory that meets the needs of laboratory diagnostics in specific scenarios, as well as a means of transport for possible contacts, equipment and structures for decontamination and isolation will all be made available.

If there is a suspicious event, the Ministry of Health will issue all instructions to the Italian Red Cross, USMAF SASN Office and Regional Health Council. The Ministry of Health is responsible for coordinating operations and all operational measures will be carried out by the IRC, Navy Military and Air Force, with the involvement of the IRCCS for infectious diseases where necessary.

6.0 Plan Objectives

6.1 General Objectives

To minimise the impact on the health of migrants, rescuers and the resident population.

6.2 Management Objectives

Unified operations management.

Rational use of available resources, staff on call and suitable means of intervention. Two-way information flow between central and peripheral systems.

7.0 Procedures during Various Operational Phases

7.1 Rescue at sea and transportation to the quayside

After the completion of Operation Mare Nostrum, the Ministry of Health's medical staff will no longer be present on board Italian Navy ships. From 1 February 2016 onwards, on the basis of the Ministry of Health's **Primissima Assistenza Sanitaria nelle operazioni di Soccorso in Mare [Earliest Healthcare Assistance in First-Aid Operations at Sea] (PASSIM)** project – co-funded by the European Union under the 2014–2020 Asylum, Migration and Integration Fund (Specific Objective 1 Asylum – National Objective 1 Reception/Asylum) – doctors, nurses and midwives from CISOM, the RAVA Foundation and the IRC Military Corps – as well as IRC Voluntary Nurses and IOM cultural mediators – will be present on board Italian Navy ships (the Ministry's main project partner, together with the International Organization for Migration), as well as Coast Guard and Guardia di Finanza [financial police] ships engaged in SAR operations.

Staff members working within the ambit of the PASSIM project will carry out a first health-related triage in order to identify any groups deemed to be particularly vulnerable or in need of immediate care, as well as in order to identify possible diseases of interest pursuant to the International Health Regulations and in accordance with the Ministry of Health's duties.

The fact that presence of these staff on board naval units involved in SAR operations is not widespread requires that USMAF SASN staff intervene upon arrival in order to carry out international disease prevention measures.

7.2 Landings Ministry of Health/Italian Red Cross Guidelines

The following recommendations for landings are issued in agreement with the Ministry of Health:

- an adequate number of structures (including mobile and easy-to-assemble structures, such as gazebos), in line with the number of arrivals, must be made available at the landing point in order to allow migrants to undergo health checks respecting the necessary conditions of confidentiality and to ensure that assessments of migrants' health are carried out within a reasonable time frame;
- the provision of waiting areas sheltered from adverse weather conditions and equipped with seats for those awaiting healthcare or identification procedures; gazebos and benches may suffice in this instance;
- the installation or arrangement of an adequate number of sanitary facilities for incoming migrants near landing areas for sanitation purposes and in full respect of their dignity;
- availability of food, water, hygiene items and blankets, which must be distributed immediately after arrival without waiting for other operations to be carried out;
- availability of food and materials for newborn babies.

For the plan's specific needs, upon activation by the prefecture and/or local ASP, the IRC must ensure that the following resources are made available during migrant landings via regional coordination and by means of the IRC's Sicilian Committees:

1	'MSB' (basic rescue vehicle) ambulance complete with crew
6	Volunteer rescue staff members
1	Voluntary public health division (RSP) staff member to assist USMAF SASN staff
1	Doctor/nurse staff member (if available)
1	Cultural linguistic mediator (if available)
1	Voluntary IRC psychologist (if available)
1	Voluntary family reunification activity staff member - RFL (if available)
1	Service manager
3	Telescopic tents for medical examinations

Additional staff, equipment and vehicle resources may be provided if specifically requested by the prefecture and/or local ASP, subject to an agreement (pursuant to Legislative Decree No 178/2012) between the Regional Committee and / or IRC committees responsible for the region and local ASPs, in full acknowledgement of the reimbursement of any expenses incurred by the IRC.

In order to make proper use of resources, if the IRC is not required or the full use of resources is not necessary during disembarkation or preparatory phases, these resources will remain at the disposal of the IRC Service Manager for use at a different disembarkation point.

7.3 Healthcare assistance on the quayside and transportation to the first reception centres

USMAF SASN and IRC staff check for signs and symptoms indicative of the diseases of interest listed in the International Health Regulations when migrants land on the quayside and before they are transported to immigration centres.

USMAF SASN staff carry out a first triage and check individuals for the illnesses listed in the International Health Regulations while on board and at during disembarkation. Once on the quayside, migrants undergo further treatment at the ASP/IRC health platform (please refer to page 46).

The ASP doctor in charge of healthcare on the quayside works with USMAF SASN and/or IRC staff to implement specific operational plans during landings; they also report to the ASP Landings Coordinator, providing that person with information on any urgent and immediate hospital admissions to be implemented via the 118 Operations Centre.

The ASP Landings Coordinator informs the relevant 118 Operations Centre of any urgent procedures in need of immediate attention and also consults the USMAF SASN and/or IRC manager regarding the triage activities carried out on the quayside.

(For specific duties, please refer to the job role information listed below).

7.4 Healthcare in first reception centres

In 'government' reception centres, healthcare is provided by the managing body, while in **centri di accoglienza straordinaria** [**temporary reception centres**] (**CAS**), healthcare is administered by the local area authority.

Where provided by legislation regarding administering healthcare to foreign citizens, healthcare services may be administered by general practitioners at temporary reception centres in Sicily following a consultation with the Permanent Regional Committee of General Practice and Primary Care Paediatrics established pursuant to Article 24 of the National Collective Agreement of 29 July 2009.

Activities in temporary reception centres are coordinated by the ASP Coordinator for the CAS.

7.5 Standard operating procedures (SOP) for Italian hotspot facilities. Ministry of the Interior, Department for Civil Liberties and immigration and Department of Public Security

IT HOTSPOTS – Standard Operating Procedures

B.3. Operational sequences/procedures

The following operational sequences must be followed at all hotspot facilities:

I *SAR rescues and landings;*
II *health screening and the timely identification of vulnerable groups (also by using information acquired on boats after rescue operations);*
III *transport to hotspot facilities, security checks depending on the local situation, issuance of information in paper form regarding the current immigration and asylum regulations of international organisations and the ways in which incoming individuals can manifest their desire to request international protection, as well as clear indications regarding the competent authorities able to receive said requests;*
IV *pre-identification (ID photo and ID bracelets, if used by SAR operators on boats after rescue operations);*

It should be noted that pre-identification activities, including the attribution of nationality, are by no means adequate in determining the attribution of a definitive legal status and do not impede an individual's ability to exercise the right to ask for international protection, including at a later point in time. Referral mechanisms for individuals expressing a desire to request international protection must be made available at all times (e.g. the manifestation of desire in terms of forensics or an Immigration Office referral, including via the proactive role of all individuals working at the hotspot facility).

V *the provision of information regarding the current immigration and asylum legislation of international organisations (the rights and duties associated with entry to a region and the right to request international protection or access to a relocation procedure in a language understandable to the individual);*
VI *identification, photo-documentation and database checks (AFIS/EURODAC and other police databases[1]); intervention of authority in charge of carrying out investigative activities, which must be carried out across the board during all phases of this procedure, as a matter of priority, as well as a debriefing by Frontex;*
VII *reception in hotspot accommodation and medical examination facilities (taking into account the results of the medical triage performed at the disembarkation point);*
VIII *provision of structured information on procedures for requesting international protection and relocation;*
IX *debriefing by Frontex (activity carried out during various stages in the procedure);*
X *release from hotspot facility;*

Transfer to a secondary reception facility (regional hub, temporary facility etc.)

Or

For individuals who have not expressed a desire to seek international protection and have no right to remain in the country, the data sheet provided for in the Return Directive (Attachment 4) must be filled out followed by the subsequent issuance of refoulement measures by the Chief of Police, or prefect deportation measures. Depending on the situation, these measures may be carried out immediately if the necessary conditions are met, either by transfer to an Identification and Deportation Centre (CIE) or, if no spaces are available, by order of the Chief of Police to leave the country within 7 days. If the conditions are met, deportation or refoulement measures will be carried out via voluntary repatriation or alternative detention measures.

1 Reference is made to Standard Operating Procedure SOP 009/15 (SAR/POS) for the identification of the 'POS – Place of Safety' in the context of SAR operations relating to migratory flows via the sea, MRCC Rome

Other than where there is an exceptional inflow requiring the adoption of different initiatives, individuals can only leave the hotspot facility once they have been photo-documented in accordance with the provisions of current regulations and once all national, international and police database security checks have been completed. The individual will then commence procedures to define their legal position as one of the following: (1) **asylum seeker;** (2) **asylum seeker who may benefit from a relocation procedure;** (3) **unaccompanied foreign minor, victim of trafficking or a vulnerable person or** (4) **a person in receipt of a removal order who may be subject to an entry ban.**

Access to the international protection procedure should always be available, including in situations in which a desire is expressed at a later date or at a local police office (Article 6 Procedure Decree). In any case, all requests for international protection made by an individual must be noted down on the relevant information sheet at the hotspot facility in question.

B.4. Length of stay at hotspot facilities

The length of stay at a hotspot facility, from the moment of reception, must be as short as possible, in line with current regulatory guidelines.

B.5. Individual hotspot facility procedures

B.5.1. Medical triage procedure

Upon arrival at the port, or immediately after reception at the hotspot facility, medical triage activities must be carried out in order to identify people who require specific medical attention or present obvious vulnerabilities during the initial assessment phase.

In general, medical staff are present on board rescue boats. In agreement with the USMAF, it is mandatory for a medical report to be sent to the health authorities before the arrival of the lifeboat at the designated port.

A quick check is generally carried out at the disembarkation point to look for the presence of infectious diseases and to check whether or not disembarked individuals are able to go ashore. People are only permitted to leave the boat once these checks have been carried out.

Following this preliminary medical check-up, individuals who require specific attention are disembarked as a priority.

In any case, a quick medical screening must be carried out before arrival if: a) individuals are boarding the transport to the hotspot facility; b) they are entering the hotspot facility

In any case, medical staff are present at hotspot facilities 24 hours a day, 7 days a week.

Individuals involved: medical staff on board boats, medical staff on the ground.

The UNHCR and the IOM have access to the disembarkation areas and provide support to the authorities for the timely identification of vulnerable cases.

B.5.2. Identification by photograph and numbered bracelet

Before disembarking, healthcare staff will apply bracelets with sequential identification numbers to individuals on board the ship or immediately after disembarking.

Immediately after disembarking, a photo will be taken of each person showing the numbered bracelet needed for the pre-identification form. If the intervening SAR unit has already handed out numbered bracelets to individuals via healthcare staff on board the ship, this bracelet must be used for subsequent identification procedures.

Individuals involved: State police, healthcare staff, Maritime Intervention Unit

7.6 Healthcare for foreign minors

R.D. 326/14 'Foreign health assistance – Regional Health System enrolment procedures for foreign non-EU or EU minors with either an STP or an ENI code' outlines the operational procedures for applying the provisions of the agreement established by the Permanent Conference for relations between the State, Regions and Autonomous Provinces of Trento and Bolzano in a national document: 'Directions for the correct application of legislation regarding administering healthcare assistance to the foreign population by the Regions and Autonomous Provinces of Italy', and implemented by the Region of Sicily with R.D. of 26 September 2013.

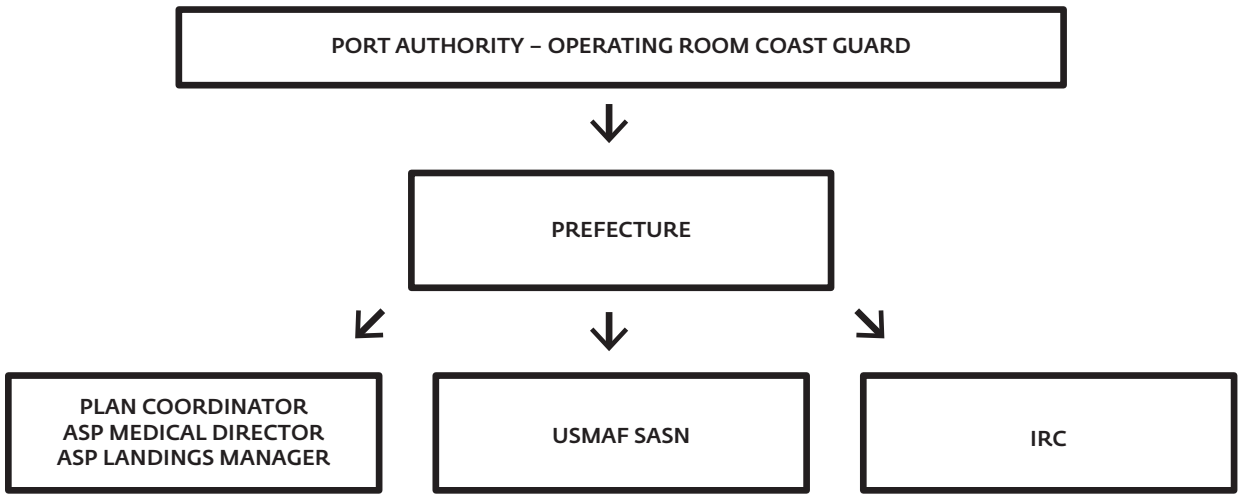
In particular, compulsory enrolment in the Regional Health System (SSR) of foreign minors who are in the region 'regardless of whether they have a residence permit' is laid down. Children up to the age of 14 are registered with primary care paediatricians (PLS) who implement the same prevention measures (education, nutrition, vaccinations, physical activity, etc.) and assistance as guaranteed to Italian minors and foreigners legally present in the Region of Sicily, thus guaranteeing these individuals the rights enshrined in the New York Convention (rights of the child).

'Health check' and 'filter' visits in order to regularly assess pre-defined child development markers will be carried out by primary care paediatricians.

8.0 Information Flow

The flow of operational information requires the ship involved in rescue operations at sea to leave an urgent notice for the competent Prefecture, which in turn alerts the USMAF SASN, the Regional Plan Coordinator, the ASP Medical Director, the ASP Coordinator and the IRC for medical assistance at disembarkation, providing information on the number of expected migrants, their genders and ages, and the ship's expected time of entry into the port.

Once all landings have been completed, the Prefecture informs USMAF SASN staff and the ASP reception centre Manager as to where the migrants will be allocated; this is to ensure there is syndromic surveillance at reception centres.



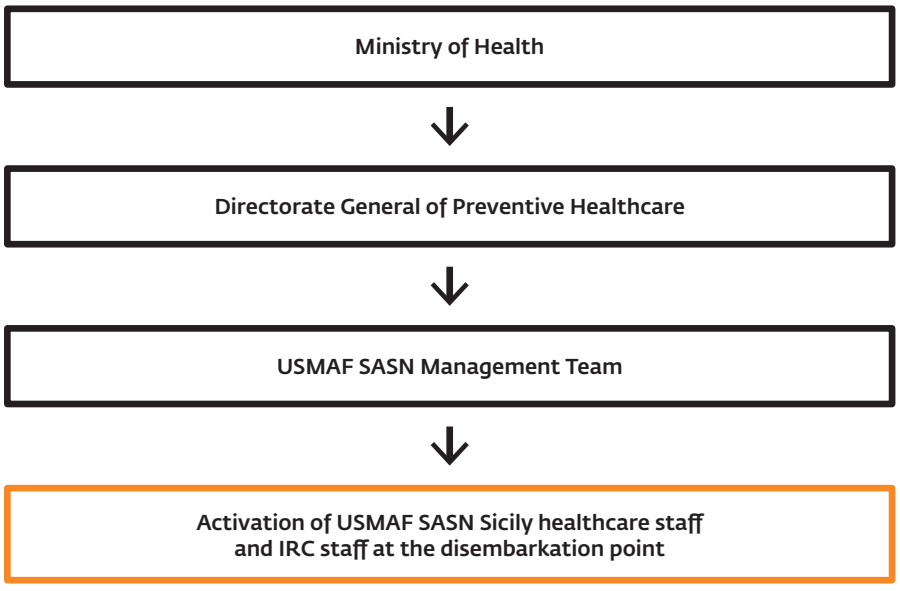
9.0 National Operative Plan

Definitions and purpose

USMAF SASN National and Regional Strategic Manager
The person responsible politically for all planning, decision-making and strategic management duties intended to guarantee the 'public health' of all individuals involved in landings, including the resident population.

Coordination and local actions

USMAF SASN Sicily's offices deal with the implementation of the healthcare activities listed in the Contingency Plan on the instruction of USMAF SASN Sicily's Director.



9.1 Job Role Information – National Level

Ministry of Health

Role assigned to:	Directorate General of Preventive Healthcare
Reports to:	Minister for Health
Operational office:	Viale Ribotta 5, 00144 Rome Email address: sergr.dgprev@sanita.it \ Certified email address: dgprev@postacert.sanita.it

Job role objectives

Political-strategic management and institutional link between the Region of Sicily and the Ministry of Health. Strategic coordination with island's local government offices via the USMAF SASN offices.

Duties

- Issues guidelines regarding the protection of public health in order to minimise the impact on the health of migrants, rescuers and the Region of Sicily's resident population.
- Receives updated reports from USMAF SASN Management Teams.
- Evaluates the results of the Contingency Plan.
- Sends a request to the Government Council for additional resources for ordinary and extraordinary migratory events.
- Organises the rescheduling of international disease prevention measures.

USMAF SASN Management Team

Role assigned to:	USMAF SASN Sicily Manager
Reports to:	Directorate General of Preventive Healthcare USMAF SASN - Sicily Management Team
Operational office:	Email address: usma.palermo@sanita.it Certified email address: usmaf-pa@postacert.sanita.it

USMAF SASN Management Team objectives and duties

The Office for Maritime, Air and Border Health and Healthcare Assistance for USMAF SASN Crew Members (USMAF-SASN) is managed by USMAF SAN Sicily's Management Team and belongs to the Ministry of Health's Directorate General of Preventive Healthcare, which handles all technical-functional coordination tasks. The USMAF SASN offices are divided into local units and SASN clinics and perform international disease prevention measures on people and means of transport and goods, pursuant to national and international legislation, as well as medico-legal activities for the enrolment in professional registers, and medical, legal and healthcare-related activities for seafaring and air crew members.

In managing migratory flows, USMAF SASN healthcare staff are responsible for border health checks, carrying out a first triage and checking for any suspected diseases that come under the International Health Regulations on board or during disembarkation where necessary.

Once on the quayside, migrants undergo further treatment at the ASP/IRC health platform (please refer to page 46).

Information Flow

Receives information from:	Gives information to:
Directorate General of Preventive Healthcare	Local USMAF SASN units
Italian Navy, Port Authority	
Prefecture	
Regional Plan Coordinator	

10.0 Regional Operative Plan

Definitions and purpose

Strategic Manager
The person responsible politically for all planning, decision-making and strategic management duties intended to guarantee the 'public health' of all individuals involved in landings, including the resident population.

