Standard Operating Procedures

for Front-line Border Officials at the Point of Entry in Response to COVID-19 Outbreak

April 2020

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Cover photos: The IOM country office in Cambodia is providing reception support to returnees at the Poipet border crossing with Thailand. © IOM 2020/IOM Cambodia

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Acknowledgements

The Standard Operating Procedures (SOP) for Front-line Border Officials at the Point of Entry (PoE) in Response to COVID-19 Outbreak was developed by the International Organization for Migration (IOM) with support received from the Government of Canada's Anti-Crime Capacity Building Programme to directly benefit border officials.

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Contents

1. Context

If not adequately managed with ad hoc context-specific procedures, increasingly growing trade and passenger travel poses potential danger to cross-border spread of disease and other types of public health hazards. The World Health Organization (WHO) requires that responsible authorities are in charge to **ensure that PoE facilities and premises are kept free from sources of infection** and that **necessary health advisories are in place**. Competent authorities are required to conduct inspections, provide vector control programmes, supervise service providers, including monitoring and supervising the application of sanitary measures. Surveillance for any infectious disease is carried out by the relevant Health Authority of seaports and airports. Points of Entry (PoEs) may have different settings, in especially in small locations. All aircrafts and vessels arriving from foreign countries should be granted health clearance by the Health Authority of the departing country, based on the information submitted by the Pilots in-command of the aircraft or the Captain of the vessel.

An Inter-Agency contingency plan shall be discussed, developed and approved as part of the preparatory phase of a possible COVID-19 crisis.

This document is not intended to replace any Contingency Plan or Standard Operating Procedure already in place and effectively applied. Despite all efforts made by national authorities to prevent and reduce the risks of infectious disease spreading, limited medical staff, insufficient financial resources and lack of specific equipment and material, often pose severe challenges to the capacity of health services in effectively operating at all PoEs. Reduced presence or absence of health officials and lack of adequate equipment at PoEs requires all front-line officers, including officers from other border agencies, to acquire most relevant information and practice urgent measures necessary to minimize the risk of infection and transmission of a disease. This not only for their own safety but also for the safety of all other travellers, colleagues, PoE's staff, families and friends, as they are *de facto* the front line to protect their own country and the entire community from the potential spreading of a pandemic disease.

2. Purpose

The purpose of the Standard Operating Procedures (SOP) is to provide quick guidance to border officials to prevent disease transmission and contamination of the working and living premises by COVID-19, as well as effectively manage suspected and/or probable COVID-19 cases.

3. Scope

This SOP specifically applies to border officials who deal with passengers/travellers at the Point of Entry (PoE), as part of support to the efforts of the Government in implementing National Preparedness and Response Plan (NPRP) on COVID 19.

4. COVID-19 case definitions (as per WHO)

4.1. Suspected case

a. A patient with acute respiratory illness (fever and at least one sign/symptom of respiratory disease (e.g. cough, shortness of breath, sore throat, running nose, etc.), AND with no other

etiology that fully explains their state of health AND a history of travel to or residence in a country/area or territory reporting local transmission of COVID-19 disease during the 14 days prior to symptom onset; or

b. A patient with any acute respiratory illness AND previous contact with a confirmed or probable COVID-19 case (see definition of contact below) in the last 14 days prior to onset of symptoms;
c. A patient with severe acute respiratory infection (fever and at least one sign/symptom of respiratory disease (e.g., cough, shortness breath, sore throat, running nose) AND requiring hospitalization AND with no other etiology that fully explains their state of health; or
d. A travel companion or close contact of a confirmed or suspected case.

4.2. Probable case

A suspected case for whom testing for COVID-19 is inconclusive or has not yet been undertaken, despite clear symptoms.

4.3. Confirmed case

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

4.4. Contact

A contact is a person that is involved in any of the following:

a. Providing direct care without proper Personal Protective Equipment (PPE) for COVID-19;
b. Patients;
c. Staying in the same close environment of a COVID-19 patient (including workplace, classroom household, gatherings);
d. Travelling in close proximity (<1m) with a COVID-19 patient in any kind of manner;
e. Within a 14-day period after the onset of symptoms in the case under consideration.

5. Responsibilities

It is the responsibility of the Senior Management (highest in rank/role at the PoE) to enforce this SOP after coordinating with their relevant authority and counterparts.

