



Liberia COVID-19 Standard Operating Procedures For Points Of Entry: (Air, Sea and Ground Crossings)

March 2020

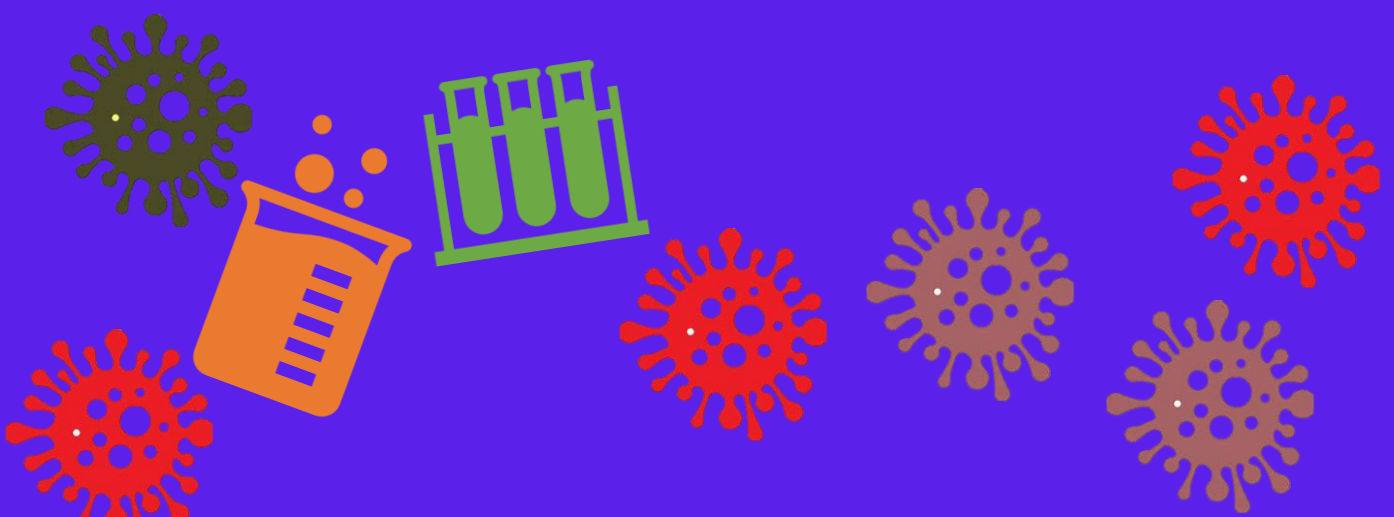


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FOREWORD

The Ministry of Health (MOH) and the National Public Health Institute of Liberia (NPHIL) adapted a World Health Organization (WHO) COVID-19 Preparedness & Response Plan and subsequently developed and validated Standard Operating Procedures (SOPs) for the Points of Entry COVID-19 Response Pillar supported by the International Organization for Migration (IOM) in collaboration with the World Bank, Regional Disease Surveillance Enhancement (RDISSE) Project. The SOPs will serve as a guide for improving early detection, prevention and timely response to the COVID-19 pandemic by all stakeholders of the Points of Entry Pillar at all PoEs in Liberia. The SOPs will be a source for developing materials for boarding parties involve with COVID-19 screenings at all the three types of PoEs; (Ground Crossings/In-land Checkpoints, Air and Sea Ports) during and after the pandemic period in Liberia.

The Incident Management System (IMS) mandated the POE Pillar development of the SOPs by all response pillars as a means of providing guidance to COVID-19 first responders through their respective pillars.

The SOPs is intended for use but not limited to the follow:

- Guidelines for surveillance activities at all points of entry
- Guide for improving early detection, timely reporting and response
- Guide on specific roles and responsibilities for responders
- Resource for training, supervision and mentorship for first responders at all tiers of service delivery of the response

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Acknowledgement

This document has been developed/validated as an interim version of the COVID-19 Standard Operating Procedure (SOP) for COVID-19 preparedness and response in Liberia by the Point of Entry Pillar, National Public Health Institute and Ministry of Health with technical guidance from the World Health Organization, the US. Center for Disease Control and Prevention and the UN Migration Agency (IOM). World Bank, FAO, USAID,