The Region of Sicily's Councillor for Health, in their capacity as an independent authority, is responsible for the strategic management of migrant healthcare activities. The Councillor is responsible for strategic healthcare relations with the Ministry of Health, regional policy relations with the President of the Region of Sicily and interinstitutional coordination relations with the Region of Sicily's local governmental offices.

Regional Coordinator
The person responsible for technical coordination provided to all institutions involved in this plan by the Regional Health Council. Defines the operational coordination of all healthcare activities related to the arrival and reception of migrants. Works with Regional Health Authority directors in order to implement the plan's procedures.

Regional Technical Support
The regional organisational authority that provides the strategic management team and plan coordinator with technical and administrative support via the Regional Health Council's departments.

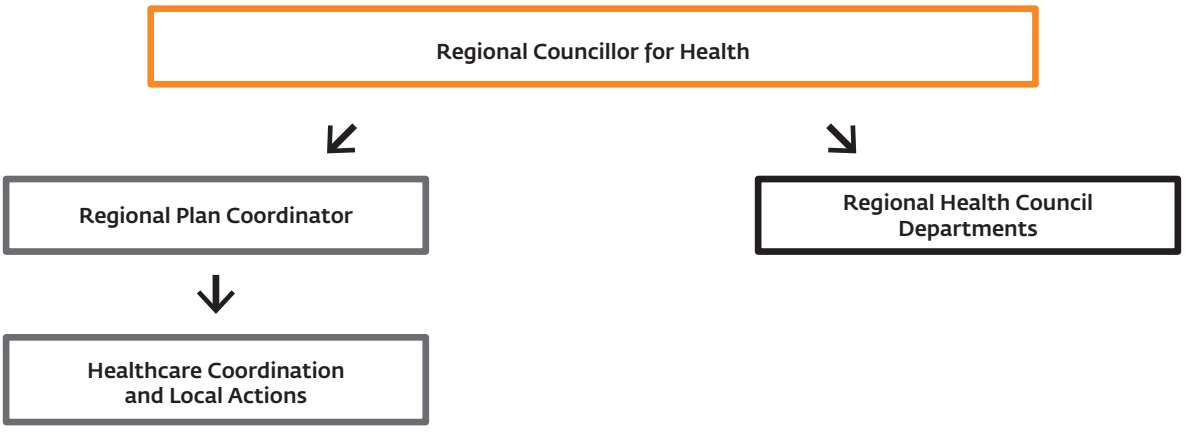
Healthcare Coordination and Local Actions
The Provincial Health Authorities' employees who coordinate general healthcare activities at local level. These employees coordinate all healthcare activities from disembarkation to arrival at reception centres with USMAF SASN staff, coordinating with the Plan Coordinator, regional technical units, hospitals and IRC staff.

Strategy

Coordination and Actions

Technical Support

10.1 Diagram



10.2 Job Role Information – Regional Level

Regional Health Council

Role assigned to:	Regional Councillor for Health, Region of Sicily
Reports to:	Ministry of Health President of the Region of Sicily
Operational office:	Health Council Piazza Ottavio Ziino 24, Palermo Tel. +39 091 7075549 assessore.sanita@regione.sicilia.it: assessorato.salut.e@certmail.regione.sicilia.it:

Job role objectives

Political-strategic management and institutional link between the Region of Sicily and the Ministry of Health. Strategic coordination with the island's local government offices.

Duties

- Issues provisions regarding health protection and strengthening of healthcare services as a result of the migratory flows affecting the Region of Sicily.
- Receives updated reports from the Regional Plan Coordinator.
- Evaluates the results of the plan.
- Sends a request to the Government Council for additional resources for ordinary and extraordinary migratory events.
- Works with the Ministry of Health for the purpose of international disease prevention measures.
- Organises the rescheduling of interventions.

Regional Plan Coordinator

Role assigned to:	Francesco Bongiorno
Reports to:	Regional Councillor for Health
Operational office:	Health Council Piazza Ottavio Ziino 24, Palermo Tel. +39 3299074679 +39 091 7075613 francesco.bongiorno@regione.sicilia.it

Job role objectives:

- Regional Plan Coordination
- Ensures continuity and coherence between planning departments (Health Council) and operational departments (ASP).
- General inter-provincial coordination.
- Interinstitutional operational coordination.
- Works with the USMAF SASN Director for the general coordination of health activities at disembarkation and in reception centres.

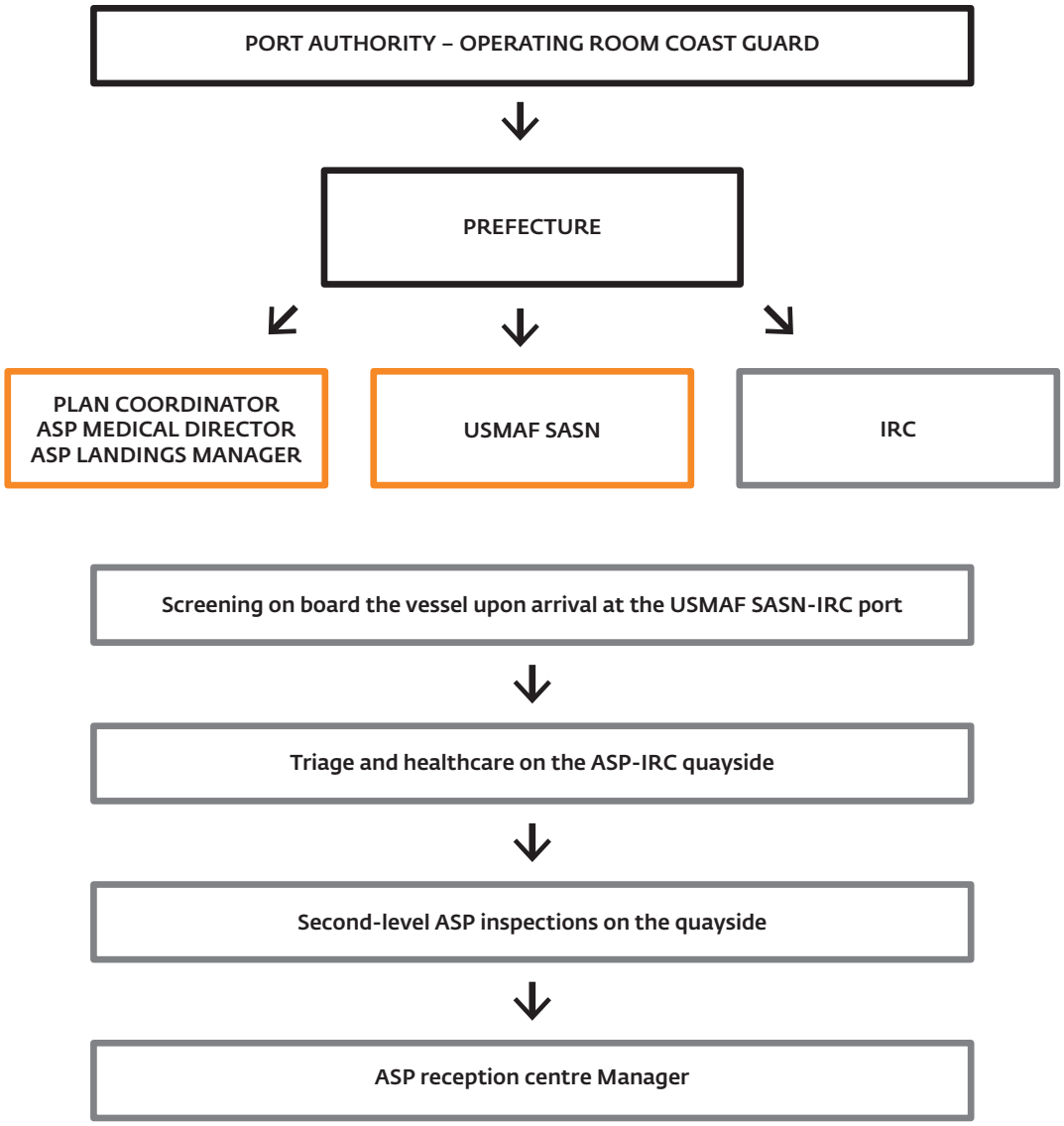
Duties

- Organises and coordinates regular meetings with the Regional Health Council departments.
- Prepares regular written updates (weekly or monthly depending on how the situation develops) for the Regional Councillor for Health.
- Evaluates the appropriateness of the plan.
- Evaluates its economic impact based on data provided by local coordination authorities.
- Suggests corrective actions to the plan to the Councillor
- Checks any local contingency plans.
- Works with all non-health institutions involved in the dynamics of immigration policies.
- Receives timely communications from the ASP Medical Director regarding urgent health problems concerning migratory flow management.

Information Flow

Receives information from:	Gives information to:
Regional Health Council Departments	Councillor for Health
USMAF SASN Director	USMAF SASN Director
Directors of Regional Health Authorities	Directors of Regional Health Authorities

11.0 Local management units



11.1 Job Role Information – Local Level

Local USMAF SASN Offices

Role assigned to:	Local USMAF SASN Sicily Offices
Reports to:	USMAF SASN Sicily Regional Management Team
Operational office:	At various locations in Sicily

Duties

The Office for Maritime, Air and Border Health and Healthcare Assistance for USMAF SASN Crew Members (USMAF-SASN) are managed by USMAF SAN Sicily's Management Team and belongs to the Ministry of Health's Directorate General of Preventive Healthcare, which handles all technical-functional coordination tasks. The USMAF SASN offices are divided into local units and SASN clinics and perform international disease prevention measures on people and means of transport and goods, pursuant to national and international legislation, as well as medico-legal activities for the enrolment in professional registers, and medical, legal and healthcare-related activities for seafaring and air crew members.

In managing migratory flows, USMAF SASN healthcare staff in conjunction with IRC staff are responsible for border health checks, carrying out a first triage and checking for any suspected diseases that come under the International Health Regulations on board or during disembarkation where necessary.

Once on the quayside, migrants undergo further treatment at the ASP/IRC health platform (please refer to page 46).

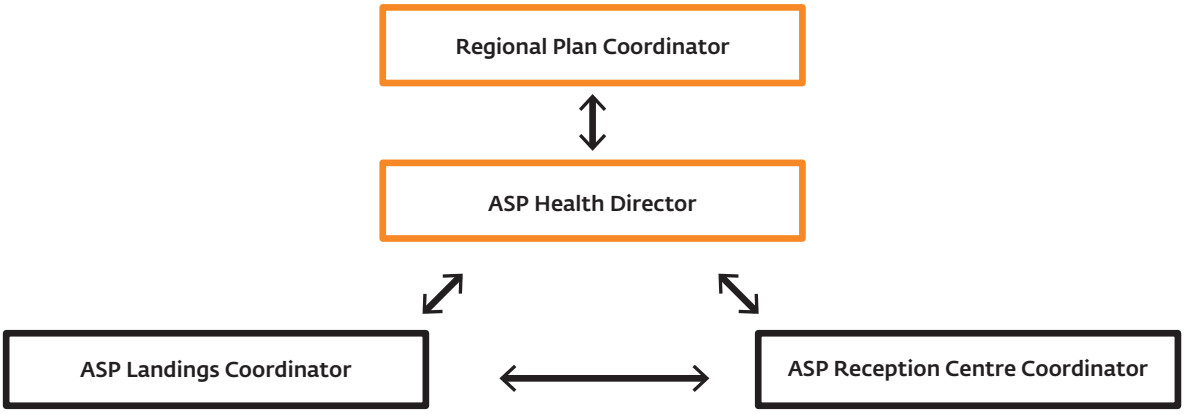
Information Flow

Receives information from:	Gives information to:
Staff on board ships and the Coast Guard	Doctors and staff on the quayside
Prefecture	
USMAF SASN Director	

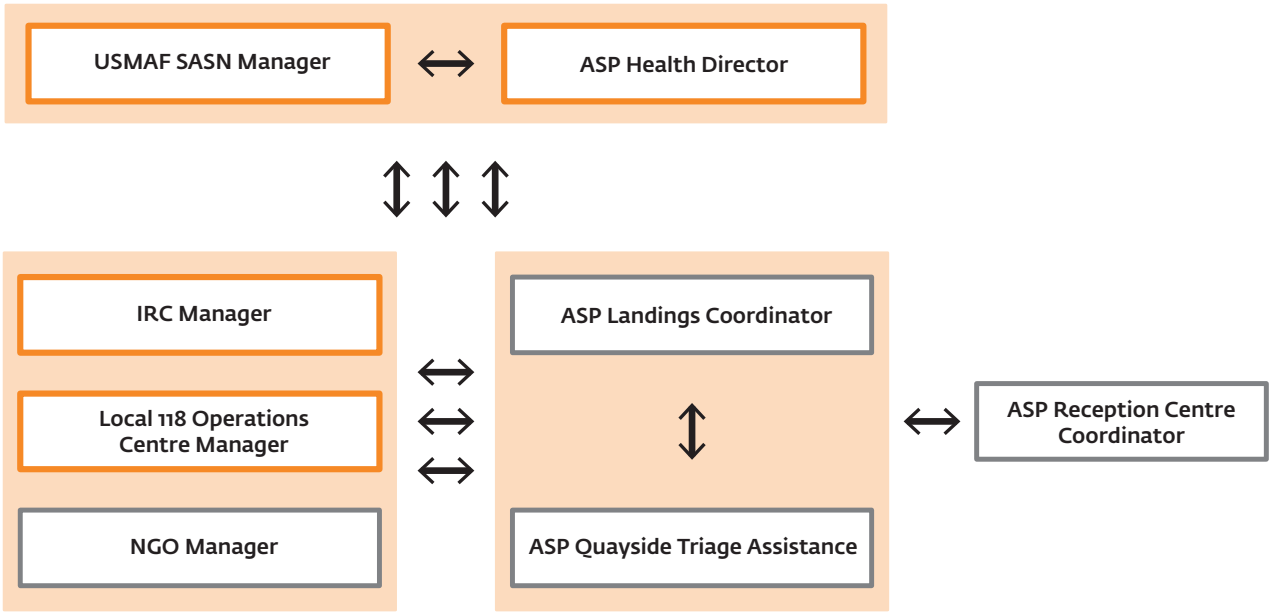
11.2 List of local USMAF SASN offices

Offices	MANAGER	Email address	Mobile Number	Phone	Fax
USMAF SASN Sicily Management Team	Dr Claudio Pulvirenti	C.c.pulvirenti@sanita.it	335 7262795	0659944719	00916111812
Palermo	Dr Domenico Stabile	d.stabile@sanita.it	335 7262819	0659944719	091 6111812
Palermo airport	Dr Loredana Nesticò	l.nestico@sanita.it	334 6432433	0659944753	091 7020266
Augusta	Dr Giuseppina Di Giacomo	g.digiacomo@sanita.it	335 7262766	0659944761	0931511881
Catania	Dr Valeria Marletta	v.marletta@sanita.it	335 7262512	0659944813	095 538294
Catania airport	Dr Valeria Velardita	v.velardita@sanita.it	334 6416355	095341273	0958731739
Messina	Dr Bartolo Morabito	b.morabito@sanita.it	335 7262513	0659944811	090679913
Port Empedocle	Dr Enrico Pepiciello	e.pepiciello@sanita.it	335 7262844	0659944760	0922 636662
Syracuse	Dr Giuseppina Pignatello	g.pignatello@sanita.it	335 7262748	0659944785	0931/61197
Trapani	Dr Giuseppe Giugno	g.giugno@sanita.it	335 7262821	0659944755	0923 23577

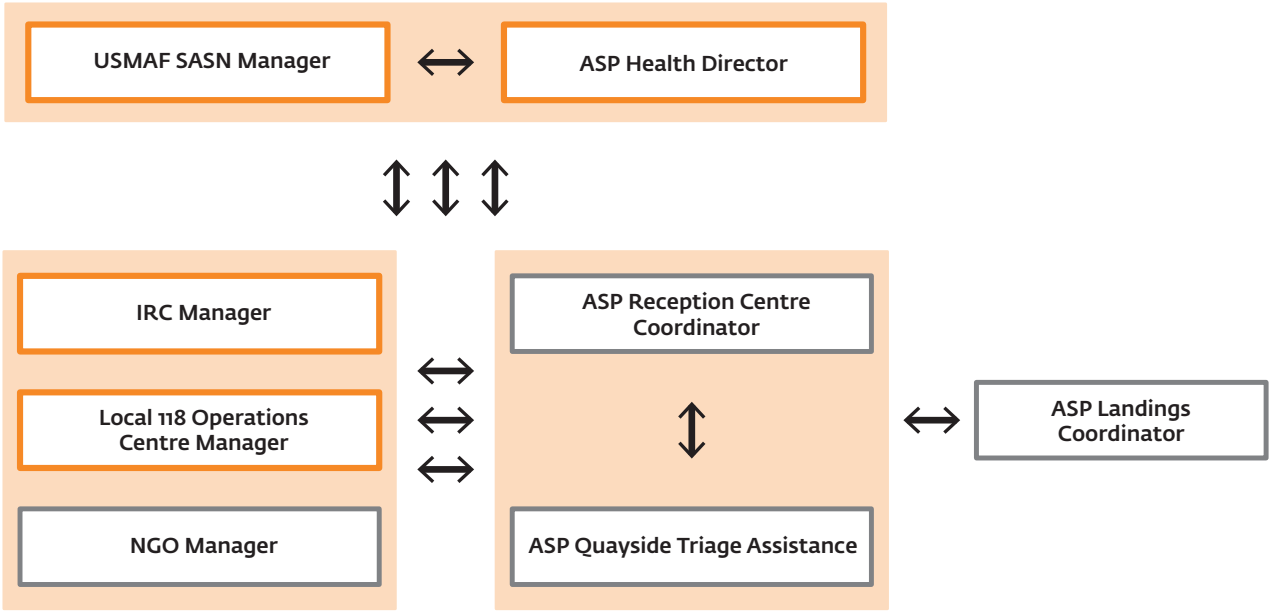
11.3 Local units



11.4 Landing coordination unit



11.5 Reception centre coordination unit



ASP Health Director

Reports to:	Provincial Health Authority General Manager Regional Plan Coordinator
Operational office:	ASP Office

Job role objectives

General coordination of healthcare activities at disembarkation and at reception centres.

Duties

- Activates local management procedures on disembarkation.
- Monitors activities carried out by adopting the necessary corrective measures.
- Works with the Plan Coordinator and Regional Health Council technical units.
- Works with local USMAF SASN, IRC and NGO managers.
- Coordinates activities with Healthcare Company services.
- Works with local non-healthcare institutions.