It is the responsibility of the Senior Management (highest in rank/role at the PoE) to appoint a designated Supervisor(s) to oversee the correct application of this SOP.

Designated Supervisor(s) involved in the correct operationalization of this SOP shall have the relevant training and/or experience.

It is the responsibility of the Supervisor(s) and all employees to implement adequate preventive/corrective actions and ensure that they are implemented.

Ultimately, it is the responsibility of each and every border official to carry out personal hygiene inspections, apply best practices identified, and record and report any relevant information and breaches to the designated Supervisor(s).

6. General Guidelines

At all levels, border officials have a three-fold and equally important role in preventing and actively combating the spread the COVID-19 disease:

a. Ensure that travellers do not get infected and that COVID-19 affected cases do not infect other travellers and people present at the POEs;
b. Minimizing/eliminating their own risk of becoming a vector for the virus;
c. Protect themselves from getting infected and from further infecting friends and family outside the workplace.

These risks can be mitigated (reduced) by:

a. Conducting "Personal Hygiene" both at home and workplace;
b. Ensuring safe and clean workplace;
c. Taking all recommended self-protection measures while implementing respective tasks at the workplace.
d. Applying "social-distancing" [1] policies by ensuring more than one-metre distance between themselves (e.g. when queuing at the immigration counter, completing entry/exit forms, standing in public areas, and also while walking in group).

6.1. General Guidelines: Personal hygiene

Personal hygiene must be ensured as a normal practice at the workplace, as well as at home or in any other place.

a. Arrive to work with clean hair and clean clothes;

b. Carry personal alcohol-based hand spray/gel and sanitize hands before entering the workplace;

c. Maintain trimmed, filed, cleaned fingernails without rough edges and avoid biting your own nails;

d. Avoid touching your face, nose and mouth, especially after being in contact with objects that have not been sanitized, such as: pen used by other people, passports or supporting travel documents,

[1] These procedures follow the instructions provided by the World Health Organization: "Management of ill travellers at points of entry – international airports, ports and ground crossings – in the context of the COVID-19 outbreak" www.who.int/publications-detail/management-of-ill-travellers-at-points-of-entry-international-airports-seaports-and-ground-crossings-in-the-context-of-covid--19-outbreak (last accessed 6 April 2020).

immigration counter, equipment, desk and mobile phones as well as stationaries present in the booth, etc;

e. All border officials must wash their hands properly with soap or alcohol-based solutions containing at least 70% alcohol as per the suggested best practices, before starting their shift.

   Hands must always be washed:

   i. Before commencing work;

   ii. Before and after wearing disposable gloves (where applicable);

   iii. Between performing different tasks (i.e. taking out garbage, managing unsanitary utensils, etc.);

   iv. Immediately after using the toilet;

   v. Before and after eating, drinking or smoking;

   vi. Ad hoc procedures shall be also adopted while handling travellers' documents (i.e. always rub hands with alcohol-based gel after checking each passenger);

   vii. After sneezing, coughing or nose blowing.

f. Wash hands only in designated sinks intended for the purpose, if available. Turn off faucets in a sanitary fashion (e.g. use single-use towel to turn off the faucet, use elbow, etc.) in order to prevent recontamination of clean hands. Absence of designated sanitary stations shall be reported in the situational assessment report (see Section 12 "Situational assessment");

g. Dry hands with single-use towels and dispose of used towels in a closed trash bin;

h. If personal clothing and belongings are stored in a designated locker facility, please ensure careful sanitization of such facilities before and after storing personal belongings;

i. Report to the designated Supervisor(s) any flu-like symptoms, fever, diarrhoea, sore throat, constant sneezing, coughing, runny nose and/or vomiting.

6.2. General Guidelines: Safe and clean workplace

Although staff have a day-to-day responsibility for safe working practices within the areas under their control, this does not preclude the main responsibilities of Senior Management to ensure a safe working environment.

A clean work environment improves employees' sense of well-being and health.

Germs, bacteria and disease thrive in a dirty environment. Before beginning the operationalization of this SOP, a situational assessment should be performed, and a plan established to ensure well-coordinated implementation. Proper planning helps to ensure:

a. Elimination or reduction of risk;

b. Preventing further movement of viruses; and

c. Ultimately protecting the safety of all response staff.

Planning also minimizes the possibility that a lack of resources (financial and/human) limits the effective operationalization of this SOP.