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ABBREVIATIONS/ACRONYMS

CDC – Centers for Disease Control & Prevention

COVID-19- Corona Virus Disease, 2019

EHT – Environmental Health Technician

EMS – Emergency Management System

FAO – Food and Agriculture Organization

HCWM- Health Care Waste Management

IHR- International Health Regulations

IPC- Infection Prevention & Control

LDEA – Liberia Drugs Enforcement Agency

LIS- Liberia Immigration Service

IOM- International Organization for Migration

MERS-CoV- Middle East Respiratory Syndrome-Corona virus

MIA- Ministry of Internal Affairs

MOA- Ministry of Agriculture

MOH- Ministry of Health

MRU- Mano River Union

NSA- National Security Agency

PHEIC- Public Health Emergency of International Concern

PHO- Port Health Officer

POC- Precautionary Observation Center

POE- Point of Entry

PPE- Personal Protective Equipment

RIA- Roberts International Airport

SARS-CoV- Severe Acute Respiratory Syndrome-Corona virus

SoE- State of Emergency

SOP- Standard Operating Procedure

USAID – United States Agency for International Development

WHO- World Health Organization

How to use the SOP

Points of Entry (PoEs) and in-land checkpoints in Liberia are areas of focus for importation and spreading of infectious diseases including COVID-19. They are an integral part of our public health system. This SOP gives step-by-step instructions and guidance for port health officers and other boarding parties to detect, report, and refer COVID-19/other respiratory illnesses to health authorities. This Standard Operating Procedure (SOP) covers the detailed procedures and techniques for routine activities such as screening, quarantine etc. as well as procedure for responding to a Public Health Emergency of International Concern (PHEIC), at Points of Entry (Air, Ground/Land and Sea Crossing Points) and maintain and strengthen the surveillance system during the COVID-19 outbreak as specified under IHR (2005).

Each section provides specific details of key screening procedures for travellers at each PoE and the roles of Port Health Officers (PHOs) and other members of the boarding party in respect to the ongoing COVID-19 Pandemic.

Purpose

The purpose of this document is to offer guidance to port health officers and other members of the boarding party on implementing recommendations issued by WHO to states parties with respect to individuals (Article 18, IHR 2005) in the context of the current COVID-19 outbreak. It is also intended for those who are responsible for establishing local or national policy for health issues in accordance with the IHR, 2005 with respect to individuals, baggage, cargo, containers, conveyances, etc and for ensuring adherence to infection prevention and control (IPC) measures. The document will also inform on rules and procedures to maintain essential cross-border trade and transportation of goods during the lockdown. This document is informed by current knowledge of the COVID-19 outbreak and by considerations undertaken in response to other respiratory pathogens, including the severe acute respiratory syndrome coronavirus (SARS-CoV), the Middle East Respiratory Syndrome (MERS)-CoV and influenza viruses.