Information flow

Receives information from:	Gives information to:
Regional Plan Coordinator	Regional Plan Coordinator
ASP/CAS Coordinator	ASP/CAS Coordinator

11.6 List of ASP Health Directorates

ASP	Address	Email address	Fax	Phone number
Agrigento	Viale della Vittoria 321	direttore.sanitario@asp2.it	0922 407218	0922 407403
Caltanissetta	Via Cusmano 1	direzionesanitaria@asp.cl.it	0934 506081	0934 506027
Catania	Via Santa Maria la Grande 5	direzionesanitaria@aspct.it	0950 938100	0952 540451
Enna	Viale Diaz 7	direzione.sanitaria@asp.enna.it	0935 520509	0935 520464
Messina	Via La Farina 263	direttore.sanitario@asp.messina.it	0902 922112	0903 652790
Palermo	Via Giacomo Cusmano 24	direzionesanitaria@asppalermo.or2	0917 032039	0917 032330
Ragusa	Piazza Igea 1	direttore.sanitario@asp.rg.it	0932 227588	0932 234224
Syracuse	Corso Gelone 17	Direzione.sanitaria@asp.sr.it	0931 484318	0931 484259
Trapani	Via Mazzini 1	direzione.sanitaria@asptrapani.it	0923 805335	0923 805256

ASP Landings Coordinators

Reports to:	ASP Health Director
Operational office:	ASP disembarkation point

Job role objectives

Operative coordination of medical rescue interventions on the quayside

Duties

- Identifies the triage area along with USMAF SASN and IRC staff.
- Works with USMAF SASN – IRC staff in order to implement specific operational plans.
- Alerts and works with local hospitals via hospital unit directors. Alerts the relevant 118 Operations Centre regarding any urgent interventions in need of immediate attention.
- Organises first-level medical examinations using IRC or NGO healthcare staff where present.
- Guarantees the supply of necessary medicines and health services during the landing stages.
- Works with the Prefectures and with USMAF SASN and IRC staff for the logistics in relation to the number of migrants expected to disembark.
- Works with the Prefecture, the ASP Reception Centre Coordinator and USMAF SASN staff in order to monitor the allocation of migrants to reception centres.

Information flow

Receives information from:	Gives information to:
ASP Health Director	ASP Health Director
Quayside operations manager	Quayside operations manager
Prefecture	Prefecture
USMAF SASN staff	USMAF SASN staff
Coordinator of law enforcement on site	Coordinator of law enforcement on site
IRC and NGO Managers	IRC and NGO Managers
Reception centre coordinator	Reception centre coordinator

11.7 List of ASP landings coordinators

ASP	Name	Email address	Mobile number
Agrigento	Dr Salvatore Castellano	salvatore.castellano@aspa2.it	349 3024459
	Dr Vincenzo Palumbo	vincenzo.palumbo@aspag.it	329 0040667
Caltanissetta	Dr Giuseppe Piva	pinopiva.@libero.it	337 1001188
	Dr Calogero Buttiglieri	i2iene.2ela@asp.cl.it	329 7975406
Catania	Dr Giuseppe Spampinato	giuseppe.spampinato@aspct.it	335 7771460
	Dr Mario Patanè	mario.patane@aspct.it	338 3525867
Messina	Dr Enzo Picciolo	enzo.picciolo@virgilio.it	385 54119444
	Dr Enzo Geraci	enzogeraci@alice.it	338 2265567
	Dr Prestianni Vincenzo	gestioneemergenza@asppalermo.org	366 6124740
Palermo	Dr Panvini Giuseppina	gestioneemergenza@asppalermo.org	335 1402825
	Dr Pietro Bartolo	asblampedusa@asppalermo.org	335406402
	Dr Carmelo Scarso	carmelo.scarso@asp.rg.it	368 691037
	Dr Angelo Gugliotta	angelo.gugliotta@asp.rg.it	338 6353653
Syracuse	Dr Gioacchina Caruso	gioacchina.caruso@gmail.com	320 4322652
	Dr Carlo Candiano	carlocandiano@hotmail.it	338 4540396
	Dr Ranieri Candura	screening@asptrapani.it	333 4730894
Trapani	Dr Loredana Colomba	giovanna.loredana@alice.it	338 9058117

ASP Reception Centre Coordinators

Reports to:	ASP Health Director
Operational office:	ASP

Job role objectives
Operational coordination of medical interventions at reception centres.

Duties
- Implements prevention department coordination tasks.
- Ensures there is systematic collection, storage, analysis and interpretation of infectious disease data in reception centres, sharing them with USMAF SASN staff for the purposes of syndromic surveillance.
- Monitors all types of reception centres in the province, sanctioning social assistance pathways for migrants at centres.
- Plans healthcare in reception centres and also makes use of the support of general practitioners and primary care paediatricians.
- Coordinates IRC and NGO healthcare staff assisting at reception centres.
- Works with prefectures and municipalities for the allocation of migrants to reception centres in the local area.

Information Flow

Receives information from:	Gives information to:
ASP Health Director	ASP Health Director
Triage coordinator	Triage coordinator
Law enforcement coordinator present at disembarkation	Law enforcement coordinator present at disembarkation
Prefecture - Municipalities	Prefecture - Municipalities
IRC and NGO Managers	IRC and NGO Managers
Reception Centres	Reception Centres

11.8 List of ASP Reception Centre Coordinators

ASP	NAME	Email address	Mobile Number
Agrigento	Dr Francesco Micciché	francesco.micciche@aspag.it	335 7192465
	Dr Osvaldo Tona	osvaldo.tona@aspag.it	328 6128391
Caltanissetta	Dr Oriana Ristagno	o.ristagno@asp.cl.it	338 6769745
	Dr Gerardo Mongiovì	areaterritoriale@asp.cl.it	334 6666591
Catania	Dr Mario Cuccia	mario.cuccia.@aspct.it	347 4620265
	Dr Renato Passalacqua	renato.passalacqua.@aspct.it	339 4762069
Enna	Dr Angelo Bonaventura	angelohonaventura.@lihero.it	338 1730903
Messina	Dr Antonella Rando	coordinamentocentriaccoglienza@asp.messina.it	347 3302592
	Dr Giuseppa D'Andrea	giuseppa.dandrea@asp.messina.it	347 6165715
Palermo	Dr Ornella Dino	ornelladino@asppalermo.org	329 6180881
Lampedusa	Dr Pietro Bartolo	ashlampedusa@asppalermo.org	335406402
Ragusa	Dr Carmelo Lauretta	carmelo.lauretta@asp.rg.it	330 899293
	Dr Giuseppina Fontanella	giuseppina.fontanella@asp.rg.it	338 473166
Syracuse	Dr Lia Contrino	semp@asp.sr.it	320 4322680
	Dr Lavinia Lo Curzio	urp.siracusa@asp.sr.it	320 4322700
Trapani	Dr Giuseppe Tranchida	tranchida.p@lihero.it	347 6343435
	Dr Francesco Piccichè	medicina.ha.se.alcamo@asltra.pani.it	330 379644

ASP Quayside Healthcare Assistance Manager

Reports to:	Landings coordinator
Operational office:	Advanced medical post on the quayside

Job role objectives

Evaluates the health status of migrants and identifies urgent hospital admissions. Provides first medical treatment to disembarked migrants where necessary.

Duties

- Performs the general objective examination with the support of USMAF SASN doctors, as well as ASP, IRC and/or NGO doctors, where present.
- Arranges urgent and immediate hospital admissions via the 118 Operations Centre if necessary.
- Coordinates IRC and NGO healthcare activities, where present.
- Issues documentation to be sent to the Accident and Emergency department.
- Issues medical records to be sent to reception centres.

Information Flow

Receives information from:	Gives information to:
Landings coordinator	Landings coordinator
USMAF SASN staff	USMAF SASN staff
IRC/NGO medical staff	IRC/NGO medical staff
Police	Police

12.0 118 Operations Centres

118 Operations Centre Palermo-Trapani:
Manager Dr Fabio Genco
Phone number: 338.2599414
Email address: co118patp@gmail.com

118 Operations Centre Agrigento-Enna-Caltanissetta:
Manager Dr Giuseppe Misuraca
Phone number: 338.6913928
Email address: centrale118@asp.cl.it

118 Operations Centre Messina:
Manager Dr Domenico Runci
Phone number 347.1962463
Email address: sues118@aopapardo.it

118 Operations Centre Catania-Ragusa-Siracusa:
Manager Dr Isabella Bartoli
Phone number 334.6928938
Email address: co118ctrgsr@gmail.com

12.3 Air ambulances supplied by 118 Operations Centres in Sicily

RELEVANT OPERATIONS CENTRES	CURRENT AIR AMBULANCE BASE	OPERATIONS CENTRE CATCHMENT AREA
Palermo	Palermo airport – Boccadifalco	Palermo/Trapani
Palermo	Lampedusa civil airport	Palermo/Trapani
Palermo	Pantelleria civil airport	Palermo/Trapani
Catania	A.O. [hospital] Cannizzaro	Catania/Syracuse/Ragusa
Messina	A.O. Papardo	Messina
Caltanissetta	Asp Caltanissetta P.O. [hospital unit] S. Elia	Caltanissetta/Enna/Agrigento

The activation method for the helicopter rescue service is listed in the Guidelines – Protocols and Procedures for SUES 118 Sicily

The 118 Operations Centres can also provide operational interventions to neighbouring regions and, in exceptional circumstances and only for the Palermo and Lampedusa bases, to areas across the whole country, or even beyond national borders.

118 Operations Centre Managers

Reports to:	ASP landings coordinator and USMAF SASN staff
Operational office:	118 Operations Centre

Job role objectives
Organises migrant transportation for urgent hospital admissions.

Duties
Implements measures under the responsibility of SUES 118 by arranging urgent transfers to regional level II and III healthcare establishments via the means of healthcare transportation provided.

Information Flow

Receives information from:	Gives information to:
USMAF SASN staff	USMAF SASN staff
ASP Quayside Assistance Manager	ASP Quayside Assistance Manager
Hospital Unit Managers	Hospital Unit Managers

12.1 118 Organisation on the Island of Lampedusa

Services operating in the field:

1 AW 139 air ambulance.
1 resuscitation doctor and 1 nurse for the air ambulance
1 resuscitation doctor and 1 nurse for PTE and local red-coded emergencies.

Air ambulance activation method for patient transportation from Lampedusa:
- Request submitted by Palermo ASP provincial healthcare staff to Palermo 118 Operations Centre for transfers to the mainland.
- The 118 Operations Centre sends out the Lampedusa resuscitation doctor responsible for managing red codes on the island.

Final destination:
- Palermo HUB of reference (referring hospitals for diseases)
- Catania HUB of reference (in adverse weather conditions) (referring hospitals for diseases)

If the diseases are time-dependent, Agrigento Hospital (San Giovanni di Dio) and/or Sciacca (Giovanni Paolo II).

13.0 Italian Red Cross

13.1 Activation procedures for the IRC Sicily's public health division

1. At the request of the Ministry of Health, Directorate General of Preventive Healthcare Office 3 and/or the local USMAF SASN Manager for units operating in the Region of Sicily, the Italian Red Cross will provide health and/or logistical staff via the national IRC manager, the IRC Public Health Division Regional Coordination Unit and/or IRC Sicily's regional operations room (SOR), informing all relevant IRC Committees and the local USMAF SASN Manager.
2. The Italian Red Cross Public Health Division units will provide medical support to the USMAF SASN doctor if activated by the Prefecture, the Maritime Authority or any other authority signalling the arrival of migrants at a port in the Region of Sicily. The IRC will also provide a notification detailing the period of time needed to dispatch the necessary staff (specifying whether or not nurses and/or doctors are present).
3. If migrant landings are successful or expected, IRC staff will be made available locally as a priority. The Local USMAF SASN Unit that carried out the operation will note down its collaboration with the IRC in the activity report, including the number of IRC staff involved and their professional qualifications.
4. Any problems relating to the agreement's operational aspects must be presented in detail to the Italian Red Cross and Ministry of Health's Central Offices responsible for the activities listed here.

13.2 Materials and equipment supplied to IRC Sicily's RSP units

4-arch air-inflated tent
IsoArk high biocontainment negative pressure chamber
IsoArk N36 high biocontainment negative pressure stretcher
9-seat service vehicle with BETH-RL isolation module for transporting contacts
Portable decontamination/detoxification equipment

Subject to authorisation from the Ministry of Health, this equipment can be made available upon request by Regional Prefectures, Regional Health Authorities and/or ASPs, with reimbursement of the operating costs incurred by the IRC through the potential drafting of an agreement with the Regional Committee and/or competent IRC Committees for the local area and the Regional Health Authorities and/or competent local ASP.

13.3 List of IRC Sicily Committee references

IRC SICILY REGIONAL COMMITTEE

	Address	Phone number	Fax number	Email address
Regional Committee SICILY	Via P. Mattarella 3/A 90141 Palermo	06/47597506 366.6670325 335.7246081		sicilia@cri.it cr.sicilia@cert.cri.it.

IRC COMMITTEES with local jurisdiction in disembarkation ports

IRC COMMITTEE	Address	Phone number	Fax number	Email address
AGRIGENTO	P.zza Trinacria n.1, (zona A. S. I.) 92021 Aragona	329.2615161 338.5622068 0922/602300		cp.agrigento@cri.it cp.agrigento@cert.cri.it
CATANIA	Via Etnea, 353 95100 CT	095/477151 334.6940409 095/434129	095/431071	cp.catania@cri.it cp.catania@cert.cri.it
MESSINA	Via G. Bruno, 176 98100 ME	320.8430016 320.1126285		cl.messina@cri.it cp.messina@cert.cri.it
PALERMO	Via Pietro Nenni, 75 90145 PA	091/6805111	091/6889576	cp.palermo@cri.it cp.palermo@cert.cri.it
RAGUSA	Via Ing. Migliorisi, 8 97100 RG	392.9596502 345.2921052		cl.ragusa@cri.it cp.ragusa@cert.cri.it
SYRACUSE	Via Sant'Orsola, 19 SR 96100	0931/491262 392.9671783		cl.siracusa@cri.it cp.cri.siracusa@pec.it
TRAPANI	Via C.A. Pepoli, 33 91100 TP	0923/565329 334.2656400		cl.trapani@cri.it cp.tapani@cert.cri.it

Complete list of IRC Committees in the Region of Sicily
URL: https://gaia.cri.it/informazioni/sedi/sicilia/

IRC Manager

Reports to:	Quayside Assistance Manager
Operational office:	Advanced medical post

Job role objectives

- Assists USMAF SASN staff and the ASP Manager with healthcare activities on the quayside.
- Assesses (if an IRC doctor is present) the state of migrant health and the identification of urgent hospital admissions as per written instructions from USMAF SASN staff and the ASP Quayside Assistance Manager.
- Provides (if an IRwC doctor is present) first medical treatment as per written instructions from the USMAF SASN and ASP quayside assistance manager.

Duties

- Performs the duties delegated to him or her by the USMAF SASN and ASP quayside assistance medical manager.
- Coordinates disembarkation logistics with the Prefecture, USMAF SASN staff and ASP Quayside Assistance Manager.

Information Flow

Receives information from:	Gives information to:
USMAF SASN staff	USMAF SASN staff
ASP Quayside Assistance Manager	ASP Quayside Assistance Manager
ASP landings coordinator	ASP landings coordinator

14.0 NGO Manager

Reports to:	USMAF SASN and ASP quayside triage assistance manager
Operational office:	Advanced medical post

Job role objectives

- Evaluates the health status of migrants and identifies urgent hospital admissions as per instructions from USMAF SASN staff and the ASP quayside assistance manager.
- Provides first medical treatment as per instructions from the USMAF SASN and ASP quayside assistance manager.

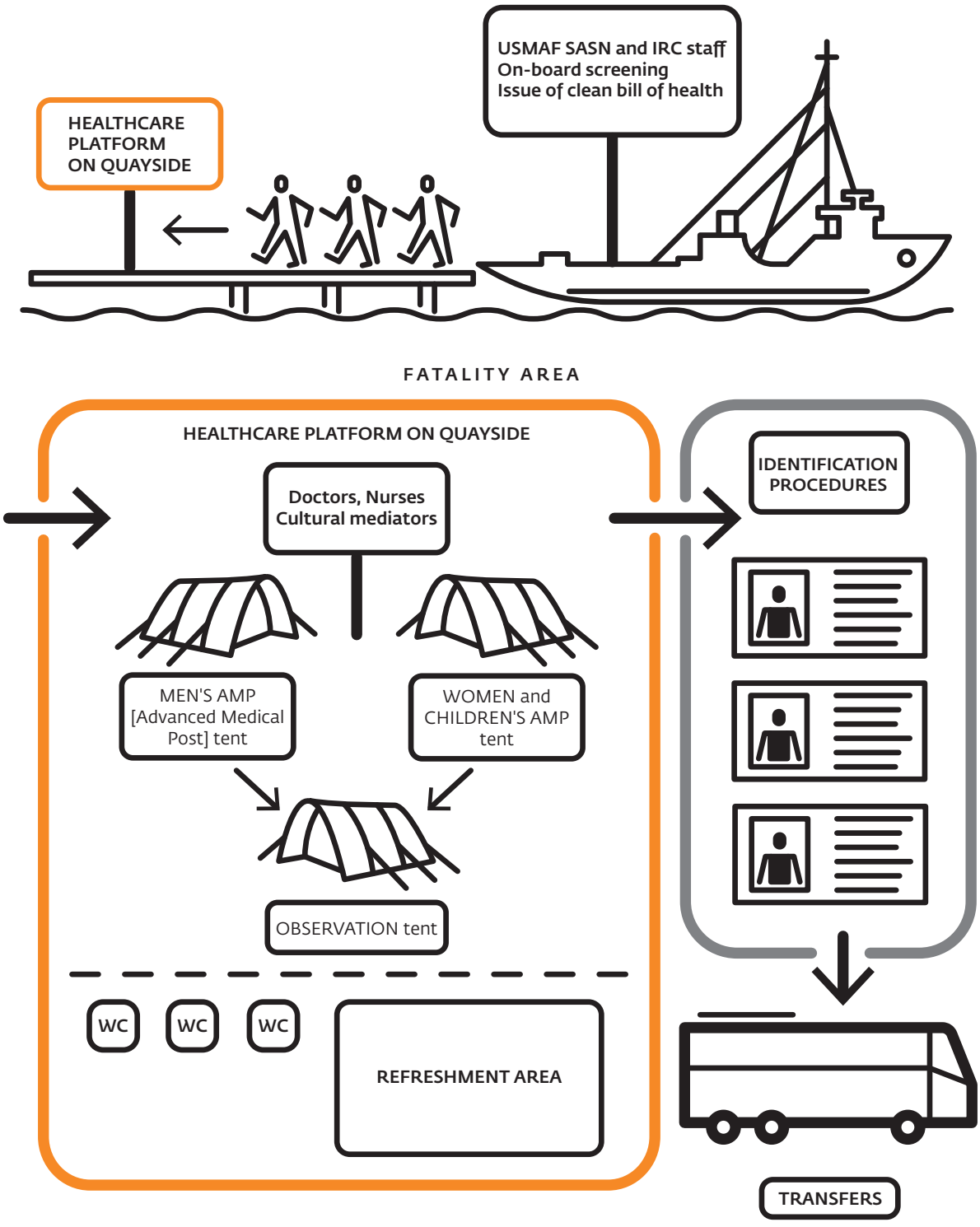
Duties

- Performs the jobs delegated by the USMAF SASN doctor and ASP.
- Carries out logistic support activities with ASP and IRC staff if a large number of migrants is expected to disembark.