Among other best practices, this can be addressed by:

a. Duly and regularly coordinating with the property owner or any other decision maker, to ensure, when necessary, a smooth implementation of the relevant parts of this SOP;

b. Determining supply requirements and ensure timely delivery in collaboration with relevant Logistic Sections;

c. Regularly cleaning and sanitizing air conditioning filters;

d. Providing alcohol-based hand rub solutions containing at least 70% alcohol;

e. Procuring proper disposal of waste to keep work areas clutter-free, including from used masks and paper tissues;

f. Ensuring the existence of a public order security plan;

g. Where possible, implementing shorter shift rotations to allow front-line officials to:

    i. De-stress regularly to be more diligent and meticulous in applying the measures listed in this SOP;

    ii. Breathe fresh, clean air to minimize exposure to an unsanitized environment;

    iii. Receive mental health and psychological support.

6.3. General Guidelines: Disposal of solid/liquid waste in contact with a case/suspect case of COVID-19

All solid wastes in contact or potentially in contact with a case or a suspected case of COVID-19 should be removed and disposed of safely. These can include medical masks, tissue paper, clothes, stationaries, glasses, etc.

Any liquid waste (contaminated water, urine, vomitus, feces, body fluids, wastewater) which might contaminate the water of the PoE shall be removed and disposed of safely.

Waste should be segregated at point of generation to enable appropriate and safe handling.

In coordination with relevant national Authorities, a separate Waste Management Plan should be developed for safe handling (containment and packing), safe storage, treatment, transport and safe disposal of waste from a case or suspected case of contamination.

A dedicated Waste Management Focal Point should be appointed with specific training on standardized procedures for waste handling, including wearing appropriate PPE.

In coordination with relevant Health Authorities, ad hoc protocols should be developed for safe packaging, storage, and transportation of packaged waste.

6.4. General Guidelines: Self-protection

The application of self-protection measures helps minimize the risk of being exposed to a potential threat or hazardous situation, including being unknowingly infected by a virus or accidently infecting others.

a. Wear a medical mask and change it regularly. Do not touch the front of your mask. Dispose of the mask into a closed bin located far from the usual working space, immediately after use;

b. Wash hands regularly with soap and water or use alcohol-based solutions containing at least 70% alcohol (For mandated handwashing guidelines, refer to the (see Section 6.1 “Personal hygiene”);

c. Practice respiratory etiquette: sneeze or cough into a bent elbow, sleeve or tissue paper. Tissue paper shall be thrown into a closed bin located far from the usual working space, immediately after use;