Background

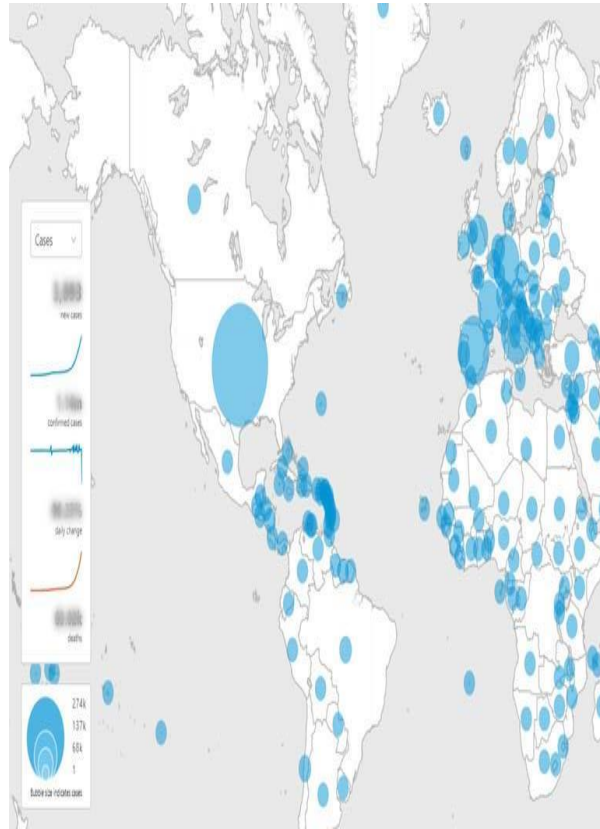
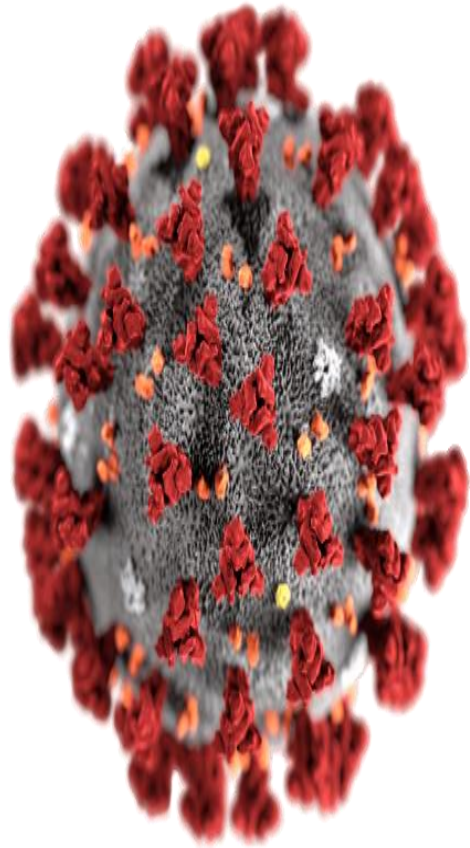
Port Health Service is the first line of defense to protect the citizens of Liberia and all residents and visitors against the health risks associated with cross border movement of people, animals, conveyances, baggage, cargo shipments and other imported consignments. It is thus vital for all points of entry to be on the alert/Vigilant and prepared to respond to a possible importation and spreading of a **COVID-19** case and other communicable diseases, whether intentional or unintentional.

Under the International Health Regulations (IHR), the public health authorities at points of entry—airports, sea ports and ground/land crossings—are required to establish effective contingency plans and arrangements for responding to a Public Health Emergency of International Concern and to communicate with the National IHR Focal Point on relevant public health measures.

The current COVID-19 outbreak has spread across several borders, which has prompted the demand for early detection and management of suspected cases at points of entry. This document provides advice on the early detection and proper management of ill travellers suspected to have COVID-19 at points of entry and on conveyances of all types, with the following measures to be implemented:

1. Early detection of ill travellers at points of entry
2. Reporting of alerts of ill travellers with suspected COVID-19
3. Interview of ill travellers
4. Transfer to quarantine or isolation facility of ill travellers with suspected COVID-19
5. Timely collection, compilation and reporting of health, immigration and commodity data

On 30 January 2020, the WHO Director-General determined that the outbreak of coronavirus disease (COVID-19) constitutes a Public Health Emergency of International Concern (PHEIC). As the outbreak continues to evolve, port health services should consider options to prevent importation and spread of the disease to new areas and to reduce human-to-human transmission in areas where the COVID-19 virus is already circulating.



Global Distribution of COVID-19 Cases as of May 20, 2020

Public health measures to achieve these goals may include quarantine, which involves the restriction of movement, or separation from the rest of the population, of healthy persons who may have been exposed to the virus, with the objectives of monitoring their symptoms and ensuring early detection and reporting of cases. Many countries have the legal authority to impose quarantine. Quarantine should be implemented only as part of a comprehensive package of public health response and containment measures and, in accordance with Article 3.1 of the International Health Regulations (2005), be fully respectful of the dignity, human rights and fundamental freedoms of persons.

COVID-19 Case definition

Suspected cases

A patient with acute respiratory illness (**fever** (> or equal to 38 C) and at least one sign/symptom of respiratory disease, e.g., cough, shortness of breath), **AND** a history of travel to or residence in a location reporting community transmission of COVID-19 disease during the 14 days prior to symptom onset.