Information Flow

Receives information from:	Gives information to:
USMAF SASN and ASP Quayside Assistance Manager	USMAF SASN and ASP Quayside Assistance Manager
IRC staff	IRC staff

15.0 Structural operational model for essential healthcare at disembarkation

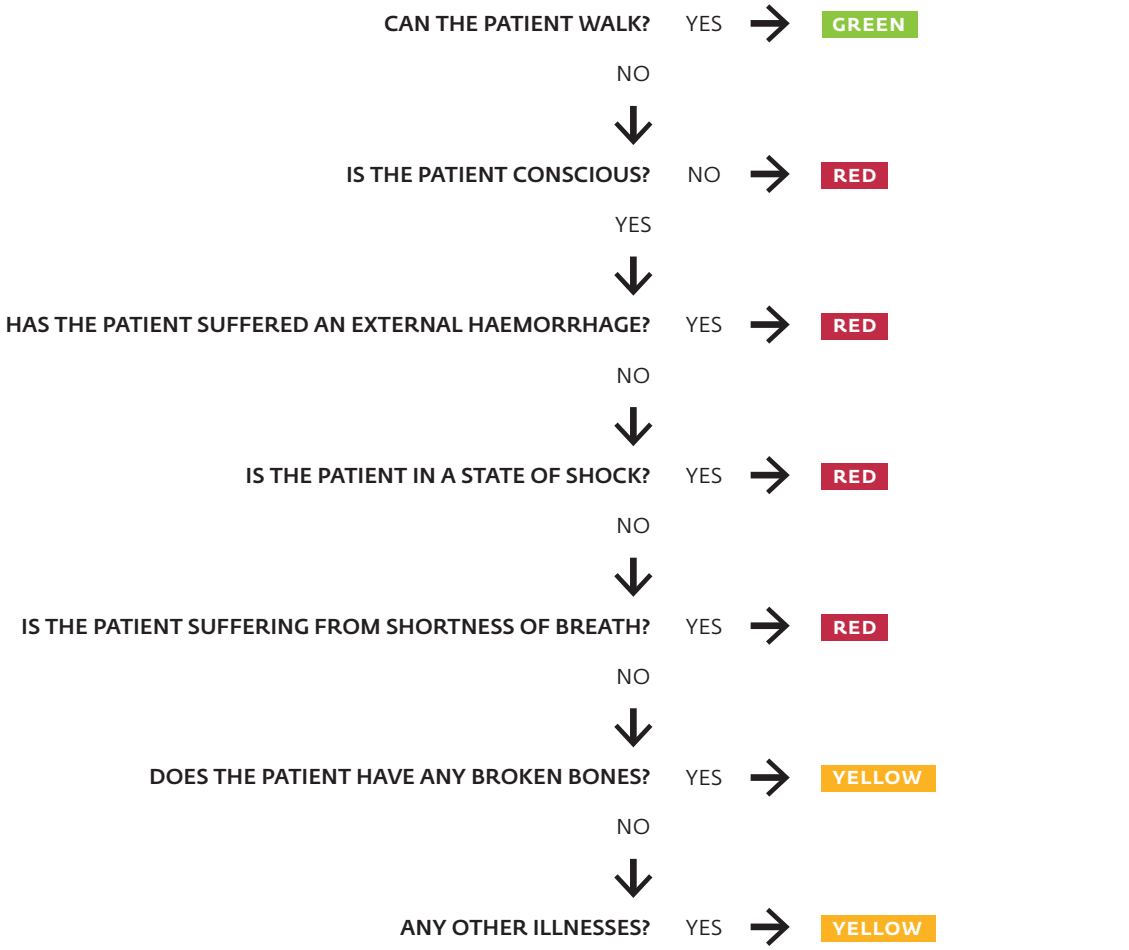


15.1 Healthcare assistance during disembarkation

A medical record must be completed, as per Attachment 1, as part of the triage activities carried out on the quayside, detailing the data available for all disembarked migrants, including red and yellow codes for patients who need to be evacuated urgently, namely in a short-term ICU to the AMP.

1st Assessment:

C.E.S.I.R.A Method.
Consciousness – haemorrhage – shock – respiratory failure – broken bones – other



YELLOW CODES – Code 2

118 Guidelines, Ordinary Supplement to the Official Journal of the Region of Sicily (Page I) No 24 of 21 May 2010 (No 22):

Obvious infectious disease at risk of spreading
Pregnant woman
Acute mental illness
Diffuse cyanosis
Surgical emergency
Multiple or exposed fractures
Fractured rib(s) without difficulty breathing
Amputation of fingers
Vertebral trauma without signs of neurological damage
Respiratory failure
Angina attack
Ischaemic/haemorrhagic stroke without signs of coma
Deep wounds involving tendons and/or muscles and blood vessels

RED CODES – Code 3

118 Guidelines, Ordinary Supplement to the Official Journal of the Region of Sicily (Page I) No 24 of 21 May 2010 (No 22):

Head injury with loss of consciousness
Multiple injuries
Fractures with difficulty breathing and signs of shock
Vertebral traumas with signs of neurological damage
Deep wounds with haemorrhagic shock
Proximal amputation of limbs
Severe respiratory failure
Myocardial infarction
Loss of consciousness – coma
Anaphylactic – hypovolaemic – septic shock
Extensive burns
Drowning
Acute pulmonary oedema

15.2 Clinical record sheet example

A diagnostic system for the screening and management of migrant/international traveller health information is currently being trialled by the Ministry of Health.

LANDING DATE: /...../

LOCATION: .....

ID BRACELET NUMBER: .....

DECLARED AGE: .....

SEX: M ☐ F ☐

DECLARED NATIONALITY: .....

MEDICAL HISTORY: .....

SYMPTOMS: .....

.....

PHYSICAL EXAMINATION: .....

.....

TREATMENT ADMINISTERED: .....

.....

RECOMMENDED TREATMENT/INVESTIGATIONS: .....

.....

.....

DOCTOR'S SIGNATURE

DELIVERY SHEET FOR HOSPITAL UNIT

LANDING DATE: /...../

LOCATION: .....

ID BRACELET NUMBER: .....

DECLARED AGE: .....

SEX: M ☐ F ☐

DECLARED NATIONALITY: .....

IRC .....

SUES-118 .....

HOSPITAL UNIT DESTINATION: .....

TRIAGE CODE: RED ☐ YELLOW ☐ GREEN ☐ WHITE ☐

ASP ID NUMBER .....

SYMPTOMS: .....

.....

PHYSICAL EXAMINATION: .....

.....

TREATMENT: .....

.....

POINT OF CONTACT WHEN DISCHARGED: .....

.....

.....

DOCTOR'S SIGNATURE

16.0 Biocontainment

Biocontainment consists of a set of precautions that take the form of an organised structure that uses calibrated operational units depending on the biosafety level required by the disease class.

Biosafety levels (**BSLs**) are divided into 4 classes of illness-causing pathogens (CDC-USA, EU Directive 2000/54/EC):

BSL 1: is suitable for work involving well-characteriswed agents not known to cause disease and of minimal potential hazard to laboratory staff and the environment (e.g. Escherichia Coli).

BSL 2: is suitable for work involving agents that pose moderate hazards to staff and the environment and that cause mild illnesses in humans (e.g. Salmonella, Mumps, Measles, Type A Influenza).

BSL 3: is applicable to agents that may cause serious or potentially lethal disease in humans through the inhalation route (e.g. Tuberculosis, Yersinia Pestis, SARS, Rabies, Encephalitis, Yellow Fever, Brucellosis, West Nile Virus, Leishmaniasis).

BSL 4: is required for work with dangerous agents that pose a high individual risk of life-threatening disease for which there are no vaccines or treatments (e.g. haemorrhagic fever, smallpox, Lassa Virus, Ebola).

16.1 Biocontainment Reference Legislation

EU Directive (Directive 2000/54/EC of the European Parliament and of the Council of 18 September 2000 on the protection of workers from risks related to an exposure to biological agents at work) (seventh individual directive within the meaning of Article 16(1) of Directive 89/391/EEC)
Ministry of Health Official Memorandum No 3 of 8 May 2003; Recommendations for the safe transportation of infectious materials and diagnostic samples
International Health Regulations (IHR), 2005 (in force from 15 June 2007) USMAF-SASN
Legislative Decree No 81 of 9 April 2008 – Implementation of Article 1 of Law No 123 of 3 August 2007 for the protection of health and safety in the workplace.
Ministry of the Interior's National Procedures of 23 November 2010 for the transportation of patients in high biocontainment – Fire Brigade, Public Aid and Civil Defence Department and Executive Safety Body
Ebola Virus Disease – Main protocol for managing cases and contacts across the country, Ministry of Health, 1 October 2014
Adoption of the 'Ebola Virus Disease, Surveillance Implementation and Case Management Plan', R.D. No 1694/2014 Region of Sicily, Regional Health Council
Ministry of Health 2015 technical document regarding health protection measures during the transportation and management outside hospital facilities of patients infected or potentially infected with a Class IV biological agent.
Official Memorandum 035824–07/12/2015-DGPRE-DGPRE-P of 7 December 2015, 'Technical document on health protection measures during the transportation and management outside hospital facilities of patients infected or potentially infected with a Class IV biological agent – Inventory of equipment and resources for biocontainment activities'
Ministry of Health plan of 14 February 2017 regarding the health response if a national emergency or sudden migration phenomenon affecting the whole country were to occur
Ministry of Health, Ministry of Infrastructure and Transport and the Ministry of Economy and Finance Inter-ministerial Document on the recognition of Catania Fontanarossa airport as a medical airport, 3 April 2017

16.2 Ministry of Health infectious diseases and vaccinations link

Ministry of Health link
http://www.salute.gov.it/portale/temi/p2_6.jsp?id=655&area=Malattie%20infettive&menu=viaggiatori

16.3 National procedures for transporting patients in high biocontainment

MINISTRY OF THE INTERIOR

FIRE BRIGADE, PUBLIC AID AND CIVIL DEFENCE DEPARTMENT – EXECUTIVE SAFETY BODY

Rome, 23 November 2010

NATIONAL PROCEDURES FOR TRANSPORTING PATIENTS IN HIGH BIOCONTAINMENT

The national procedures for transporting patients in high biocontainment (in compliance with the directives and regulations in force, as well as those concerning privacy) refer to the transfer of individuals with (or suspected of having) a highly contagious disease to hospital facilities equipped to deal with the case in question.

The patient affected by the highly contagious disease who is being transported in high biocontainment is always treated as a patient in a life-threatening condition due to the urgency of the situation.

The procedures also constitute the basis for the drafting of a protocol concerning the management of the initial stages of one or more established or suspected cases of infectious disease in the country that are considered to be particularly dangerous to public health and are deemed relevant within the meaning of the 2005 International Health Regulations (effective from 15 June 2007).

Affected patients coming from abroad or from across the country, from a sea, air or land border point or from a means of transportation in international waters or airspace can be transported by air or by land.

Transportation by air also involves two stages of transportation by land, as listed below. The reference institutions for handling cases in Italy are: **Istituto Nazionale per le malattie infettive 'Lazzaro Spallanzani'** [**Lazzaro Spallanzani National Institute for Infectious Diseases**] in Rome and **Azienda Ospedaliera – Polo Universitario 'Luigi Sacco'** [**Luigi Sacco Hospital – University Centre**] in Milan.

The two institutions currently have different levels of availability, characteristics and dimensions in terms of isolation equipment, the necessary skills and organisational models (physical characteristics, the isolation levels that can be activated, certified advanced diagnostic capacity (including for Class 4 agents), specific clinical capacity, procedures to ensure the safety of employees and the community, and information management security), so any decisions regarding where to treat the affected patient must be made carefully.

The following procedures do not cover mass evacuation needs and are commensurate with the available equipment.

TRANSPORTATION IN HIGH BIOCONTAINMENT FROM ABROAD

1. Transportation from abroad will be organised and managed using the criteria listed in the Ministry of Health, Directorate General of Preventive Healthcare – National Centre for the prevention and control of diseases document 'viral haemorrhagic fevers – transportation recommendations and instructions' (forwarded by Note DGPREV.V/24349/P/I.4.c.a.9 of 16 October 2007), with regard to points 4.1, 4.2 and 4.3 in particular, concerning confirmed or suspected cases only.

2. The repatriation of remains is not addressed in the patient transportation procedure.

3. **Repatriation Requests**
   Italians suffering from highly contagious diseases requiring the use of high biocontainment equipment can – either directly or through any organisation they belong to – send an urgent request for repatriation by air to the competent diplomatic-consular post *in situ* or directly to the Ministry of Foreign Affairs' Crisis Unit. The request must be accompanied by:
   - a medical certificate prepared by the Local Health Authority and translated and legalised by the Italian Diplomatic Consular Authority in which:
     - the conditions of the persons concerned are confirmed
     - the transportability of the patient, as well as any requests for medical assistance or particular health equipment during transportation, is specified;
   - a declaration of exemption from liability regarding any consequences deriving from transportation, issued by the interested party if he or she is over eighteen years old and still has capacity, or by a family member if the circumstances require it;
   - consent to the patient's admission to an infectious disease ward in high isolation upon re-entry to Italy, issued by the interested party if he or she is over eighteen years old and still has capacity, or by a family member or legal guardian if the circumstances require it.

4. After obtaining the opinion of the Ministry of Health – Directorate General of Preventive Healthcare and after having ascertained and acquired the means of hospitalisation in Italy from one of the reference institutions mentioned in the foreword, the Ministry of Foreign Affair's **Crisis Unit** endorses the request within its competence and sends a request to the President of the Council of Ministers' Ufficio Voli di Stato [State Flight Office] for transportation by air with a high biocontainment stretcher, which is organised by the Italian Air Force General Staff's 3° Reparto Sala Situazioni [3rd Department Situations Room].
   The Crisis Unit also sends a note to the Cabinet of the Minister of the Interior's Special Secretariat, the Civil Protection Department's 'Sala Italia', the Diplomatic Advisor and the manager of the Italian destination airport assigned to the relevant follow-up tasks.
   The President of the Council of Ministers' Flight Office replies to the flight request forwarded by the Ministry of Foreign Affairs' Crisis Unit and directly provides – to subsequently be forwarded to the Diplomatic-Consular Authority *in situ* and to the interested parties and/or their family – the means of transportation, specifying the availability of the flight, the dates and the departure and arrival airport.
   The Consular Diplomatic Authority *in situ* acquires a transport permit from the local authorities where necessary.

5. **The President of the Council of Ministers' State Flight Office** makes contact with the Air Force General Staff's Situation Room.

6. **The Air Force General Staff's Situation Room** makes contact with the Prefect in the local area housing the destination hospital in order to agree upon the destination airport, timings and means of transportation.

7. **The Prefect** (Rome or Milan at this moment in time) contacts the destination hospital to agree on timings and means of transportation and informs the Cabinet of the Minister of the Interior's Special Secretariat, as well as the Chief of Police, the Fire Brigade's Provincial Commander and the Mayor.

8. **The Cabinet of the Minister of the Interior – Special Secretariat** informs the Department of Public Safety's Situation Centre, as well as the Fire Brigade, Public Aid and Civil Defence Department and the Fire Brigade's National Operations Centre
Additional procedures are described in the section relating to transportation across the country.

PATIENT TRANSPORTATION ACROSS THE COUNTRY

Without prejudice to the obligations relating to the notification of a suspected and/or confirmed infectious disease (M.D. 15 December 1990), **the hospital or local health facility that** suspects a patient of being affected by a highly contagious disease that requires transportation in high biocontainment:

- finds out hospitalisation and transportation availability from the reference institutions (Health Directorates);
- alerts the Local Authority for Public Safety;
- informs the Ministry of Health – Directorate General of Preventive Healthcare, which sends the information to its Central Safety Body.

2 **The Ministry of Health – Directorate General of Preventive Healthcare:**

- keeps in contact with **Lazzaro Spallanzani National Institute for Infectious Diseases** in Rome and/or **Luigi Sacco Polo Hospital** in Milan;
- amends the place of hospitalisation according to requirements, if necessary, and sends any useful information to the relevant Central Administration Bodies (Civil Protection Department, Ministry of the Interior).

3 **The Local Authority for Public Safety:**

- informs the Prefecture and relevant Police Department for the local area.

4 **The Prefect for the Province where the suspected disease needing high biocontainment transportation was reported:**

- alerts the Cabinet of the Minister of the Interior's Special Secretariat, the Fire Brigade's Provincial Commander and the Chief of Police;
- coordinates the organisation of transportation with the reference institutions, the Police Headquarters and the Fire Brigade's Provincial Commander and coordinates with all Provincial Prefects involved in transportation by land to the destination hospital or the chosen departure airport, including the sending of an empty high biocontainment stretcher by the Police Forces from its location at Spallanzani Hospital in Rome **or** Sacco Hospital in Milan, to the patient's point of collection;
- if transportation by air is required, makes contact with the President of the Council of Ministers' State Flight Office and the Air Force General Staff's Situations Room, communicating the need for transportation, information regarding the destination hospital and coordinating all activities relating to the transportation itself (timings, vehicles and routes);
- if necessary, organises the transportation by air of the high biocontainment stretcher to be used to subsequently transport the patient (STI stretcher), in agreement with the President of the Council of Ministers' State Flight Office and the Air Force General Staff's Situations Room;
- notifies the Prefecture in which the departure airport is located and contacts the departure and arrival airport directors (currently either in Rome or Milan).

5–11 Chief of Police in the Province where the patient is hospitalised:

- On the basis of the Prefect's general indications and after hearing from the Fire Brigade's Provincial Commander, informing the Department of Public Safety's Situation Centre, the Chief of Police arranges an escort, coordinating with the other police stations involved in transportation by land and involving the Traffic Police if any potential motorway transfers are required.

6–11 Fire Brigade Commander in the Province where the patient is hospitalised:

- advises the Regional Director and the Ministry of the Interior Fire Brigade, Public Aid and Civil Defence Department's Operations Centre;
- on the basis of the Prefect's general indications and after hearing from the Chief of Police, they arrange transportation, with suitable staff and equipment, in order to ensure there is immediate action following an event.