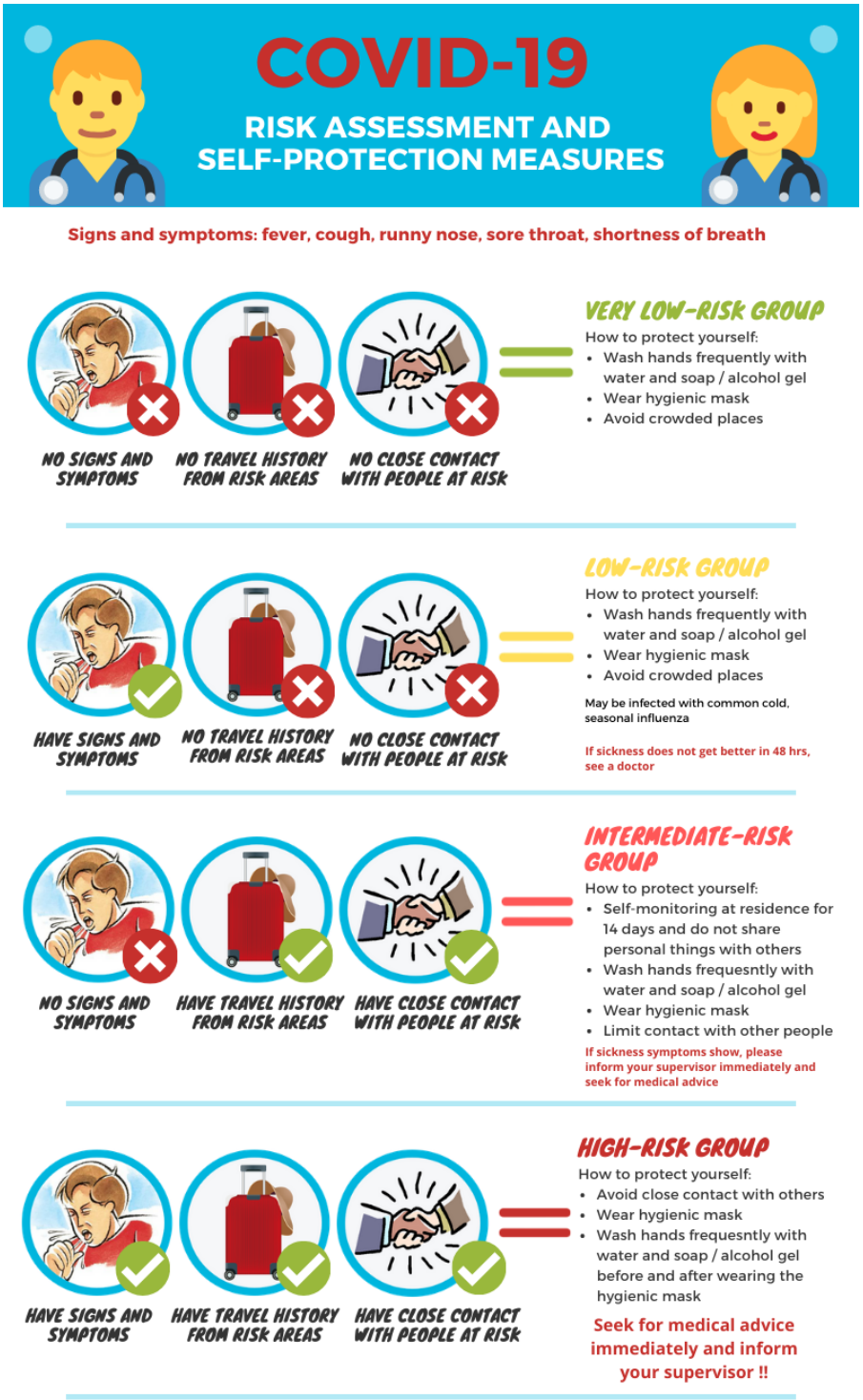
d. Avoid touching eyes, nose and mouth at any time;

e. Avoid closed environments and, where possible, regularly open the windows of the office;

f. Maintain at least one-metre distance from those around you, especially those who are coughing or sneezing;

g. Disinfect objects and surfaces that are touched regularly.

7. Risk assessment and self-protection measures



8. Immigration and border management recommended practices

While implementing immigration and border management procedures, all officials are equally exposed to the risk of infection and, consequently, infecting others, including travellers, colleagues, family, friends, etc.

Given that the virus may affect everybody, regardless sex, nationality and origin, border officials shall always perform their duties in a professional manner, free from any discrimination and/or stereotypes.

Additional procedures must be implemented to effectively respond to an ever-evolving situation and to eliminate and mitigate the risks identified. This includes:

8.1. Institutional measures

In close coordination with the Health Authority, the following are the minimum Preparedness and Response measures[2] to be implemented:

a. Set up a dedicated area for sick passengers, for interviews or for transfer to medical facilities;

b. Establish a long-term quarantine facility separated from the PoE in case there is a need to accommodate a large number of suspected and confirmed cases;

c. Make arrangements with local medical facilities if transfer of passengers or immigration officials is needed;

d. Regularly update the list of restricted countries and nationalities, distribute to immigration officials, and share with relevant national and international stakeholders;

e. Organize and deliver specific trainings on infection prevention to immigration officials;

f. Provide related trainings, such as passenger profiling, and update the interview protocol to collect relevant data from travellers, aimed at:

   i. Detect and notify potentially ill travellers;

   ii. Enhancing and facilitating traceability of travellers;

   iii. Educating patients, families and travel companions.

g. An appropriate number of trained personnel should be assigned depending on the volume of travellers at the PoE. PoEs with large volumes of travellers or significant infrastructure (i.e.