OR

A patient with any acute respiratory illness **AND** having been in contact with a confirmed or probable COVID-19 case (see definition of contact) in the last 14 days prior to symptom onset;

OR

A patient with severe acute respiratory illness (fever and at least one sign/symptom of respiratory disease, e.g., cough, shortness of breath; **AND** requiring hospitalization) **AND** in the absence of an alternative diagnosis that fully explains the clinical presentation.

Probable case

A suspect case for whom testing for the COVID-19 virus is inconclusive. a. Inconclusive being the result of the test reported by the laboratory. This can be revised.

OR

A suspect case for whom testing could not be performed for any reason.

Confirmed case

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

Contacts

A contact is a person who experienced any one of the following exposures during the 2 days before and the 14 days after the onset of symptoms of a probable or confirmed case:

Categorization of contacts:

High Risk Contact (is a person who has had direct contact with a confirmed or probable case)

1. Face-to-face contact with a probable or confirmed case within 1-3meter and for more than minutes;
2. Direct physical contact with a probable or confirmed case;
3. Direct care for a patient with probable or confirmed COVID-19 disease without using risk appropriate personal protective equipment; OR
4. Other situations as indicated by local risk assessments.

Low Risk Contact (is a person who has had an indirect contact with a confirmed or probable case)

Note: for confirmed asymptomatic cases, the period of contact is measured as 2 days before, through 14 days after the date on which the sample was taken which led to confirmation.

Integrated border stakeholders' responsibilities

The Liberia Immigration Service

The Liberia Immigration Service is a law enforcement agency that was established by the National Legislature of Liberia solely responsible to enforce of the Alien and Nationality Law. In relation for admitting and exiting of people.

Some function of LIS during this COVID-19 response include:

To guard and protect the borders and boundaries of Liberia against illegal entry of persons into the Country;

Manage all air, ground/land and sea ports of entry across the country;

To admit and exit all travellers to and from Liberia;

Monitor and regulate the movement of non-citizens entering and residing in Liberia;

Board and search aircrafts, vessels, and other means of transportation where there is reason to suspect a violation to the Health Protocol and Immigration law of Liberia;

Handle aspects of cases involving smuggling and trafficking of persons in which aliens are involved;

Enforce all stop orders from the Liberian courts and other concerned authorities against exit and entry of persons; and

Perform any other security duties that the Minister of Justice or the President of Liberia as maybe assigned to the LIS.

Port Health

The Port Health Program of the National Public Health Institute of Liberia came into force as the result of the Public Health Law of Liberia chapter 4.4 which states that the Minister of Health shall appoint in each port of entry an official to be known as Port Health Officer who shall be responsible for the enforcement of quarantine and other health laws at the port of Entry.

Port Health – is an important component of disease surveillance system which ensures that INSPECTION and QUARANTINABLE DISEASES as required by the International Health Regulations (IHR) are not imported into the country. Human, food, animal and plant diseases of public health significance must be controlled at Port of Entry. The IHR also mandates all WHO member states to establish effective public health measures and response capacities at all international ports of entries.

In Liberia the point of entry enhances the procedural mechanisms about disease prevention measures to reduce the general risk of infectious diseases including acute respiratory diseases (COVID -19).

Customs

Customs is a law enforcement border agency, subsumed in the Liberia Revenue Authority by Act of National Legislature on September 19, 2013, solely responsible for border management and border enforcement in relations to collection of border taxes on international trade, facilitation of legitimate trade, cargo control, international trade supply chain security and the regulation of means of transport in the international trade supply chain including land transport, sea vessels and aircrafts, whether civil or military, attending customs ports of entry. Customs issues final clearance for all arriving and departing road, sea and air means of transport through a Customs port of entry, whether civil or military.

Liberia Coast guards

The responsibilities of the Liberia National Coast Guard.

According to Chapter 4 of the new Defense Act of 2008, the Liberian Coast Guard is charge with the responsibilities of:

- To respond to any foreign poaching within the waters of Liberia;
- To search and seize all illegal substances any or items within 30 nautical miles boundaries of Liberia;
- To rescue and respond to disaster on the waters of Liberia;
- To ensure the enforcement of local laws on our waters:
- To acquire general awareness of activities occurring within 30 nautical miles of the four major Seaports in Liberia;

Under this State of Emergency (SoE) due to the outbreak of the Covid-19 in Liberia, the Liberia National Coast Guard and the Liberia Immigration Service are jointly patrolling the waters of Liberia to strictly enforce the Health.