7–11 Cabinet of the Minister of the Interior's Special Secretariat:

- remains constantly informed of the situation by the Department of Public Safety's Situation Centre and by the Ministry of the Interior Fire Brigade, Public Rescue and Civil Defence Department's Operations Centre;
- informs the Ministry of Foreign Affairs' Crisis Unit if the patient is a foreign citizen;
- keeps the Civil Protection Department updated on current events.

8 – The President of the Council of Ministers' State Flight Office, the Air Force General Staff's Situations Room:

- exchanges all the information necessary in order to transport the patient by air;
- either the President of the Council of Ministers' State Flight Office or the Italian Air Force 3rd Department's Situations Room is responsible for deciding whether or not to proceed with the flight, while the departure and arrival hospital health authorities are responsible for any healthcare decisions to be made in terms of deciding whether to use high biocontainment transportation.

9 – The reference hospitals:

- liaise with the competent local Prefecture and the Ministry of Health;
- with regard to transportation exclusively by land, provide vehicles and staff, providing a high biocontainment stretcher, as well as the appropriate ambulance, medical staff **and** paramedics for the transportation of the patient from the place where he or she is hospitalised to the destination hospital;
- if the patient is being transported by air, provide equipment and staff and intervene with the same procedures until arriving at the chosen airport, where they will hand over the patient to the Italian Air Force's medical staff;
- collaborate with the Air Force's medical staff in order to transfer the patient from the ambulance transport stretcher to the aircraft transport stretcher and vice versa;
- provide and intervene with a high biocontainment stretcher, an appropriate ambulance, medical staff and paramedics in order to transport the patient from the arrival airport to the chosen hospital.

10 – The Prefectures where the destination hospitals are located:

- They assess the situation and make decisions. If the patient is being transferred to their local area by air, they also coordinate the organisation of transportation with the Police Headquarters and the Fire Brigade's Provincial Commander. In addition to the Police Headquarters and the Fire Brigade's Provincial Commander, they advise the mayor and make contact with the destination airport's director. The Prefect remains in constant contact with the Cabinet of the Minister of the Interior's Special Secretariat and with the destination hospital.

11–11 Ministry of Defence, Italian Air Force:

- supplies the aircraft, medical staff, paramedics, flight crew and the high biocontainment stretcher (ATI stretcher) for the transportation of the infected patient by air;
- if necessary, it provides for the transportation of the special high biocontainment stretcher (STI stretcher) if it is unavailable at the patient's collection point; transportation will be carried out using the same aircraft for the entire mission and the STI stretcher will therefore have to be promptly available and delivered to be boarded at Pratica di Mare airport;
- chooses the departure and arrival airports, communicating and exchanging information with the Prefectures involved and the President of the Council of Ministers' State Flight Office;
- the Italian Air Force's Medical Team collaborates with medical staff at the destination hospitals in order to transfer the patient from the ambulance transport stretcher to the aircraft transport stretcher and vice versa;
- is responsible for the decision to transport the patient by air via the 3rd Department's Situations Room, which performs an operational assessment of the technical feasibility of the flight on the basis of the information provided by Pratica di Mare's main infirmary and any brigades/formations involved; the resulting technical feasibility judgement is neither open to appeal nor modifiable.

12 – Event with patient exposure

The operational procedures resulting from current central and peripheral plans are applied to NBCR events.

USEFUL CONTACT NUMBERS

ADMINISTRATIVE	OFFICE	PHONE NUMBER 24/7/365	PHONE NUMBER 08.00–17.00	FAX NUMBER N.A.	EMAIL ADDRESS
PRESIDENT OF THE COUNCIL	Off. State Flight	06 67791	06 6779 3513	06 6779 2590	ufficiovolir51aoverno.it
	Civil Protection Department	06 6820 2265	06 6820 2496	06 6820 4159	sala operati vaſSìpr otezionecivile.it
MINISTRY OF THE INTERIOR	Cabinet	06 4652 5028	06 4653 6519	06 4653 7298	
	Fire Department Civil Defence Department	800 222 115	800 222 115 06 4654 7192	06 4814 637	
	Public Safety Department	06 4653 3412 06 4653 3414	06 4653 3412 06 4653 3414		centroDefa).intemo .ìt
MINISTRY OF FOREIGN AFFAIRS	Crisis Unit's General Secretariat	06 36225	06 36225	06 3691 3858	unita.crisiſSiesteri.it
MINISTRY OF HEALTH	DGPREV Off. Ili	335 186 02 06	06 5994 3833	06 5994 3096	LvelluccifSjsanita.it
	DGPREV Off. V	335 186 01 93	06 5994 3905	06 5994 3096	m .pompa(S), sanita.it
ITALIAN AIR FORCE MILITARY STAFF	Situation Room	06 4986 5066	06 4986 5066	06 4986 4503	
DESTINATION PREFECTURE	Rome				
	Milan	02 77581	02 7758 4856		
DESTINATION HOSPITAL	Spalìanzani	06 5517 01	06 5517 0201		
	Sacco	02 39041			

Data sheet – High biocontainment stretchers

- **By air:** Aircraft Transit Isolator (ATI)
- **By land:** Stretcher Transit Isolator (STI)
  - **Aircraft Transit Isolator (ATI)**: is an isolation system with HEPA filters (High Efficiency Particulate Air Filter) under negative pressure designed to transport potentially contagious individuals on aeroplanes, allowing for the maximum protection of flight crew, healthcare staff and the aircraft itself. ATIs are strictly to be handled by Air Force Airborne Isolation Unit staff.
  - **Stretcher Transit Isolator (STI)**: is an isolated system with the same characteristics as the ATI system and is designed to transport highly infectious patients by road. STIs are strictly to be handled by specially qualified individuals (staff from the Lazzaro Spallanzani National Institute for Infectious Diseases, Luigi Sacco Hospital, or the Air Force Airborne Isolation Unit).

ATI AND STI ISOLATION SYSTEM CHARACTERISTICS

ATI and STI systems are transport modules that can be used in combination, allowing the patient to be transferred from one system to another without breaking the microbiological barrier. They are high biocontainment systems that are completely isolated via negative pressure and HEPA filters and are characterised by four fundamental elements:

- a metal structure support frame
- transparent PVC casing
- an aluminium transport stretcher
- a power supply running on four batteries (total autonomy for 24 hours, but also rechargeable during the flight) that feeds the HEPA ventilation and filter system.

Healthcare employees can assist patients from the exterior of the PVC casing via four pairs of side sleeves and two half coveralls at the sides, equipped with a visor, that allow for all types of therapeutic manoeuvre.

The PVC coating is equipped with all the technical aids necessary for healthcare interventions, such as bags for physiological solutions, spaces for electro-medical devices with protected routes for power supply cables and an internal container for collecting biological liquids.

It is not necessary to wear PPE while assisting patients but it is a necessary precondition when placing patients on ATI/STI stretchers.

The patient can be transferred from ATIs to STIs and vice versa depending on the transportation or hospital admission needs via a well-detailed procedure (from head to feet from the ATI and from feet to head from the STI) through the unit's entry flap – including under critical patient conditions – without interrupting the microbiological barrier (see previous chapter).

Once they have been used, the ATI/STI must be sterilised and decontaminated in accordance with the provisions listed in the Air Force Standard Operating Procedure.

The system's individual components and technical aspects thereof are described in detail in the manufacturer's manual, which is attached to the Air Force's Standard Operating Procedure.

16.4 Technical overview of health protection measures to be adopted during the transportation and management of patients infected (or potentially infected) with Class IV biological agents outside hospital facilities

Ministry of Health

DIRECTORATE GENERAL OF PREVENTIVE HEALTHCARE

TECHNICAL OVERVIEW OF HEALTH PROTECTION MEASURES TO BE ADOPTED DURING THE TRANSPORTATION AND MANAGEMENT OF PATIENTS INFECTED (OR POTENTIALLY INFECTED) WITH CLASS IV BIOLOGICAL AGENTS OUTSIDE HOSPITAL FACILITIES

FOREWORD

Given current international health emergencies and the experience gained in transporting and managing patients with highly infectious diseases in high biocontainment, it is considered appropriate to propose a general summary of the devices and procedures to be used when managing and transporting patients who have been infected (or potentially infected) by Class IV biological agents outside hospital facilities, as listed in Attachment XLVI of Legislative Decree No 81 of 9 April 2008, an excerpt from which is included below.

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*(**Legislative Decree 81/2008**) – **Article 268 – Classification of biological agents** (...)*

d) Group 4 biological agent: a biological agent that can cause severe human disease and is a serious hazard to employees; it is likely to spread to the community and there is usually no effective prophylaxis or treatment available.

2. If a classified biological agent cannot be unequivocally attributed to one of the two groups indicated above, it must be classified in the higher risk group of the two.

Summary of Class IV biological agents:

LCM-Lassa Virus complex (Arenaviruses -Old Word):

– Lassa Virus;

Virus complex Tacaribe (Arenaviruses – New World):

– Guanarito Virus;

– Junin Virus;

– Sabia Virus;

– Machupo Virus;

Nairovirus:

– Crimean Congo Haemorrhagic fever virus;

Filoviridae:

– Ebola Virus;

– Marburg Virus;

– Variola (major & minor) virus;

– Whitepox virus (variola virus);

– Morbillivirus equino.

Attachment 1 also lists the whole of Annex XLVII to the aforementioned Legislative Decree 81/2008, concerning specifications regarding containment measures and levels

Transportation and management procedures for patients in high biocontainment can also be useful in cases of suspected infection with Class III biological agents, taking into account the situation, the agent in question, the risks associated with exposure and information relating to new behaviour in terms of aggressiveness, likelihood of the disease being spread and deadliness, as well as against unknown agents or not very well-known agents in terms of their potential danger to health.

1. TRIAGE

Triaging is a rapid patient assessment process that helps to identify individuals with a potential highly contagious disease and, possibly, the related means of transmission. This selection makes it possible promptly to adopt the appropriate containment measures (contact, airborne and droplet).

This process has three objectives:

1. isolation of patients with a suspected highly-contagious disease from the rest of the community in order to reduce the risk of the disease spreading;
2. the prompt initiation of the appropriate treatment of patients with suspected highly-contagious diseases in order to improve their chances of survival;
3. the possible dispatch of patients without a highly contagious disease to their homes with instructions/drugs for treatment at home, or to a healthcare facility for specific treatment.

1.1. TRIAGE ZONE

- All patients must enter the identified isolation area via a shared initial screening/assessment area (triage area).
- Only patients can enter the triage area. Newborn babies and young children who require the presence of an adult should be accompanied by one adult only.
- The flow of people to the triage area should be manned and regulated.
- The triage area should be divided into two areas:
  a) patient area;
  b) healthcare staff area;

Patient area

- Avoid direct contact with patients as much as possible. In order to abide by the NO TOUCH policy, it is necessary to maintain at least a one metre distance between each patient and between patients and staff.
- Ensure that chairs are kept at least one metre away from each other in the patient area, or place visual indicators on the floor to mark out distances between patients.

Healthcare staff area

The following items are required in the healthcare staff area:

- infrared thermometers;
- healthcare assessment cards;
- suitable solution to disinfect hands in compliance with the indications in point 5 of page 15 (disinfectants) or a sink with an elbow or pedal-operated tap with disposable towels at an accessible distance;
- disposable gloves;
- 0.5 % and 0.05 % chlorine solutions
- labelled waste container for infectious materials.

1.2. TRIAGE PROCESS IF A LARGE NUMBER OF REFUGEES IS EXPECTED

The triage process must be performed by a trained employee.

- Triage staff should remain 1–2 metres away from patients.
- Triage staff must not touch patients during first contact and the first brief interview.
- All triage staff must wear personal protective equipment (PPE) to protect the eyes, nose, mouth, body and hands according to the additional precautions to be adopted to prevent diseases from spreading.

The patient's medical evaluation should include:

a) an interview and the findings of an initial assessment with a description of symptoms and the date of onset;
b) details of contact with an affected or potentially affected patient due to a highly contagious disease.

This procedure can be altered depending on individual situations and needs. If only confined spaces are available, such as those on board a vessel, care should be taken to prepare routes that facilitate the moment of initial triage with that of the health assessment.

It is not possible to establish a protocol applicable to all situations as each vessel varies greatly.

The vessel's size and structure, as well as weather conditions, can significantly affect the triage procedure.

In principle, the following general rules should be respected with regard to the receipt of irregular migrants on board a ship involved in a rescue operation:

a) PPE should be worn by all staff in charge of rescue, vigilance and assistance operations at the beginning of rescue operations, avoiding any down time for staff wearing individual protective equipment.
b) Try to identify any unwell patients on board in advance when making contact by telephone (if carried out), or by air or by visual observation, etc. providing appropriate instructions to ensure the maximum possible isolation of the patient or by prioritising the rescue phase.
c) Assess whether or not alternative routes are viable for potentially-affected patients upon entry on board, transferring the patient directly to the observation and isolation area (potentially a different area from the healthcare area, if provided).
d) Immediately identify close contacts (relatives and travelling companions before boarding).
e) Immediately acquire information regarding the country and date of departure, any stops made and where they stayed immediately before departure by sea.
f) Mark out an area on board for the separation of individuals suspected of having infectious diseases from other people (quarantined area) in advance, taking into account the vessel's structural resources. This area should be set up in an open space on board the vessel or in an area that only has a top cover or awning, avoiding placement in the hangar or the on-board infirmary or hospital.
g) If migrants are rescued at sea, given previous experience, if possible, identify a further area for the isolation of patients affected by skin rashes, starting treatment immediately after boarding.

2. DEVICE FOR THE TRANSPORTATION OF INFECTIOUS INDIVIDUALS IN BIOSAFETY

The transportation device must be of a similar size to a stretcher and must have an overlapping space so that a containment area and atmosphere can be established to avoid exposure to infectious agents.

It must be possible to assemble the device make it ready for use within a few minutes. It must also be equipped with a containment accessory for a variety of fluids, must be easy to use in emergency conditions and must be transportable on aeroplanes and helicopters if necessary.

It must qualify as a shared safety measure with regard to the risk of infectious agents in relation to current sector knowledge and the provisions of Legislative Decree 81/2008 and subsequent amendments and additions, with particular reference to the indications of Title X (Directive 2000/54/EC and any amendments) and Title I (Directive 89/391/EEC and any amendments, specifically Article 15 and Article 18).

It must possess certifications or validations issued by a competent independent third-party body and/or public administration body, certifying the product's suitability and its technical-functional characteristics in achieving isolation, such as the suitability of the absolute filtration system, the negative pressure gradient and the electrical and thermal system's ability to ensure that employees and other individuals are protected against exposure to infectious agents. It must guarantee a suitable concentration of o_2 and CO_2 for the correct management of the transported individual's vital functions.

2.1 TECHNICAL CHARACTERISTICS – BASIC FUNCTIONS

- Negative pressure containment area and atmosphere > 6 Pa
- Filtering with absolute filters: compliance with EN 1822
- Air Flow Speed: 35–40 m^3/h
- Battery supplying electricity for at least 10 hours
- Nominal voltage: 230 VAC
- Power: 50 VA;
- Device's total weight: 25–35 kg

The Air Force can make changes to the above parameters in relation to specific needs related to the flight and the carriers used.

2.2 INTEROPERABILITY

The unit must be able to be housed inside an ambulance for transportation by land and must be certified for loading onto a fixed-wing or rotary-wing aircraft.

The stretchers used by the Air Force for loading onto aircraft do not need to possess ambulance loading requirements. Suitable transfer systems must be provided in this instance. Transfer activities must be kept to a minimum as far as possible.

If a patient is being transported by air, the aircraft must be in possession of the relevant airboarding certifications.

The above isolation systems must be fully integrated into the National Defence System with the systems already in use at the IRC – (Public Health Division and Military Corps) and the Armed Forces.

All staff must be certified by one of the national reference bodies to use the units and must be qualified to manage NBCR emergencies.

In the civil sector, the relevant administration bodies for high biocontainment transportation and the management of patients outside hospital facilities (including the training of healthcare staff) include:

- The Ministry of Health – Directorate General of Preventive Healthcare (national coordination);
- The Lazzaro Spallanzani National Institute for Infectious Diseases (management of the patient outside hospital facilities, collection and transportation of samples outside the hospital, people and medical equipment retrieval operations);
- L. Sacco Hospital in Milan (management of the patient outside the hospital, collection and transportation of samples outside hospital facilities, people and medical equipment retrieval operations);
- Air Force (high biocontainment transportation by air with any carrier, including transportation with civil air carriers);
- Italian Navy (high biocontainment transportation by sea and Italian Navy rotary-wing aircraft);
- Italian Red Cross – Public Health Division (transportation by land);
- Italian Red Cross – Military Corps (high biocontainment transportation by sea and by Italian Navy rotary-wing aircraft, management of ISOARK isolation chambers);
- NBCR Joint Force Defence School, Rieti (in collaboration with the other administrative bodies involved in the civil sector).

2.3 HIGH BIOCONTAINMENT TRANSPORTATION UNITS AND STAFF INVOLVED

On an annual basis, the high biocontainment transportation unit administrative bodies must send the Ministry of Health – Directorate General of Preventive Healthcare information relating to:

a) the units and materials available, their operational capacity, allocation within the local area;
b) the administrative body's point of contact 24 hours a day and 365 days a year for requesting unit activation;
c) the name of the doctor or medical directors responsible for the unit;
d) the name of the unit's logistics managers.

Staff working in the high biocontainment transportation unit must be in possession of suitable certifications listing their training and any courses they have taken.

The administrative body guarantees the suitability and technical competence of the high biocontainment transportation unit employee.

When transporting a patient in high biocontainment, both a doctor and nurse must always be present and there must be constant contact with the transportation team doctor.

2.3 SAFETY PROCEDURES DURING TRANSPORTATION

2.3.1 General considerations

Infection control is required at all stages of transportation through compliance with appropriate precautionary measures:

- avoid direct exposure to the patient's biological fluids;
- minimise aircraft/ambulance contamination and promptly disinfect any surfaces that could be contaminated during patient care (please refer to the sanitation and disinfection procedure);
- use personal protective equipment (PPE) correctly;
- avoiding procedures that require the use of needles or that could generate splashes of infected material during transportation;
- do not use glass or sharp objects that could pierce or damage the isolating stretcher;
- use needle-free devices (such as a Luer-Lock connection) for intravenous treatments;
- use back splints to stabilise any potential fractures, do not use devices with rough surfaces.

2.3.2 Infection control

We recommend the use of rigid containers with hermetic lids to contain infected waste and to prevent contamination of the aircraft cabin or ambulance's healthcare compartment.

Materials required for patient management, including PPE, should be stored outside the isolation area.

Containers for dirty laundry, waste, and reusable equipment must be placed inside the insulation area.

Everything required for sanitisation/disinfection should be kept in a clean area (please refer to the sanitation and disinfection procedure).