[2] These procedures follow the instructions provided by the World Health Organization: "Management of ill travellers at points of entry – international airports, ports and ground crossings – in the context of the COVID-19 outbreak" www.who.int/publications-detail/management-of-ill-travellers-at-points-of-entry-international-airports-seaports-and-ground-crossings-in-the-context-of-covid--19-outbreak (last accessed 6 April 2020).

airports) should have at least one health-care worker on-site and designated to support staff at the PoE in the event of ill travellers or suspected COVID-19 cases that require urgent, direct clinical care. There should be a supply of recommended PPE for health-care workers;[3]

h. Conduct regular practical simulations on management of health events, especially when new recruits and/or new staff are assigned to the PoE;

i. Procure sufficient PPE, such as gloves, masks, hand sanitizer, etc., for all immigration officials;

j. Prepare and distribute multilingual posters, leaflets and/or any information material aimed at raising awareness for travellers;

k. Ensure that waste bins with liners and lids are available for disposing of medical masks and tissues;

l. Cooperate with local health authorities on regulations and plans to dispose of infectious waste;

m. Identify several cleaning service providers who can apply recommended measures to sanitize the PoE and ensure that waste is managed properly;

n. Increase the ordinary cleaning rotation systems and, if not present, identify cleaning, stocking and supplying designated facility areas (dusting, sweeping, vacuuming, mopping, cleaning ceiling vents, restroom cleaning, etc.) and identify a responsible person that will perform and document routine inspections and maintenance activities, as well as update the list of items to be replaced according to usage.

o. Coordinate with flight authorities to assist passengers with preparing the necessary health and immigration forms before disembarking;

p. Implement ad hoc cleaning measures, in line with the situational assessment analysis. A clean and tidy office and a hygienic toilet significantly contributes to reducing the risk of further virus transmission. These may include regularly wiping and sanitizing:

    i. Toilets, in particular, during rush hours with higher numbers of travellers;

    ii. All handles and doorknobs in and around the building, including in the areas accessible to authorized personnel only;

    iii. If relevant, moving walkway railings;

    iv. All counters that travellers use for filling immigration/customs/health forms;

    v. Office desks, office telephones, desk-top computer keyboards and monitors;

    vi. Elevator control panels (if present) and the inside of the elevator car;

    vii. Trolleys, wheelchairs, and other personnel/luggage transport.

[3] Reference: WHO Interim Guidance on Management of ill travellers at Points of Entry (February 2020).

8.2. Traveller handling

8.2.1. Arrival/Departure of passengers

An organized scheme for handling passengers may significantly facilitate both the ordinary entry/exit procedures at the immigration counter as well as the ad hoc procedures aimed at detecting potential positive travellers. Among others, this is done through self-reporting, visual observation, or temperature measurement, all of which shall be adapted to the context of the country where these procedures are applied.

a. Install thermal scan to monitor entry flow of passengers;*

b. Use IR contactless thermometer on ad hoc basis, especially when a passenger is involved in a secondary line inspection;*

c. Invite passengers to use available hand sanitizers;

d. Manage queues to maintain a one-metre distance between travellers;

e. Communicate the procedures clearly to travellers and the necessary documents to prepare for immigration checks;

f. Invite passengers to wear their medical mask[4] when interacting with border officials, including during the interview at the immigration counter.

8.2.2. Travel document control

Documents checks, passport control, identity verification, and passenger interview are fundamental tasks of a border official, which pose additional challenges during a disease outbreak.

Officials must consider the two-fold risk of being exposed to infection and also becoming an involuntary vector that contributes the spread of the virus at the PoE and beyond.

a. Wear medical mask at all time;

b. Apply alcohol-based hand rub before and after checking the travel documents;

c. Do not bring the travel documents close to your nose, eyes or mouth;

* These are mainly health officials' tasks. However, in case the PoE has no medical staff present, these measures should be implemented by the Officer in Charge.

[4] During the Needs assessment, procurement of additional medical masks shall be considered for travellers with respiratory symptoms who need to be interviewed.

d. Check all additional documents and information in line with ad hoc procedures (e.g. medical certificate, countries visited prior arrival, address in the country, telephone number, etc.);

e. Sanitize the equipment (passport readers, magnifiers, UV lamps, etc.) with an alcohol-based product frequently. Be sure that the product used is suitable for electronic devises, to avoid involuntary damages to its components;

f. If secondary inspection is required, avoid closed ventilation rooms. If not possible, keep distance from travellers and sanitize the room as necessary.