Ministry of Agriculture

The Ministry of Agriculture with a mandate to plan, coordinate, implement, monitor and evaluate agricultural development programs has 4 departments; administration, Planning and Development, Regional Development and Extension and Technical Services. The latter which has two of its divisions have responsibilities to control and quarantine plants and animals' movement to and from Liberia. Clearance from the plant and animal Quarantine Inspector is needed for imported animals-pets or commercial, plants or animal products, and food before inform Port Health Officer to allow it enter through the port.

The below are core functions of MOA plant and animal quarantine Inspector at POEs:

- Import permit should be issued by the Ministry of Agriculture, Liberia (Valid for three months)
- Veterinary Certificate- from duly licensed veterinarian dated not more than 30 days before arrival in Liberia
- For domestic animal- pets passport

Import of plants or plant products:

Import permit from the MOA, Liberia (Valid for three months)

Import of food—Inspected by plant and animal quarantine inspector and port health officer

Liberia Drugs Enforcement Agency (LDEA)

The Liberia Drugs Enforcement Agency (LDEA) was established in 1998 by the National Legislature of Liberia as semi-autonomous agency under the supervisory authority of the Ministry of Justice.

Some key functions of the LDEA during this COVID-19 response include:

- To identify, trace, freeze, confiscate or seize proceeds derived from drug related offenses or property value accrued from said deal.
- Prevent and suppress illicit trafficking and unauthorized use of narcotic drugs.

Border Communities

Operational Considerations

Liberia has 8 border counties sharing land boundaries with neighboring countries of Cote d'Ivoire, Sierra Leone and Guinea. Several communities populate those areas and are organized according to local customs, with traditional leaders. Administrative organization who are also involved in the protection of these community dwellers' lives. Community associations also participate in animating the life of these communities.

For an effective border surveillance, it is important to strongly involve these community members through the structure of community Based-Surveillance (CBS) as well as the local leaderships and reinforce the existing collaboration between the Liberia Immigration Service, the district health team and the community as a whole.

The effective manning of border communities largely depends on the participation and ownership of the surveillance of these border communities by community dwellers themselves for early notification of alerts to relevant stakeholders to enhance timely mitigation. Therefore, all tiers of the health care service delivery system is considered in these SOPs;

COMMUNITY-HEALTH FACILITY- DISTRICT- COUNTY- NATIONAL. For example; at the community level, the Community Health Assistant (CHA) or Community Health Volunteer (CHV) is expected to carry out the following tasks throughout this pandemic period:

- Develops relationships with the community and its key informants such as, local leaders, traditional healers, drug store owners, religious houses, etc. within the border communities. If he/she finds out about someone with signs and symptoms of COVID-19 or notices the presence of stranger in their communities;
- The CHA/CHV will send an alert to any member of the boarding party of that border community for immediate action;
- The CHA/CHV at PoE community should virtually identify travellers with overt signs and symptoms of COVID-19 and immediately notify the relevant surveillance actors for action

GUIDELINES FOR TRAVELLERS AND COMMODITIES

MANAGEMENT AT PORTS OF ENTRY

These Standard Operating Procedures (SOPs) are structured with specific information provided on each type of points of entry (PoEs). The SOPs cover the detailed procedures and techniques for COVID-19 response activities as well as procedures for responding to potential public health threat at all points of entry in Liberia during this pandemic period. The SOPs cover both the arriving and departing screening procedures for COVID-19 and other infectious diseases. They provide information on the prevention, early warning (detection) and response to COVID-19 at Ground/Land Crossings, Air and Sea Ports in Liberia.

The SOPs address the preliminary measures needed to respond to COVID-19 by boarding parties at all points of entry in Liberia. Details of specific control measures and inter-agency coordination required to address the COVID-19 outbreak related events are also found in these SOPs. The SOPs also provide guidance to relevant agencies that are needed to be contacted to respond to specific event.