2.3.3 Sanitation and disinfection procedure

The operators in charge of sanitisation must wear the recommended PPE, which should include all precautions for standard, contact, and droplet pathogens.

Nearby surfaces should be disinfected with a disinfectant that is recognised as efficient against Class IV diseases and approved by the aircraft manufacturer. The disinfectant must be available in spray bottles or wipes for use during transportation. Currently, the most effective disinfectant is sodium hypochlorite, which should be used on surfaces/objects at a 0.5 % concentration.

Any surface that becomes potentially contaminated during transportation should immediately be sprayed and cleaned, or cleaned with a disinfectant. When decontaminating the isolator stretcher with the patient inside, the ventilation outlet (HEPA filters) must be sealed to prevent the chlorine gas from entering the isolator itself.

Any leaked blood or other biological liquids or substances (for example, urine, faeces, or vomit) that have affected an area must be disinfected according to the three-stage cycle:

1. decontamination of liquids proceeding with the use of hypochlorite granules or 0.5 % hypochlorite followed by a 10 minute waiting period;
2. cleaning/detergent;
3. disinfection of surfaces and materials that come into contact with liquids with 0.5 % hypochlorite, cleansing with disposable cloths to be disposed of in a rigid container lined with a double waterproof bag that has been treated with 0.5 % hypochlorite on the outside.

All assistance areas (including stretchers, handrails, control panels, medical equipment, flooring, walls and work surfaces that could be contaminated directly during patient management) must be treated as contaminated and therefore cleaned and disinfected at the end of transportation with 0.5 % sodium hypochlorite.

Aircraft areas that have not been involved in patient management should be cleaned and maintained according to routine practices and the manufacturer's recommendations.

Reusable equipment and tools that have been used on the patient must be placed in biohazard bags and labelled for cleaning and disinfection/sterilisation, as recommended by the manufacturer.

The use of reusable accessories with porous surfaces that are not easily replaceable should be avoided.

Only mattresses and pillows with plastic or other liquid-impermeable covers should be used. Coverings must be disinfected after use or disposed of.

Once sanitising/disinfection operations have been completed –including the disinfection of reusable equipment – PPE must be carefully removed and disposed of as per the procedure for putting on/removing PPE attached to this document.

2.3.4 Waste management and disposal

Solid waste (such as used gloves, dressings) and materials soaked in blood or bodily fluids must be placed inside a rigid container for leaking agents, externally disinfected with 0.5 % hypochlorite and provided with an airtight seal, to be kept in a double-lined plastic bag.

Needles and sharp objects used on the patient should be placed in the appropriate sharps bin externally disinfected with 0.5 % hypochlorite immediately after use.

2.3.5 Waste disposal after transportation

Materials used during transportation must be removed from the aircraft or ambulance only after they have been externally disinfected with 0.5 % sodium hypochlorite and must then be sent for disposal by incineration.

Waste disposal plans must be discussed in advance with the waste managers at the arrival airport or the receiving health facility.

2.3.6 Post-transportation and follow-up

Once transportation has been completed, the team must send the following information to the Ministry of Health – Directorate General of Preventive Healthcare and to the Protection and Prevention Service:

1. duration of patient transportation;
2. each individual team member's contact time with the patient;
3. description of any violations that occurred when managing infections.

Staff who have come into contact with the patient's biological fluids during transportation should be assessed immediately for the risk of exposure in order to start health surveillance and post-exposure procedures.

3. SAFETY: PPE IN EMERGENCY SITUATIONS – HIGH-RISK DISEASES

3.1 BIOLOGICAL RISKS AND PPE

Precautions for contact with patients with Class IV diseases include the use of standard precautions for all patients and/or materials.

Standard precautions include hand-washing, use of gloves, masks/goggles or shields for facial protection and gowns appropriate for the procedures to be performed. In addition to the standard precautions, there are specific measures to prevent the spread of diseases that can be transmitted via contact, droplets or in the air that involve the use of PPE depending on the means of transmission.

In terms of emergency healthcare conditions, work clothes are not considered to be PPE except when they are used in addition to company uniform/clothing for protection against a specific risk

in the environment. Legislative Decree 475/92 and any amendments, subsequently confirmed by the Ministry of Labour's Official Memorandum No 34 of 29 April 1999, classifies garments as category I PPE, gloves as category III PPE and goggles as category II/III PPE. PPE must relate to the statement of conformity with the CE marking on the product and technical documentation referred to in Annex III of Legislative Decree 475/92 and any subsequent amendments.

The fundamental principles guiding the selection of PPE are as follows:

- Balance: this should be achieved using the best possible protection against diseases, while allowing health professionals to provide the best possible care to patients with the utmost ease, dexterity, comfort and minimal associated heat stress.
- Priorities: it is of the utmost priority to use PPE that protects the mucous membranes of the mouth, nose and eyes from droplets and contaminated fluids. While it is necessary to ensure that the skin is not exposed to splashes or contaminated objects when in direct contact with the patient, the protection of mucous membranes remains a priority.
- Hands: they are known to transmit diseases to other parts of the body or face and to other people. Hand hygiene and the use of gloves is therefore essential, both to protect workers' health and to prevent the spread of diseases to other people.

3.2 PPE for direct contact with individuals carrying communicable diseases

The use of PPE alone does not guarantee effectiveness if not accompanied by:

- a preliminary assessment of the clinical process to identify the necessary precautionary measures (taking into account the means of transmission and any envisaged diagnostic-therapeutic activities);
- the identification of all individuals directly or indirectly involved;
- the completion of the awareness-related, information and training activities for the correct use of devices;
- the systematic review of measures planned (including through operational instructions).

The selection of PPE must relate to:

- bodily protection: a protective garment is 'a garment that offers protection, covers or replaces personal clothing and is designed to protect against one or more hazards'. Reference is made to: shirts, full suits and protective overalls;
- hand protection: disposable gloves;
- eye protection: can be achieved by wearing safety glasses with side shields or by wearing goggles. It may be necessary to use other PPE to protect other parts of the body (e.g. nasal-buccal mucous membranes) or organs (e.g. respiratory system) in relation to the disease's means of transmission;
- protection of eyes and mucous membranes: 'protection using a visor allows for the protection of the eyes, face and mucous membranes; it may be necessary to use PPE together in order to protect the body, a part of it or the organs (e.g. respiratory system) in relation to the disease's means of transmission;
- protection of the respiratory tract: it may also be necessary to use PPE together in order to protect the head (headgear) or body (whole suit with hood) in relation to the disease's means of transmission'; PPE can include: filtering masks with no valve, filtering masks with a valve, reusable half-masks with filters;
- protection of the respiratory tract and mucous membranes: after stating again that 'it may be necessary to use PPE together in order to protect the head or body in relation to the disease's means of transmission', full reusable filtering face masks and air-filtered filter devices are available.

Below is a description of the PPE to be worn.

3.2.1. Full-face mask

Full-face mask made from hypoallergenic silicone rubber with transparent polycarbonate toroidal-shaped visor, which guarantees good visibility, no distortions, is unbreakable and scratch-proof and is equipped with an anti-fog ventilation system and sound device.

The mask must be attachable with soft, well-adjustable quick-release straps and must have the option of adding a central filter. Connection conforming to EN 148–1.

All quality certifications and maintenance, conservation and cleaning standards must be provided. Category III PPE with CE type-approval certification in compliance with EN 136, connection piece in compliance with EN 148–1, equipped with a filter with CE type-approval certification for protection against infectious agents in compliance with EN 143.

3.2.2. Non-sterile gloves

Nitrile, latex or neoprene safety gloves that are resistant to abrasions, cuts, tears and perforations (reusable or disposable) with a finely ruched anti-slip exterior or with a finish that facilitates grip and a flocked or fleece interior, well-finished long wrist (total length exceeding 30 cm) that is thin enough to guarantee sufficient dexterity in manual operations but is not less than 0.35 mm thick.
Minimum resistance levels: abrasions – 3, cuts – 1, tears – 0, perforations – 2.
Category III PPE with a CE type-approval certification in compliance with EN 374 and EN 388, level 4102, category III as per Legislative Decree 475/92.
Water, oils and solvents must not affect the performance thereof.

3.2.3. Full suit for protection against infectious agents

Disposable coverall: water repellent non-woven fabric, sleeves with cuffs and seams made with technology that highlights its high barrier properties. In this regard, a copy of the CE certification and all related test reports demonstrating the aforementioned barrier properties against infectious agents including viruses must be presented.

The suit must be worn for as long as necessary for activities to be carried out and its use must be avoided after previous exposure. It should be considered disposable and should not be re-used.

Technical scientific documentation must also show that the suit can be treated with a suitable disinfection procedure at the time of removal, when used for particular purposes.

The suit must be equipped with suitable wrist and/or ankle closure tapes and presented with tests that indicate that it protects against ammonia compounds, nitrogenous substances, sarin, acetone and toluene.

Category III PPE with CE certification in accordance with EN 340 and compliance with EN 14126 with high functional performance.

3.2.3.1 Ventilated protective overalls: a full protective suit with screen, hood and shoes. It is suitable for pathogens that can be transmitted by air and by contact. A 'full protective garment, equipped with a protective suit that protects against splashes and sprays and a ventilation system powered by an air motor equipped with a filtration system. The suit's closure system, seams, joints and assemblage must meet the requirements laid down by the relevant technical classification standards. They can also be used to carry out decontamination showers'. Technical standards: EN 340, EN 14126:2006 and EN 14605.

3.2.4 Overshoes, shoe covers or rubber boots

Overshoes or single-use Category III PPE with elastic closures.

Overshoes, shoe covers or rubber boots must come with a CE type-approval certification in compliance with EN 14126 Cat. 3, Type 4.

3.2.5 Gowns for protection against infectious agents

Water-repellent disposable gowns made from non-woven fabric, with rear lacing, long sleeves with elastic or knit cuffs and stitching made with technology highlighting its high barrier properties must

be worn. In this regard, a copy of the CE certification and all related test reports demonstrating the aforementioned barrier properties against infectious agents including viruses must be presented.

Technical scientific documentation must also show that the gown can be treated with a suitable disinfection procedure at the time of removal, when used for particular purposes.

The gown must be equipped with suitable wrist and/or ankle closure tapes and presented with tests that indicate that it protects against ammonia compounds, nitrogenous substances, sarin, acetone and toluene.

The gowns should not be used outside the exposure areas, and their use must be avoided after previous exposure. They should be considered disposable and should not be re-used.

The overalls must come with a 'CE type-approval' certificate

Reference standards: EN 340. Compliance with EN 14126 must also be highlighted with regard to protection against infectious agents, Cat. 3, Type 4 – Category III shirt, at least 150 long, rear lacing, with elastic or knit cuffs.

3.2.6 Facial filters

Category III PPE as per Legislative Decree No 475 of 4 December 1992.

The CE type-approval certification must highlight the garment's protection against infectious agents and its compliance with the EN 149: 2001+ A1: 2009 standard as well as FFP3.

The facepiece must be equipped with an exhalation valve that facilitates respiration.

It must be accompanied by instructions for use, maintenance and storage in Italian.

3.2.7 Visors or facial shields

Category II PPE.

Facial shields are recommended as incidents involving contaminated eyes have previously been recorded, particularly when performing tasks that produce splashes from below or involve significant amounts of biological matter.

They must have scratch-proof, colourless, optically-neutral lenses that do not produce distortions (Optical Class 1), a durable frame and must be comfortable and easy to position on the user's face.

They must be impact resistant (at least symbol F for both the frame and the lenses) and have anti-fog properties (symbol N).

PPE must be compatible with glasses or contact lenses for individuals who use correction systems.

All symbols and the CE mark must be visible on the PPE as required by current legislation. Reference documents: EN 166:2001

3.2.8. Gloves

Reference standards; EN 420 (general requirements); EN 374.1 (terminology and required performance), EN 374.2 (resistance to penetration), EN 374.3 (resistance to permeation), EN 388 (protection from mechanical risks).

Sterile and non-sterile examination gloves: sterile or non-sterile medical gloves, which may or may not have an anatomical fit, used for conducting medical examinations, diagnostic procedures and treatments and for handling contaminated medical materials.

PVC gloves, which have a lower penetration and permeation breakthrough rate than latex, may be used when using an instrument or performing a procedure that only lasts a few minutes.

The glove's label must bear the CE mark, the declaration that it is a medical device with a class that complies with Directive 93/42/EEC

The inspection level determined on the basis of ISO 2859.1 must be 1 with an AQL value (acceptable quality level) of 2.5.

The company must declare that the disposable gloves comply with European standards EN 455 and EN 374, providing adequate certification.

ISO 9001/9002 and EN 46000 certification is required.

A certificate must be supplied certifying that the product is sterile and the type of process used.

The following items are provided:

- non-sterile latex examination gloves;
- powder-coated polyvinyl examination gloves;
- non powder-coated polyvinyl examination gloves.

Under no circumstances should the use of gloves replace correct hand washing procedures.

Always wash your hands thoroughly before putting on gloves and especially after removing them.

3.2.9 Non-sterile work gloves

Nitrile or latex safety gloves that are resistant to abrasions, cuts, tears and perforations with a non-slip, finely-ruched exterior or a finish that facilitates grip, a flock-lined or cotton-lined interior, a well-finished long wrist section (total length exceeding 30 cm), thin enough to guarantee sufficient dexterity when performing manual operations but not less than 0.35 mm thick. Minimum resistance to abrasions – 3, cuts – 1, tears – 0, perforations – 2.

CE mark – UNI EN 374 and EN 388, Level 4102, Category III as per Legislative Decree 475/92.

Machine washable without hardening, shrinking or losing their characteristics.

Water, oils and solvents must not affect the performance thereof.

3.2.10 Hair Caps

Category III disposable elasticated PPE hair caps.

Hair caps must have a CE type-approval certificate

Reference documents: EN 14126, Cat. III, Type 4

Disposable hair caps must be used to protect hair from possible contamination when aerosols or various types of airborne microbial agents are present.

3.3 FINAL REMARKS

The behavioural and isolation regulations must be followed carefully in order to ensure protection against biological risks.

Operators working in areas with a reduced biological risk must have disposable protective clothing available for use in operational situations that require greater exposure to biological risk.

PPE can be placed in ready-to-use kit bags, including e.g. 1 full face mask, overalls – from 2 to 3–4 sets, gloves – from 2 to 10–11 pairs, facial filters – from 2 to 4–5 pieces, overall or gown – from 2 to 3–4 sets, gloves – from 2 to 10–11 pairs. Kits may be placed in personalised backpacks.

4. PRINCIPLES OF MAXIMUM PRECAUTION TO ADOPT WHEN USING PPE

4.1 BEFORE PUTTING ON PPE

Healthcare professionals should be trained in the correct use of PPE. Training should involve the protocols adopted by each specific establishment and an understanding of how to put on and remove PPE. Their competence in the use of PPE should be assessed and, ideally, adequately documented.

Resource management must include inventory management, the availability of different sizes and forms of PPE and the positioning of PPE, which should be easily accessible.

Written procedures for putting on and removing PPE should be made available at each facility, according to sequence logic, PPE disposal and/or reconditioning and the manufacturer's instructions.

Dedicated areas should be designated for putting on and removing PPE. Trained observers should monitor the correct procedures for putting on and removing PPE. In the absence of an observer, healthcare workers should work together during this phase to observe each other.

4.2 WHEN WEARING PPE

PPE should be worn in the correct order in the dressing area, or before entering the patient's room, and should be removed in the anteroom or, if there is no anteroom, operators should ensure that neither the environment outside the isolated room/area nor other people can be contaminated.

An observer or 'companion' should check the integrity of each individual piece of PPE, making sure that it has been put on correctly. Each individual's name and role must be written on the front of the gown or overall (for example, 'Nurse Rossi'), as well as their time of entry into the high-risk area, as it is useful for health surveillance activities; when it's not possible to write on the PPE itself, write the information down on a specifically-designated information sheet.

However, it is mandatory for the team's medical and nursing staff to be easily identified in the operations area by means of clearly written visible letters on their overalls, e.g. 'DOCTOR' and 'NURSE'.

When putting on and removing PPE, it may be useful to use a mirror to check and adjust PPE, although a mirror is not a substitution for a real-life 'observer'. Avoid contact between potentially contaminated PPE and the face, mucous membranes or skin. It is important to remember that it is essential to protect the mucous membranes (the eyes and respiratory tract) so PPE protecting these areas should be removed last.

4.3 WHEN REMOVING PPE

Removing PPE, which should occur after leaving the patient care area, is a high-risk process. The operator should follow a step-by-step procedure under the supervision of a trained observer in a designated area. Each item of PPE should be removed slowly in the correct order and interspersed with the use of 0.5 % sodium hypochlorite as a disinfectant, in order to reduce the possibility of self-exposure to the agent.

Disposable PPE should be disposed of in a container for infected waste. Reusable PPE should be promptly immersed in a container with 0.5 % hypochlorite disinfectant for the required length of time, or decontaminated and then reconditioned according to the manufacturer's instructions. It is important that operators do NOT touch their face, mouth or eyes until their hands have been properly disinfected

5. PRODUCTS FOR DISINFECTION

Formulations, active ingredients and disinfection equipment must display technical-scientific documentation, demonstrating compliance with the sector's technical standards (based on the provisions previously highlighted in Title X of Legislative Decree 81/2008 and the aforementioned Article 15(1) and Article 18(1), referring to the same regulatory act) by means of experimental checks carried out by independent third-party reference organisations in the disciplinary field of disinfection.

A copy of all documents must be submitted in order to analyse appropriate compliance with the obligations of Title X (prevention and protection from biological agents), Title IX of Legislative Decree 81/2008 and any further amendments (prevention and protection from chemical agents) and Legislative Decree 46/97 and any further amendments (with regard to products or equipment classified as medical devices) with particular reference to the essential requirements. The technical reference standards are attached.

6. BAGS FOR THE CONTAINMENT OF VARIOUS TYPES OF BIOLOGICAL WASTE AND LIQUIDS

If these devices are used, the bags must be able to collect any form of biological waste or liquid (mainly in liquid form, such as urine, faeces, vomit or various kinds of biological fluid) and must be equipped with a suitable solidifying compound, which is to be placed inside the bag. They must be able to transform the aforementioned biological waste or liquid into a solid state in about 60 seconds. They must perform an 'anti foul odour action' and must demonstrate the appropriate containment of the material inside them.