9. Detection and notification of ill traveller

The official who detects a potential ill traveller shall report without delay to the assigned Supervisor(s) and Health personnel at the PoE. Early action exponentially prevents the potential spread of communicable disease. Please refer to Section 10 “Management of ill traveller” for further detail.

a. Inform supervisor immediately;

b. Report to local health authorities;

c. Develop a database for further reference, tracking and planning at each PoE (e.g. age, nationality, departing from, etc.);

d. Inform the PoE of departure of the sick passengers;

e. Inform the traveller of the actions being taken.

10. Management of ill traveller

In the event a sick traveller is detected, or self-declared as such, additional precaution measures should be taken to avoid further infection and contamination of the space.

Coordination with Health authorities at the PoE is crucial to avoid additional public health risks.

Access to appropriate health care shall be granted as per the procedures identified with designated health authorities at the PoE. The following are the minimum procedures to follow:[5]

a. Isolate the sick passenger from other travellers, including family and friends,[6] inform relevant health and wait until health authorities arrive;

   Based on the case, identify and separately isolate travel companions (if any) for further interview/testing, to be done by health authorities. Eventually, contact the airline company (applicable for airports only) and communicate the seat number of the traveller, in order to identify and isolate those who may have entered in direct contact with the ill traveller;

b. Bring the sick passenger to the identified isolation area. Refer to Section 12 "Situational assessment";

c. Cordon off the area and avoid any unauthorized entry into the isolation area. Only medical staff with adequate PPE are allowed to enter the isolated area. Persons without PPE shall never enter in the isolation area;

d. Wear disposable gloves when tending to a sick passenger or touching body fluids. Remove gloves carefully and properly dispose of soiled gloves. After removing gloves, wash hands with soap and water or use alcohol-based solutions containing at least 70% alcohol;

e. Provide a medical mask to the sick passenger to help reduce the spread of respiratory germs;

f. Minimize the number of people directly exposed to sick passengers;

g. Have language translators ready;

h. Use existing translation apps;

i. Coordinate with relevant agencies to provide officials for further interview or referral;

j. Respect passenger's privacy and dignity;

k. Prepare food and water for sick passengers as necessary;

l. Coordinate with relevant airport authorities to retrieve the luggage of the ill traveller.

[5] These procedures follow the instructions provided by the World Health Organization: "Management of ill travellers at points of entry – international airports, ports and ground crossings – in the context of the COVID-19 outbreak" www.who.int/publications-detail/management-of-ill-travellers-at-points-of-entry-international-airports-seaports-and-ground-crossings-in-the-context-of-covid--19-outbreak (last accessed 6 April 2020).

[6] These measures should not generate fear and panic in any passengers queuing and/or travelling with the infected passenger. How to do it? Depending on the location, layout of the facility and reality, the modus operandi may change. The ideal is doing it after the control, by a second official, or a supervisor, and in the most discrete and calm way possible. Unfortunately, this depends a lot from the mental status of the person involved that may be already under pressure caused by fear. Each person reacts differently and sometimes unpredictably. For this reason, this is a very sensitive matter that requires high professionalism by the officials involved.

11. Maintaining protection and human rights in COVID-19 responses

Respect for human rights of travellers and border officials is fundamental to both security and the public health response.

Many governments have adopted emergency measures in response to COVID-19, and all measures should be implemented in a non-discriminatory manner that upholds the dignity of each individual. In the context of PoEs, this includes prior preparation of contingency plans and strategies, consideration for the least intrusive approaches, and accessible information for all travellers.

11.1. Access to information and transparency

Relevant information on the crisis should reach all people, without exception!

Border officials, in conjunction with relevant authorities, should make every effort to:

a. Provide information on procedures and on COVID-19 precautions in a variety of languages, depending on the foreign populations in transit;

b. Adapt information for people with specific needs, including the visually- and hearing-impaired, and those with limited or no ability to read;

c. Have Linguistic and Cultural Mediators on site to assist with questions or concerns from travellers before, during, and after traversing through BCPs;

d. If a suspected or confirmed case is identified, practice full transparency and explain the procedures and next steps to the concerned person.