Standard Operating Procedures (SOP) for Screening against COVID-19 at Ground/Land crossings and in-land check points

Procedures of screening for covid-19 at ground/land crossing points include the following:

1. For the implementation of this SOP, there should be working collaboration between boarding parties when administering responsibilities:

- Passengers on board a vehicle have to fill the Health Declaration form prescribed by all boarding parties after disembarking.
- Travelers will form a queue observing 6 feet and proceed to the hand washing stations.
- POE boarding parties must monitor all applicable vehicles from all international and local borders to increase surveillance measure
- Upon arrival of the vehicle/conveyance, Port Health Officers must collect and verify the health documentation and interview the passengers to determine if there is any sick passenger on board –Customs officers must monitor all goods that are on-board the vehicles , while LIS inspects all travelling document with a form provided them.
- In addition to the interview of travellers, Port Health Officers must ask all passengers questions specific to signs and symptoms of COVID-19, while LIS and Custom Officers ask for all relevant travelling documents.
- If PHO is certain that there are no sick passengers on board and all health requirements and the requirements of LIS and Custom have been met, the passengers may be allowed to cross.
- Nurse or Port Health Officer must contact the officer in charge of the designated health facility to confirm suspicion of COVID-19 and to transfer the case.

In order to fully implement the restriction on the movement of persons imposed by the State of Emergency (SOE) while at the same time facilitating the exchange of cross-border trade and relief supplies, the following procedures shall apply at land-crossing points for imports, exports and goods in transit:

1. Goods entering Liberia from neighbouring countries and intended for Liberia will be delivered at the border by the foreign means of transport and reloaded on the domestic means of transport in order to prevent the entry of foreign drivers into Liberia. Conversely, the same procedure shall apply for goods leaving Liberia for neighbouring countries.
2. Goods entering Liberia from neighbouring countries by road and intended for transit to third countries will be delivered at the border by the foreign means of transport. Local drivers, appropriately arranged by the local agent, shall continue (drive) with the same means of transport to deliver the goods to the port of export in Liberia.
3. Once the goods in transit are deposited at the port of export in Liberia, the foreign means of transport shall be returned to the foreign drivers at the border by the local drivers. In this way we achieve the objective of "no-persons-crossing borders" while at the same time keeping the supply chain opened for healthcare supplies and other essential goods to support the local population during this pandemic.
4. At all times, when the means of transport is exchanged between foreign and local drivers, the health authority at the border of transaction shall first thoroughly disinfect the seats and common places that are easily touched before the new drivers' board their respective trucks.
5. While goods are being off-loaded, those involved in the moving of the goods must wear risk apron PPE from the foreign means of transport or formalities for the exchange of trucks are being completed, the foreign driver shall be seated at the isolation point designated by boarding parties at the border. The drivers, foreign and local, shall be required to observe all local health, safety and security procedures.
6. The LIS shall, from time to time issue PASSES for trucks and their drivers for specified timeframe and routes (with clearly defined beginning and end points). The LIS shall seek verification from Customs on the legitimacy of the request for PASS.
7. In the event the health authorities at the border, after health screening, deem the foreign driver as a suspected case, said foreign driver shall be presented the option of being returned immediately to their country or be placed under quarantine for the period specified by the local health authority. However, if the foreign driver opts to be returned to their country, the local health authority at the border shall ensure said driver is delivered to the counterpart health authority, under strict measures, with a written observation report.
8. In the event of any incidents, the responsible border agencies under this sub-section shall issue joint reports covering their respective statutory functions relating to public health, immigration and cargo & carriers to the IMS.
9. The procedures under this sub-section shall require the tripartite collaboration among border agencies in the sequential order, i.e., port health, LIS, Custom.

All passengers on board a vehicle will have to fill the Health Declaration Form as prescribed by NPHIL/MoH and submit to Port Health Officer (PHO) Passengers on board a vehicle have to fill the Health Declaration form prescribed by NPHIL /MOH and other forms provided by both Customs /LIS

- Travelers will form a queue observing 2 meters (6 feet) apart from each other and proceed to handwashing station.
- Port Health Officer (PHO) will carry out thermal screening of all the passengers on board the car or other conveyance.
- Until clearance by PHO, passengers will not be allowed to cross the check point.
- If any passengers show symptoms of the disease, the passenger will be quarantined till ambulance arrives to take the person to a designated health facility for secondary screening.