The following individuals contributed to this report:
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ATTACHMENT 1

Attachment XLVII to Legislative Decree No 81 of 9 April 2008,

Containment measures and containment levels

The measures contained in Attachment XLVII of Legislative Decree 81/2008 must be applied according to the nature of the work, the risk assessment for workers and the biological agents in question

Preliminary note:

The measures listed in ***this ATTACHMENT*** *must be applied according to the nature of the work, the risk assessment for workers and the biological agent in question.*

A. Containment measures	**B. Containment levels**		
	2	3	4
1. The work area must be separated from any other activity taking place in the same building	No	Recommended	Yes
2. Air introduced into and extracted from the work area must be filtered through an ultra-filter (HEPA) or a similar filter	NO	YES, extracted air	YES, both supplied and extracted air
3. Access must be limited to authorised persons	Recommended	Yes	Yes, via a clearing room
4. The work area must be sealed off to allow for disinfection	No	Recommended	Yes
5. Specific disinfection procedures	Yes	Yes	Yes
6. The work area must be kept under negative pressure compared to atmospheric pressure	No	Recommended	Yes
7. Pests, for example, rodents and insects, must be effectively controlled.	Recommended	Yes	Yes
8. Water repellent and easy-to-clean surfaces	Yes, the workbench	Yes, the workbench and floor	Yes, the workbench, furniture, walls, floor and ceiling
9. Surfaces resistant to acids, alkalis, solvents and disinfectants	Recommended	Yes	Yes
10. Safe storage of biological agents	Yes	Yes	Yes, safe storage
11. Inspection window or other device allowing operators to see occupants	Recommended	Recommended	Yes
12. Laboratories must contain the equipment they need	No	Recommended	Yes
13. Infected materials, including animals, must be handled in safety cabinets, insulators or other suitable containers	Where appropriate	Yes, when the infection is airborne	Yes
14. Incinerators for the elimination of animal carcasses	Recommended	Yes (if available)	Yes, on the spot
15. Means and procedures for waste treatment	Yes	Yes	Yes, with sterilisation
16. Wastewater treatment	No	Optional	Optional

Refer to Attachment XLVII; – Article 274(3) – Article 275 (1) – Article 276 (1) – ATTACHMENT XLVI, point 6

ATTACHMENT 2

MAIN TECHNICAL STANDARDS

(CEN/TC/216: committee for chemical disinfectants and antiseptics)

1.1 GENERAL STANDARDS

UNI EN 12353:2013: Chemical Disinfectants and Antiseptics. Preservation of Test Organisms Used for the Determination of Bactericidal (Including Legionella), Mycobactericidal, Sporicidal, Fungicidal and Virucidal (Including Bacteriophages) Activity
This standard is the official English language version of European standard EN 12353 (February 2013 edition). The standard specifies methods for preserving test organisms used and defined in European standards for the determination of the bactericidal, mycobactericidal, sporicidal and fungicidal activity of disinfectants and antiseptics.

UNI EN 14885:2007: Application of European Standards for Chemical Disinfectants and Antiseptics
This standard is the official English language version of European standard EN 14885 (November 2006 edition). The standard specifies the European standards with which products must comply to support declarations concerning the microbicidal activity to which this standard refers.

1.2 PHASE 1 STANDARDS

(Quantitative suspension tests carried out without interfering substances – basic standards – screening test)

UNI EN 1040:2006 Chemical Disinfectants and Antiseptics – Quantitative Suspension Test for the Evaluation of Basic Bactericidal Activity *of Chemical Disinfectants and Antiseptics – Test Method and Requirements (phase 1)*
This standard is the official English language version of European standard EN 1040 (December 2005 edition). The standard specifies a test method and the minimum requirements for the basic bactericidal activity of chemical disinfectant and antiseptic products that form a physically stable, homogeneous preparation when diluted with water.

UNI EN 1275:2006 Chemical Disinfectants and Antiseptics – Quantitative Suspension Test for the Evaluation of Basic Fungicidal or Basic Yeasticidal Activity *of Chemical Disinfectants and Antiseptics – Test Method and Requirements (phase 1)*
This standard is the official English language version of European standard EN 1275 (December 2005 edition). The standard specifies a test method and the minimum requirements for basic fungicidal or basic yeasticidal activity of chemical disinfectant and antiseptic products that form a physically stable, homogeneous preparation when diluted with water.

UNI EN 14347:2005 Chemical Disinfectants and Antiseptics – Basic Sporicidal Activity – Test Method And Requirements (phase 1)
This standard is the official English language version of European standard EN 14347 (March 2005 edition). The standard specifies a test method (phase 1) and minimum requirements for the sporicidal activity of chemical disinfectant and antiseptic products that form a homogeneous, physically stable preparation when diluted with water.

1.3 PHASE 2 STANDARDS STEP 1

(Simulation in use tests, regulations for use)

UNI EN 13624:2004 Chemical Disinfectants and Antiseptics – Quantitative Suspension Test for the Evaluation of Fungicidal Activity of Chemical Disinfectants for Instruments Used in the Medical Area – Test Method and Requirements (phase 2, step 1)
This standard is the official English language version of European standard EN 13624 (December 2003 edition). The standard specifies a test method and minimum requirements for the fungicidal

or yeasticidal activity of chemical disinfectant products that form a stable, physically homogeneous preparation when diluted with hard water – or in the case of ready-to-use products – with water. Standard harmonised with Directive 93/42/EEC concerning medical devices.

UNI EN 13727:2012 Chemical Disinfectants and Antiseptics – Quantitative Suspension Test for the Evaluation of Bactericidal Activity in the Medical Area – Test Method And Requirements (phase 2, step 1) (replaces UNI EN 13727:2004)
This European standard specifies a test method and the minimum requirements for bactericidal activity of chemical disinfectant and antiseptic products that form a stable, physically homogeneous preparation when diluted with hard water or – in the case of ready-to-use products – with water. This standard applies to products that are used in the medical area for disinfecting the hands, for disinfecting instruments by immersion and for disinfecting surfaces. Products can only be tested at a concentration of 80 % or less (97 % with a modified method for special cases) as some dilution is always produced by adding the test organisms and interfering substance. Standard harmonised with Directive 93/42/EEC concerning medical devices. This European standard applies to products that are used in the medical area for applications such as instrument disinfection by immersion, and surface disinfection by wiping, spraying, flooding or other means.

UNI EN 14348:2005 Chemical Disinfectants and Antiseptics – Quantitative Suspension Test for the Evaluation of Mycobactericidal Activity of Chemical Disinfectants in the Medical Area Including Instrument Disinfectants – Test Methods and Requirements (phase 2, step 1)
This standard is the official English language version of European standard EN 14348 (January 2005 edition). The standard specifies a test method and the minimum requirements for the mycobactericidal (or tuberculocidal) activity of chemical disinfectants that form a homogeneous, physically stable preparation when diluted with hard water, or – in the case of ready-to-use products – with water. Products can only be tested at a concentration of 80 % or less.

UNI EN 14476:2013 Chemical Disinfectants and Antiseptics – Virucidal Quantitative Suspension Test for Chemical Disinfectants and Antiseptics Used in Human Medicine – Test Method and Requirements (phase 2, step 1)
This standard, which came into force on 10 October 2013, is the official English language version of European standard EN 14476 (August 2013 edition). The standard specifies a test method and the minimum requirements for the virucidal activity of chemical disinfectant and antiseptic products that form a stable, physically homogeneous preparation when diluted with hard water, or – in the case of ready-to-use products – with water.

1.4 PHASE 2 STANDARDS, STEP 2 (SIMULATION IN USE TESTS)

UNI EN 1499: 2013 Chemical Disinfectants and Antiseptics – Hygienic Handwash – Test Method and Requirements (phase 2, step 2)
This standard is the official English language version of European standard EN 1499 (April 2013 edition). The standard specifies a test method that simulates the practical conditions for determining whether a product used for hygienic handwashing reduces transient bacterial flora on the hands when it is used for the hygienic handwashing of artificially contaminated volunteers.

UNI EN 1500: 2013 Chemical Disinfectants and Antiseptics. Hygienic Handrub – Test methods and Requirements (phase 2, step 2)
This standard is the official English language version of European standard EN 1500 (April 2013 edition). The standard specifies a test method that simulates the practical conditions for determining whether a product used for hygienic handrubbing reduces transient bacterial flora when used for the handrubbing of artificially-contaminated volunteers.

UNI EN 12791:2005 Chemical Disinfectants and Antiseptics – Surgical Hand Disinfection – Test Method and Requirement (phase 2, step 2)
This standard is the official English language version of European standard EN 12791 (July 2005 edition). The standard specifies a test method that simulates practical conditions for determining

whether a surgical hand disinfection product reduces the release of bacterial hand flora according to the requirements described in section 4.

UNI EN 14561:2006 Chemical Disinfectants and Antiseptics. Quantitative Carrier Test for the Evaluation of Bactericidal Activity for Instruments Used in the Medical Area. Test Method and Requirements (phase 2, step 2)
This standard is the official English language version of European standard EN 14561 (May 2006 edition). This European standard specifies a test method and the minimum requirements for bactericidal activity of chemical disinfectant products that form a homogeneous, physically stable preparation when diluted with hard water or – in the case of ready-to-use products – with water.

UNI EN 14562:2006 Chemical Disinfectants and Antiseptics – Quantitative Carrier Test for the Evaluation of Fungicidal or Yeasticidal Activity for Instruments Used in the Medical Area – Test Method and Requirements (phase 2, step 2)
This standard is the official English language version of European standard EN 14562 (May 2006 edition). This standard specifies a test method and the minimum requirements for fungicidal or yeasticidal activity of chemical disinfectant products that form a homogeneous, physically stable preparation when diluted with hard water or – in the case of ready-to-use products – with water.

UNI EN 14563:2009 Chemical Disinfectants and Antiseptics – Quantitative Carrier Test for the Evaluation of Mycobactericidal or Tuberculocidal Activity of Chemical Disinfectants Used for Instruments in the Medical Area – Test Method and Requirements (phase 2, Step 2)
This standard is the official English language version of European standard EN 14563 (November 2008 edition). This standard specifies a test method and the minimum requirements for mycobactericidal or tuberculocidal activity of chemical disinfectant products that form a homogeneous, physically stable preparation when diluted with hard water or – in the case of ready-to-use products – with water.

2. ADDITIONAL TECHNICAL STANDARDS

UNI EN ISO 14937:2009 General Requirements for Sterilising Agents and the Sterilisation Process for Medical Devices
This standard is the official English language version of European standard EN ISO 14937 (October 2009 edition).
This standard specifies the general requirements for the characterisation of a sterilising agent and for the development, validation and routine control of a sterilisation process for medical devices.

UNI EN ISO 15883-1-2-3-4-5-6
Series of standards specifying the performance of washing and disinfection equipment. (e.g. washer-disinfectors)
(UNI EN ISO 15883–4:2009 Requirements and Tests for Washer-Disinfectors Employing Chemical Disinfection for Thermolabile Endoscopes
This standard is the official English language version of European standard EN ISO 15883–4 (June 2009 edition). The standard specifies the particular requirements, including performance, for washer-disinfectors (WDs) that are intended to be used for cleaning and chemical disinfection of thermolabile endoscopes.

UNI EN ISO 20857:2013 Sterilization of Health Care Products – Dry Heat
This standard is the official English language version of European standard EN ISO 20857 (April 2013 edition). The standard specifies the requirements for the development, validation and routine control of a dry heat sterilisation process for medical devices. It also specifies the requirements and provides guidelines on depyrogenation processes using dry heat.

Procedures for putting on and removing PPE
www.inmi.it/procedure operative virus ebola.html

16.5 Reference Regional Hospital Facility for Biocontainment ARNAS – Garibaldi Catania Hospital

As regards the diseases ascribed to BSL 3, ARNAS Garibaldi di Catania has different levels of availability, isolation structure size and characteristics, necessary skills and organisational models (physical characteristics, isolation levels that can be activated, advanced diagnostic capacity for Class III agents, specific clinical capacity, ways to ensure the safety of operators and the community and information management safety) consisting of:

an accident and emergency biocontainment unit
an infectious disease facility with five BSL 3 negative pressure containment chambers
an analysis laboratory equipped with hoods for processing BSL 3 samples
dedicated staff with continuing personal protection training
personal protection devices, including air-type equipment, that is certified for use with pathogens: bacteria, viruses and fungi

The above characteristics were identified by the Ministry of Health in its document on Planning the Healthcare Response to National Emergency Situations and Sudden Migratory Phenomena Concerning the National Territory of 14 February 2017.

16.6 ARNAS Garibaldi Hospital Job Role Sheet

- The facility is activated if a bacteriological, virological or chemical alert is issued.
- It works with the Spallanzani National Centre in Rome or the Sacco National Centre in Milan for the transfer of patients with BSL 4 diseases.
- At the request of the Central Authority, it supports Spallanzani National Centre in Rome or the Sacco Centre in Milan.
- At the request of USMAF-SASN, it supports activities relating to air flows arriving at Catania Fontanarossa medical airport.
- It promotes and supports hospitals in the creation of biocontainment areas.
- It implements permanent training activities for healthcare workers involved in the management of infectious and chemical risks in collaboration with the IRC (cf. the Ministry of Health Official Memorandum 035824–07/12/2015-DGPRE-DGPRE-P of 7 December 2015, as well as Legislative Decree 178/2012).
- It promotes audits for the improvement of biocontainment health reception facilities.
- It offers management systems for patients who need treatments administered in biocontainment.
- It promotes the psychological management of patients in biocontainment facilities.
- It promotes training activities in collaboration with professional healthcare bodies and the IRC (cf. Ministry of Health Official Memorandum 035824–07/12/2015-DGPRE-DGPRE-P of 7 December 2015, as well as Legislative Decree 178/2012) on the theme of biocontainment.
- It collects, stores and analyses data related to infectious disease screening sent by peripheral facilities.

In the Region of Sicily all diseases related to highly transmissible infectious diseases, to be treated in high biocontainment must be received by the province of Catania, where possible.

This is because Catania hosts the Fontanarossa medical airport, a healthcare facility equipped with the same structural and organisational characteristics (infectious disease accident and emergency department) as ARNAS Garibaldi hospital.

For this purpose, the ARNAS Garibaldi Director of Emergencies is identified by Medevac as the regional health safety and biocontainment contact person for the transportation of patients with suspected transmissible infectious diseases.

16.7 Medevac regional health safety and biocontainment contact person job role sheet for the transportation of patients with suspected transmissible infectious diseases

Job role objectives

Coordination and management of patients in high biocontainment

Duties

- Works with USMAF-SASN's Regional Director for the implementation of specific operational plans and with the IRC for transportation by land in high biocontainment.
- Receives information from CIRM and the Port Authorities' General Command, USMAF SASN's Regional Director and the IRC regarding the transfer of individuals with suspected highly transmissible infectious diseases warranting treatment in high biocontainment.
- Activates ARNAS Garibaldi's biocontainment system;
- Connects with reception centre health coordinators.
- Connects with regional health facilities in order to improve the system for managing patients suffering from transmissible infectious diseases.
- Coordinates all the necessary steps to arrange the transfer of the patient in high biocontainment (BSL 4) via the IRC Public Health Division and in collaboration with USMAF SASN's Regional Director.
- Sends a notification regarding infectious disease to the Regional Health Council Section 4, DASOE [Dipartimento Attività Sanitarie e Osservatorio Epidemiologico, Department for Healthcare Activities and Epidemiological Observation].
- Sends a notification regarding any emergency activities carried out to Section 6 of the Regional Health Council's Department for Strategic Planning (DPS).

Information Flow

Receives information from:	Gives information to:
Port Authority's General Command	Port Authority's General Command
International Radio Medical Centre	International Radio Medical Centre
USMAF SASN staff	USMAF SASN staff
Prefectures, Police Headquarters	Italian Air Force healthcare service
	Italian Navy healthcare service
	Plan Coordinator
	IRC manager for transportation in high biocontainment
	Manager of Section 6 of the Regional Health Council's Department for Strategic Planning
	Local civil authorities

If migrants land in ports in the Region of Sicily with suspected cases of transmissible infectious disease, subject to any agreement with the Regional Health Authorities, the IRC will be able to transport biological materials collected from the ARNAS Garibaldi facility in Catania, using BSL 3 biosafety systems provided by that facility, for the rapid detection of diseases using molecular biology examinations for:

- mycobacterial diagnostic tests for the rapid detection of TB and resistance to rifampin using Real-Time PCR;
- diagnostic tests for the detection of malaria (immunochromatographic and/or Real-Time PCR techniques);
- anti-HIV and bio-molecular diagnostics (Real-Time PCR) for the detection and quantification of human immunodeficiency virus type 1 (HIV-1) RNA concentrations in pregnant immigrant women;
- LCR diagnostic test process for Meningoencephalitis (using Real-Time PCR);
- diagnostic tests for major respiratory diseases (using Real-Time PCR).

The procedure described above will only be activated if the relevant Health Authorities are not able to implement the aforementioned agreements.

16.8 ARNAS Garibaldi telephone contacts

Emergency department manager/Biocontainment manager Dr Sergio Pintaudi – 3341900358 – 3358451952
Substitute Doctor Dr Carmela Puleo – 3386242617
Telephone switchboard – 095/7591111
Emergency department secretary – 095/7594405 – 095/7594454
Resuscitation – 095/7594120
Infectious disease biocontainment coordinator Sebastiano Rametta – 095/7592014 – 3404027988

16.9 Beds available for infectious diseases

REGION OF SICILIY

Regional Health Council

Beds available for infectious diseases

HOSPITAL NAME	FACILITY NAME	ADDRESS	ORDINARY HOSPITALISATION	PHONE NUMBER
Caltanissetta ASP	P.O. [hospital unit] Sant'elia (Ex A.O. [was: hospital])	Via Luigi Russo, 6 - Caltanissetta	10	0934559547 - 559549
Caltanissetta ASP	P.O. Vittorio Emanuele (Ex A.O)	Palazzi N. 173 - Gela	3	0933831366 - 361
Catania ASP	P.O. Gravina E S. Pietro Caltagirone	Via Portosalvo 2 - Caltagirone	12	093339024 - 39021
Enna ASP	P.O. 'Umberto I'	Contrada Ferrante - Enna	10	0935516754
Messina ASP	P.O. 'Nuovo Cutroni Zodda' Barcellona	Via Salvatore Cattafi - 98051 Barcellona P. Di G.	12	0909751572 - 68
Ragusa ASP	'Civile Maria Paternò Arezzo' Hospital	C/Da Rito - Ragusa	16	0932600250 - 249
Ragusa ASP	Maggiore Modica Hospital	Via Resistenza Partigiana - Ragusa	10	0932448512 0932448363
Syracuse ASP	P.O. Umberto I (Ex A.O.)	Via Testaferrata - Siracusa	16	0931724107 - 30
Trapani ASP	P.O. S. Antonio Abate - Trapani	Via Cosenza - Erice Casa Santa	0	0923809223 - 25
A.O. [hospital] for emergencies Cannizzaro	A.O. for emergencies Cannizzaro	Via Messina, 829 - Catania	14	0957262017 0957262639
ARNAS Garibaldi	ARNAS Garibaldi	Via Palermo, 636 - Catania	20	0957598648 - 9
A.O.U. [university hospital] Policlinico - Vittorio Emanuele	A.O.U. Policlinico Vittorio Emanuele	Via Salvatore Citelli, 6 - Catania	12	0957436256
Papardo Hospital	Papardo Hospital	Contrada Papardo - Messina	8	0903996056
Univ. Hospital G. Martino	Univ. Hospital G. Martino	Via Consolare Valeria, 1 - Messina	8	0902211 - 2212031
A.O.R [united hospital] Villa Sofia Cervello	A.O.R Villa Sofia Cervello	Via Trabucco - P.O. Cervello - Palermo	18	0916802428
'Civico-Di Cristina Hospital	P.O. Di Cristina	Via Dei Benedettini, 1 - Palermo	15	0916666018
'Civico-Di Cristina Hospital	Hospital Civico Di Cristina	Piazza Nicola Leotta, 4 - Palermo	8	0916662998 0916664799
Az.osp.univ. [university hospital] p.giaccone	Az.osp.univ.p.giaccone	Via Del Vespro, 129 - Palermo	17	091 6554348

17.0 Post-disembarkation healthcare assistance

17.1 Syndromic surveillance and immune prophylaxis at reception centres

The main objective of syndromic surveillance in reception centres is the early detection of any event that may represent a public health emergency so as to organise a timely and appropriate response. Isolation measures for suspected cases of infectious and transmissible diseases, as well as quarantine measures, will be the responsibility of the Ministry of Health's USMAF SASN offices for implications related to the application of the 2005 International Health Regulations (international disease prevention measures to reduce the risk of infectious diseases spreading across borders and other risks to human health) in close cooperation with the IRC.