11.2. Combating discrimination

COVID-19 continues to generate stigma and discrimination. Cases of racism and xenophobia have been already registered. Everybody, including travellers, nationals, foreigners and also border officials are at risk of infection by COVID-19. Therefore, all relevant authorities must maintain order and ensure that human rights are guaranteed while implementing immigration and border management activities. In particular:

a. Border officials shall deal with all travellers in a similar manner, regardless of age, gender, nationality, religion, or physical features;

b. To the maximum extent possible, border officials should provide access to hygienic materials (i.e. alcohol-based hand rub, sanitizers, medical masks, bathrooms, etc.) to all travellers in need, and provide equal dignified treatment and support to suspected and confirmed cases;

c. Border officials shall actively and proactively seek to deter and combat misinformation among travellers, or discrimination actively carried out among travellers, at all-time including when off-duty.

Despite the tightening of border controls, immigration authorities should be aware of the continued movement of people who may be fleeing from war or persecution, under international law, or victims of human trafficking and other forms of bondage. To this end:

a. Border officials shall continue screening in line with best practice for vulnerable individuals and provide necessary legal and material protections;

b. Protection MUST still be provided to vulnerable individuals/groups [7] who are identified as suspected or confirmed cases of COVID-19.

11.3. Maintaining security in light of COVID-19

Despite the ever-evolving situation of COVID-19, border officials and relevant authorities continue ordinary security and monitoring activities at the border (e.g. counter-terrorism, countering document and identity frauds, people smuggling and human trafficking, etc.). Regardless of crime, criminal suspects shall still be protected from infection, or from the possibility of infecting others, including border officials involved in the operation, other travellers, and/or other detainees.

When dealing with confirmed or suspected cases among criminal suspects, border officials shall:

a. Provide criminal suspects with access to hygienic materials (i.e. alcohol-based hand rub, sanitizers, medical masks, bathrooms, etc.);

b. Provide information on COVID-19 procedures and precautions with support from a translator or Cultural Mediator when necessary;

c. Coordinate with relevant health authorities to provide the necessary medical assistance.

[7] Asylum seekers, refugees, victims of trafficking and forced labour, victims of sexual assault, children victims of human trafficking and/or in vulnerable/precarious situations, those fleeing war *(this is a non-exhaustive list).*

12. Situational assessment

A situational assessment is a systematic process to gather, analyse, synthesize and communicate data to inform evidence-based planning decisions. Information from a situational assessment can be used to inform decision makers on the most urgent needs to address and risks to mitigate, and also efficiently prioritizes human and financial resources.

Time is a critical issue during a health-related emergency. Thus, it is paramount to first identify key questions and, subsequently, to keep the situational analysis focused on the most relevant risks to consider and the most effective mitigation measures. The situational assessment is a working document and may be regularly developed; any gaps may be addressed in a second stage review.

A situational assessment is used to collect and analyse both quantitative and qualitative information to develop effective action plans. It may combine a variety of assessment tools and techniques, such as:

a. Review of existing assessments/studies;

b. Conduct interviews and focus groups as necessary;

c. Conduct site observations to identify potential risks unrelated to property/infrastructure;

d. Conduct a property/infrastructure assessment, in order to:

    - Identify high-risk areas and items requiring specific preventive sanitization or virus elimination actions;

    - Identify any potentially hazardous situations where risks cannot be eliminated, and identifying mitigation measures (i.e. closing a booth or an office, or consequently, a lane or a corridor);

    - Estimate budget and time frame needed to address the risks identified.

e. Revise policies and practices and identify most-at-risk attitudes and behaviours in order to minimize the risk of infection and actively contain contamination.

The analysis may be summarized with a SWOT analysis.

Without a structured approach, however, you might list an excessive amount of strengths, weaknesses, opportunities, and threats (SWOT), which may make it difficult to get a clear picture of the situation.

Most common challenges while conducting a SWOT analysis are:

a. Lack of prioritization within the analysis;

b. Too broad a focus while going through each factor;

c. The factors listed are not facts, but opinions, or they may not have been properly formulated;

d. Strengths, weaknesses, opportunities, and threats lack distinguishing features;

If performed properly, a situation analysis can be a useful tool for determining the current capacity to effectively respond to identified threats and set successful sustainable strategies.

13. Monitoring

Designated official(s) will ensure that each concerned staff member follows this SOP and adheres to the self-protection measures during all hours of operation.

Name of the supervisor	Date of assignment	Assigned by

14. Revision history

Revision No:	Responsible person	Effective date	Remarks of revision
001			

15. Approval

Date revision (as in “Revision history”)	By:
Date reviewed:	By:
Date approved:	By:
Date implemented:	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