SEE BELOW FOR DETAIL PROCEDURES:

- Disembark the vehicle or any conveyance and form a queue observing (2 meter -6 feet) apart from the person at your back and in front and proceed to wash your hands at an identified hand washing station
- Port Health Officer will do temperature measurement with no-touch thermometer;
- PHO conducts assessment for signs and symptoms suggestive of COID-19

TRAVELLERS SHOULD BE ASSESSED FOR THE FOLLOWING:

1. Signs or symptoms of respiratory infection or illnesses
2. History of possible exposure to COVID-19
 - a. Fever of 38° C or greater;
 - b. Cough;
 - c. Breathing difficulties
 - d. A history of travel to any country or effected counties in Liberia with ongoing transmission of COVID-19
 - e. Port Health Officers must identify the contacts and allow all passengers except the sick passenger to disembark;

STANDARD OPERATING PROCEDURE (SOP) FOR THE SCREENING AND MANAGEMENT OF SUSPECTED COVID-19 CASE AT SEA PORT

In the event of a suspected case prior to arrival of vessel/ship

If traveller presents with symptoms related to a communicable disease while on board the ship; the captain will inform Operations/Agent who must inform PHO of the ill passenger,

Suspected case is moved to an isolated area on the conveyance, if sufficient space is available.

Nurse or Port Health Officers must refer to the designated health facility for secondary screening to confirm whether the symptoms conform to COVID-19 case definition;

Based on the information provided, Port Health Officer must notify and make arrangements with the designated health facilities and ambulance for transportation of the ill traveller

Port Health Officer must then notify the relevant County Surveillance Officer

Once the conveyance has arrived at the Point of Entry

Port Health Officers must board the conveyance, together with the clinical personnel and ensure entrance to the conveyance is secured and no person enters or leaves the conveyance.

Port Health Officers must obtain and confirm the following information from the crew member: number of cases, signs and symptoms;

vector control measures, where required and

collect and verify the required health documentation and passenger list;

Port Health Officers must brief the passengers that there is a possible case of COVID-19 suspected case on board, calm them and provide the necessary health information, including, reporting to the nearest health facility and inform the health worker of their travel history should they experience any symptoms;

Passenger locator cards and health information must be handed out to the contacts and inform them that they will be contacted for monitoring.

Contacts may then be allowed to disembark and channelled through thermal screening processes.

Port Health Officers must hand over passenger list and close contact details to County Surveillance Officer for further monitoring;

The ground handling and cleaning company of the conveyance operators should be notified at the same time so that preparations can be made for appropriate cleaning and/or disinfection of the conveyance after passengers have disembarked; if required; Port Health Officers must monitor the entire cleaning and/or disinfection process.

Some steps require to heighten surveillance at the seaport will include:

- a. Any person who has traveled through any affected country with community transmission of COVID-19 in the past 14 days are automatically denied boarding by public transport vehicles.
- b. Mandatory screenings are performed of persons with influenza like illnesses (ILIs) in terminals.
- c. All guests onboard must fill out self-declaration health forms.
- d. At the check-in counter of the boarding ports, the guest's passports are verified for any stamps from COVID-19 affected countries.

The passports are double checked by cruise vessel personnel inside the terminal at boarding ports to ensure nothing is missing.

- a. All passports are also checked onboard by cruise vessel staff alongside Liberian Immigration Officers, wherever the Immigration Officers boarded in the previous foreign ports for enroute clearance.
- b. The ship should be regularly sanitized.
- c. All cruises carry out daily examination of all passengers for symptoms for COVID-19.

Contacts may then be allowed to disembark and channelled through thermal screening processes.

- a) Port Health Officers must hand over passenger list and close contact details to County Surveillance Officer for further monitoring;
- b) The ground handling and cleaning company of the conveyance operators should be notified at the same time so that preparations can be made for appropriate cleaning and/or disinfection of the conveyance after passengers have disembarked; if required;

Port Health Officers must monitor the entire cleaning and/or disinfection process.