18.0 Prevention

18.1 Vaccinations

With regard to immune prophylaxis for immigrants, vaccinations must be administered in compliance with the regional vaccination calendar in force following the disembarked individual's psycho-physical stabilisation, which should generally occur around eight days after disembarkation at the earliest. After this period, it is up to the vaccinating doctor, on a case-by-case-basis, to further defer vaccinations in order for migrants to have an improved antibody response and to better identify any adverse reactions to the vaccine that could be caused by complications related to the migrant's journey (weakened immune systems due to excessive sun exposure and/or temperature changes, dehydration, malnutrition-deterioration and possible viral diseases due to excessive promiscuity, etc.).

It is also essential to consult the Ministry of Health's advice, issued with the following Official Memorandum, regarding the vaccination of individuals landing on the Italian coast and coming from North Africa.

'International spread of poliovirus: immunoprophylaxis recommendation update in relation to prolonged immigrant emergencies and the risk of poliovirus being reintroduced into Italy'.

the Ministry of Health recommends: – that there is compliance with the following immunoprophylaxis protocol for immigrant children aged 0 to 14, as required by Ministerial Memorandum No 8 of 23 March 1993 'Vaccination documentation for immigrant minors', which contains instructions that are still valid:

a) **children who have never been vaccinated:** will be vaccinated according to Italy's current national calendar, in relation to their age;
b) **children who have been vaccinated regularly in their country of origin and whose vaccination status is sufficiently documented:** Italy's current national calendar will be followed for any completion of the primary vaccination cycle and/or boosters;
c) **documentation is insufficient and the individual's vaccination status is doubtful:** the vaccines listed in Italy's current national calendar must be administered (it is advisable not to exceed the number of doses scheduled in the vaccination calendar for vaccines containing the anti-tetanus component due to the increased risk of adverse reactions linked to the anti-tetanus component);
d) ***if the child is expected to stay in Italy, the vaccination cycle must be completed as per the current national vaccination calendar, taking into account the indications contained in Decree-Law No 73 of 7 June 2017, 'Urgent provisions concerning preventive vaccinations' (O.G. No 130 of 7 June 2017);***
   - ***that there is reference made to the following recommendations for immigrant adults coming from affected countries, or countries that could become affected due to a change in their epidemiological profile:***

   a) **in the presence of tetanus-prone lesions**: perform post-exposure anti-tetanus prophylaxis, according to the current national indications (Ministry of Health Official Memorandum No 16/96);
   b) **all individuals**: check their vaccination status against polio, which must be documented with a valid vaccination certificate;
   c) **individuals who claim to have never been vaccinated**: administer an anti-polio vaccination (full cycle);
   d) **individuals without adequate documentation and with a doubtful vaccination status**: administer at least one dose of an anti-polio vaccine.

18.2 HIV Screening

In order to limit the spread of the disease, it is desirable to include rapid access to an HIV test and to healthcare services, regardless of the migrant individual's administrative status. It will also be necessary to identify messages aimed at changing risk behaviours through the use of specific communication strategies for target individuals, while respecting the different cultures to which they belong. If adequately financed, proposed interventions could be supported by 'targeted' information and prevention campaigns in order to facilitate early diagnosis and to reduce the late presenter rate; these information campaigns can be designed in collaboration with communities. Finally, access to screening should be provided for newly arrived migrants who have a reason to take an HIV test – e.g. pregnant and breastfeeding women, people with clinical conditions that suggest HIV infections and/or individuals from highly endemic areas – so that they can be placed in a healthcare context that guarantees continuity of care.

18.3 'Poliovirus' environmental surveillance in municipalities with a high presence of migrants and facilities for accommodating them

With reference to the cases of Poliovirus reported in Syria and other Middle Eastern countries and the expected possible exposure of the Sicilian population to the importation of wild poliovirus by migrants who have arrived in Sicily via disembarkation, the DASOE Service 4, 'Public Hygiene and Environmental Risks', set up a useful working group in October 2013 composed of representatives of the nine Regional Health Authorities (Health Directors, Directors of Prevention Departments and Directors of Epidemiology and Prophylaxis Services) and Professor Giovanni Giammanco (Regional Contact Person for Flaccid Paralysis Surveillance) in order to define an '**operational protocol for the implementation of environmental surveillance to detect poliovirus in sewage drains at major migrant reception centres in the Sicilian region**'.

With the instructions supplied with Protocol No 83546 of 6 November 2013, Protocol No 7336 of 27 January 2014 and Protocol No 75265 of 21 September 2016, wastewater at the main reception centres was sampled.

With the additional directives supplied with Protocol No 30110 of 5 April 2017 and Protocol No 31783 of 12 April 2017, the number of monitored reception centres was expanded and a decision was made to include wastewater monitoring in some municipalities, and in the territories hosting a greater number of non-EU individuals.

Indeed, it is also considered useful to sample wastewater at:

Operational hotspot facilities:

Lampedusa (AG)
Trapani
Pozzallo (RG)

Asylum seeker reception centres (CARA):

Mineo (CT)
Caltanissetta

The wastewater collected at the five facilities mentioned above, together with that taken from other sites, is immediately frozen and grouped together at the Policlinico di Palermo laboratory *(run by Professor Giovanni Giammanco)*, which takes care of processing the samples as well as sending them, as already agreed, to the Istituto Superiore di Sanità [National Institute of Health] in accordance with the instructions received.

19.0 Assistance to non-EU foreign citizens

With R.D. 2183 of 17 October 2012, the Region of Sicily issued 'Guidelines for administering healthcare to non-EU and EU citizens in the Region of Sicily'.

Assistance to the aforementioned citizens is provided through the Rete Assistenziale Regionale Stranieri [Regional Foreign Citizen Care Network] which, via a process of local/hospital integration, provides:

a 'foreign citizen assistance point', located inside primary care reception/ orientation access points;
'dedicated clinics' for first-level care;
'active reception services' for second-level care.

Foreign non-EU and EU citizens who cannot be registered with the National Health Service directly access 'dedicated clinics' for first-level and specialised care, subject to the issue of an STP and ENI code by the Sicilian Health Authorities.

'Dedicated clinics' allocated in the Sicilian region, at least one per district, are part of the Provincial Health Authorities while 'active reception services' belong to hospital and/or universities.

In 'government' reception centres, healthcare is provided by the managing body, while in temporary reception centres (CAS), healthcare is provided by the local area authority.

Where provided by legislation on administering healthcare to foreign citizens, healthcare services may be administered by general practitioners at temporary reception centres in Sicily following a consultation with the Permanent Regional Committee of General Practice and Primary Care Paediatrics established pursuant to Article 24 of the National Collective Agreement of 29 July 2009.

Activities in temporary reception centres are coordinated by the ASP Coordinator for the CAS.

20.0 Foreign minors

R.D. 326/14 'Foreign health assistance – Regional Health System enrolment procedures for foreign non-EU or EU minors with either an STP or an ENI code' outlines the operational procedures for applying the provisions of the agreement established by the Permanent Conference for relations between the State, Regions and Autonomous Provinces of Trento and Bolzano in a national document: 'Directions for the correct application of legislation regarding administering healthcare assistance to the foreign population by the Regions and Autonomous Provinces of Italy', and implemented by the Region of Sicily with R.D. 26/09/2013.

In particular, *compulsory enrolment in the SSR of foreign minors who are in the region 'regardless of whether they have a residence permit'* is laid down therein. Children up to the age of 14 are therefore registered with primary care paediatricians, who implement the same prevention measures (education, nutrition, vaccinations, physical activity, etc.) and assistance as guaranteed to Italian minors and foreigners legally present in the Region of Sicily, thus guaranteeing the rights enshrined in the New York Convention (rights of the child) to these individuals.

'Health check' and 'filter' visits in order to regularly assess predefined elements for the correct development of children will also be carried out by primary care paediatricians.

20.1 Operational procedures for registering minors with the SSR

Compulsory enrolment in the SSR is carried out and renewed by the Provincial Health Authorities through the authorities' registry offices.

The documents required for registering minors with the SSR who are in possession of an STP code include:

self-certification by one of the parents;
a valid STP code for the minor;
the minor's birth certificate, if born in Italy

Registration requests must be made:

- by a parent;
- by someone who has guardianship or parental authority for the child.

This request presupposes possession of an STP or ENI code, which can be issued at the same time.

The guardian of unaccompanied individuals placed in facilities must therefore personally register the minor and inform the ASP of any changes to his or her registered address.

A special self-certification form must be completed in order to select a paediatrician.

Due to the temporary nature of the patient's residence in the region, the choices the paediatrician will be calculated by way of derogation from the standard ceiling.

20.2 Unaccompanied foreign minors (MSNA)

Law No 47 of 7 April 2017 (in O.G. No 93 of 21 April 2017) the 'Provisions on measures for the protection of unaccompanied foreign minors' outline the protection and reception system for the safeguarding of 'minors who do not have Italian or European Union citizenship who are in the State's territory for any reason or who are otherwise under Italian jurisdiction, without assistance and representation by parents or other adults legally responsible for them, according to the laws in force in the Italian legal system'. As already sanctioned with the State-Regions[1] Agreement of 20 December 2012, which in turn gave an authoritative and unambiguous interpretation of the legislation in force[2], in the new Essential Assistance Levels of[3] 18 March 2017, *in Article 63(4), it is reiterated that 'foreign minors present in the country who are not in compliance with the rules regarding entry and right to remain are enrolled in the National Health Service and benefit from healthcare on the same terms as Italian citizens'.*

20.3 Multidisciplinary holistic identification and assessment of the age of unaccompanied foreign minors (MSNA)

The 'Protocol for the identification and multidisciplinary holistic assessment of the age of unaccompanied foreign minors', as per the Regions and

1 Agreement of 20 December 2012 between the State, Regions and Autonomous Provinces of Trento and Bolzano. Act No 255/CSR of 20 December 2012. Available via the following link: www.statoregioni.it/Documenti/DOC_038879_255%20csr%20-%20 5%20quater.pdf.

2 Legislative Decree No 286 of 25 July 1998 (Turco-Napolitano Law) 'Consolidated text of provisions governing immigration and the status of aliens'. www.camera.it/parlam/leggi/deleghe/98286dl.htm

3 Definition and update of the essential assistance levels in Article 1(7) of Legislative Decree No 502 of 30 December 1992. (17A02015) (O.G. No 65 of 18 March 2017 – Ordinary Supplement No 15) www.gazzettaufficiale.it/eli/id/2017/03/18/17A02015/sg

Autonomous Provinces conference (16/30/CR09/C7-C15. 3 March 2016) defines the procedure for determining the age of unaccompanied minors, which:

- must only be used where there is reasonable doubt regarding what has been declared and following the execution of all other possible identification practices;
- must be carried out in an appropriate environment by a team of experts in the field (a paediatrician, child neuropsychiatrist/psychologist, cultural mediator and social worker) with a holistic multidisciplinary approach in which the use of diagnostic, and in particular X-ray, examinations represents *the last possible solution.*

20.4 Multidisciplinary team for the identification and holistic assessment of the age of unaccompanied foreign minors (MSNA)

Hospital – Universitaria Policlinico 'P. Giaccone' di Palermo

With head office at: Dipartimento Materno-Infantile dell'AOUP di Palermo [Palermo University Hospital Maternity and Child Department]

Director *Professor Giovanni Corsello*

Ambulatorio Pediatrico Multiculturale [Multicultural Paediatric Clinic]

With head office at: *via* Alfonso Giordano 3, 90127 Palermo 091 6552016/0916555456 – 0916555429

Contact person: *Dr Simona La Placa* simonalaplaca@gmail.com

In partnership with the Ambulatorio DH di Medicina delle Migrazioni dell' AOUP [University Hospital Migrant Medicine Day Clinic] (Manager: *Dr Mario Affronti),* and the Palermo University Hospital multidisciplinary team, in collaboration with the Region of Sicily's ASP, will **coordinate verification procedures**, training of social-health staff, and monitoring and assessments for the purposes of implementing the provisions of the law and good practice throughout the region.

Activity planning and coordination will be shared with Section 8 of the Regional Health Council's Department for Strategic Planning, local planning and social-health integration.

21.0 Ministry of Health guidelines

'Scheduling assistance and rehabilitation, as well as the treatment of refugees or individuals with subsidiary protection statuses who have mental health illnesses and who have suffered torture, rape or other serious forms of psychological, physical or sexual violence'.

The provisions pursuant to Legislative Decree No 18 of 21 February 2014, implementing Directive 2011/95/EU, which amended Article 27(1) *bis* of Legislative Decree No 251, resulted in the aforementioned guidelines, to provide instructions about the implementation of appropriate and uniform interventions throughout the country, via ways of identifying, caring for and treating victims of intentional violence and torture, with continuity between the refugee reception system and the social-health assistance system.

Individuals must be taken care of via an integrated, multidisciplinary and multidimensional approach, with interventions carried out in successive stages: reception, orientation, assistance.

To this end, the Provincial Health Authorities must define a multidisciplinary treatment pathway, the keystone of torture victim assistance and rehabilitation, in order to integrate the social-health and legal professions of local public services, of managing entities and of the private social sector, where present.

The creation of formal agreements between the various local authorities is desirable, in collaboration with public and private social services, to regulate shared roles and practices so that no prevention, care, treatment or rehabilitation pathways are delayed but they remain continuous.

When organising multidisciplinary pathways, it is necessary to outline the functions and roles of the various professionals involved, as well as the necessary tools required. Regardless of the individual professionals present, the following areas of expertise need to be represented within the multidisciplinary pathway;

- healthcare;
- social care;
- legal;
- linguistic/cultural mediation.

There is no standard model, nor can a certain set-up be prescribed; numerous professionals will have to participate in the multidisciplinary pathway and all individuals must have adequate training, with a particular focus on human rights.

21.1 Regional coordinator role for the implementation of the Ministry of Health's guidelines

'Scheduling assistance and rehabilitation, as well as the treatment of refugees or individuals with subsidiary protection statuses who have mental health illnesses and who have suffered torture, rape or other serious forms of psychological, physical or sexual violence'.

At a regional level, all individuals involved in social, health and legal activities are required to work together with regard to asylum seekers and refugees who are the victims of torture.

The following is desirable from the coordination role:

- preparing prevention measures with a particular eye to the health of operators working with asylum seekers, at risk of vicarious traumatisation;
- promoting training programmes, including training activities about gender-based violence, targeting Regional Health Authority healthcare staff and social workers, as well as the staff of public authorities and the institutions managing reception and protection services for applicants for or beneficiaries of international protection, and linguistic-cultural mediators;
- monitoring the implementing of multi-disciplinary pathways by drafting a qualitative and quantitative annual report on the activities carried out and the main problems encountered at the level of clinics or organisation, as well as any training requirements, to be sent to the Regional Health Council.

Regional coordination role:

Contact person: Dr Guido Faillace, Director of UOC Dipendenze Patologiche [operational unit for dependency and addiction]

Via Cernaia 8 Alcamo (Tp)
phone number 0924 514148
mobile number 3382043660

Activity planning and coordination will be shared with Section 8 of the Regional Health Council's Department for Strategic Planning, local planning and social-healthcare integration.

22.0 Aabbreviations

ASP	Azienda Sanitaria Provinciale [Provincial Health Authority]
BSL	Biosafety Level
CAS	Centro accoglienza straordinario [Temporary Reception Centre]
CISOM	Corpo Italiano di Soccorso dell'Ordine di Malta [Order of Malta Italian emergency corps]
O.C.	118 Operations Centre
STP CODE	Straniero Temporaneamente Presente [code for temporarily present foreigner]
ENI CODE	Europeo Non Iscritto [code for non-registered European]
IRC	Italian Red Cross
DEA	Dipartimento di emergenza ed accettazione [Emergency and Acceptance Department]
ENI	Non-registered European
FRONTEX	European Agency for the Management of International Cooperation at the External Borders of the Member States of the European Union
IRCCS	Istituto di Ricovero e Cura a Carattere Scientifico [Scientific Institute for Research and Healthcare]
OBI	Osservazione breve intensiva [Short-Stay Observation Unit]
IOM	International Organization for Migration
WHO	World Health Organization
NGO	Non-Governmental Organisation
MEDEVAC	Medical Evacuation
MSNA	Minore Straniero Non Accompagnato [Unaccompanied foreign minor]
PASSIM	Primissima Assistenza Sanitaria nelle operazioni di Soccorso in Mare [Earliest Healthcare Assistance in First-Aid Operations at Sea]
PLS	Pediatri di libera scelta [Primary Care paediatricians]
PMA	Advanced Medical Post
PS	Pronto Soccorso [Accident and Emergency]
PTE	Presidio Territoriale di Emergenza [Local Emergency District]
SAR	Search and Rescue
SEUS	Sicilia Emergenza Urgenza Sanitaria [Sicily Urgent Emergency Healthcare]
SOP	Standard operational procedure
SSN	Sistema Sanitario Nazionale [National Health Service]
SSR	Sistema Sanitario Regionale [Regional Health Service]
SUES 118	Sistema dell'Emergenza-Urgenza Sanitaria SUES 118 [118 emergency healthcare telephone number]
USMAF SASN	Uffici di sanità marittima, aerea di frontiera e per l'assistenza sanitaria al personale navigante [Office for Maritime, Air and Border Health and Healthcare Assistance for USMAF SASN Crew Members]

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