STANDARD OPERATING PROCEDURES (SOP) FOR SCREENING AGAINST COVID-19 AT AIRPORTS

STEP 1	<p>The below listed step by step procedures are expected to be performed by all Port Health Officers and other members of the boarding party during screening for COVID-19 and other infectious diseases at their assigned points of entry (RIA and Sriggs)</p> <p>Every traveller disembarking from the aircraft should form a queue (at least two meter or six feet apart and between each traveller) from the exit point of the plane to the hand washing station</p>
STEP 2	<p>Do hand washing follow by Preliminary screening via thermal scan (this is to identify physically ill passengers and separate them from the rest of the travellers)</p>
STEP 3	<p>Any traveller with temperature $\geq 38^{\circ}\text{C}$ should be immediately isolated from the queue for at least 15 minutes to recheck his/her temperature;</p> <ul style="list-style-type: none"> • If the temperature persists after 15 minutes, ISOLATE and send to designated facility for secondary screening. Ensure IPC measure while transporting suspected case • If the temperature declines after 15 minutes and traveler is NOT from country of high transmission of COVID-19, encourage self-quarantine and health team monitor. <p>a. Travelers with temperature $< 38^{\circ}\text{C}$:</p> <ul style="list-style-type: none"> • Proceed to fill out the health declaration and LIS forms • History of country with high transmission should be taken to POC <p>NO history of country with high transmission should be allow to go home</p>
STEP 4	<p>In the same formation as mentioned in Steps 1 and 2, travellers should proceed to the health team desk for travel history check in the following order:</p> <ol style="list-style-type: none"> a. take traveling documents to the health screener for thorough checking b. Travelers with NO history from country of high transmission should be allowed to proceed to immigration for normal checking as per the regulations of the POE c. Travelers with history from country of high transmission will be given mask and proceed to Immigration before going to the POC for secondary screening <p>Travelers with Laissez pass�er and new passports with only one stamp from the country of departure, please further investigate</p>
STEP 5	<p>Absolutely, no family, relative, friend, or any other person who is not a member of the screening team should be allowed to interact with travellers during the entire screening process and on the way to the POC</p>
STEP 6	<ol style="list-style-type: none"> a. Any traveler with travel history from any of the affected countries with temperature $\geq 38^{\circ}\text{C}$, he/she will be requested to undergo secondary screening at a designated health facility b. Any traveler with travel history from any of the affected countries with temperature less than $\geq 38^{\circ}\text{C}$, he/she will be requested to undergo secondary screening at a designated health facility c. Any traveler with travel history from any of the non-affected countries with temperature $\geq 38^{\circ}\text{C}$, he/she will be requested to undergo secondary screening at a designated health facility
Step 7	<p>Any traveler that meets the case definition, will be transported to the POCs and under a fourteen (14) day observation monitoring period.</p>
Step 8	<p>For travelers that will require secondary screening, he/she will be escorted, along with his/her luggage to the POC.</p>
Step 9	<p>Absolutely, no family or relative of a suspected traveler will be allowed to take any of the travelers' belongings while enroute to the POC.</p> <p>Observation Center</p> <p>Any traveler with travel history from any countries with temperature $\geq 38^{\circ}\text{C}$, he/she will be requested to proceed to the immigration booth for immigration processing and leave for home.</p>

SEE BELOW FOR DETAIL PROCEDURES:

- Disembark the vehicle or any conveyance and form a queue observing (2 meter -6 feet) apart from the person at your back and in front and proceed to wash your hands at an identified hand washing station
- Port Health Officer will do temperature measurement with no-touch thermometer;
- PHO conducts assessment for signs and symptoms suggestive of COVID-19

TRAVELLERS SHOULD BE ASSESSED FOR THE FOLLOWING:

A. Signs or symptoms of respiratory infection or illnesses

- a. Fever of 38° C or greater;
- b. Cough;
- c. Breathing difficulties
- d. A history of travel to any country or effected counties in Liberia with ongoing transmission of COVID-19

B. History of possible exposure to COVID-19

PoE Travellers Screening Algorithm

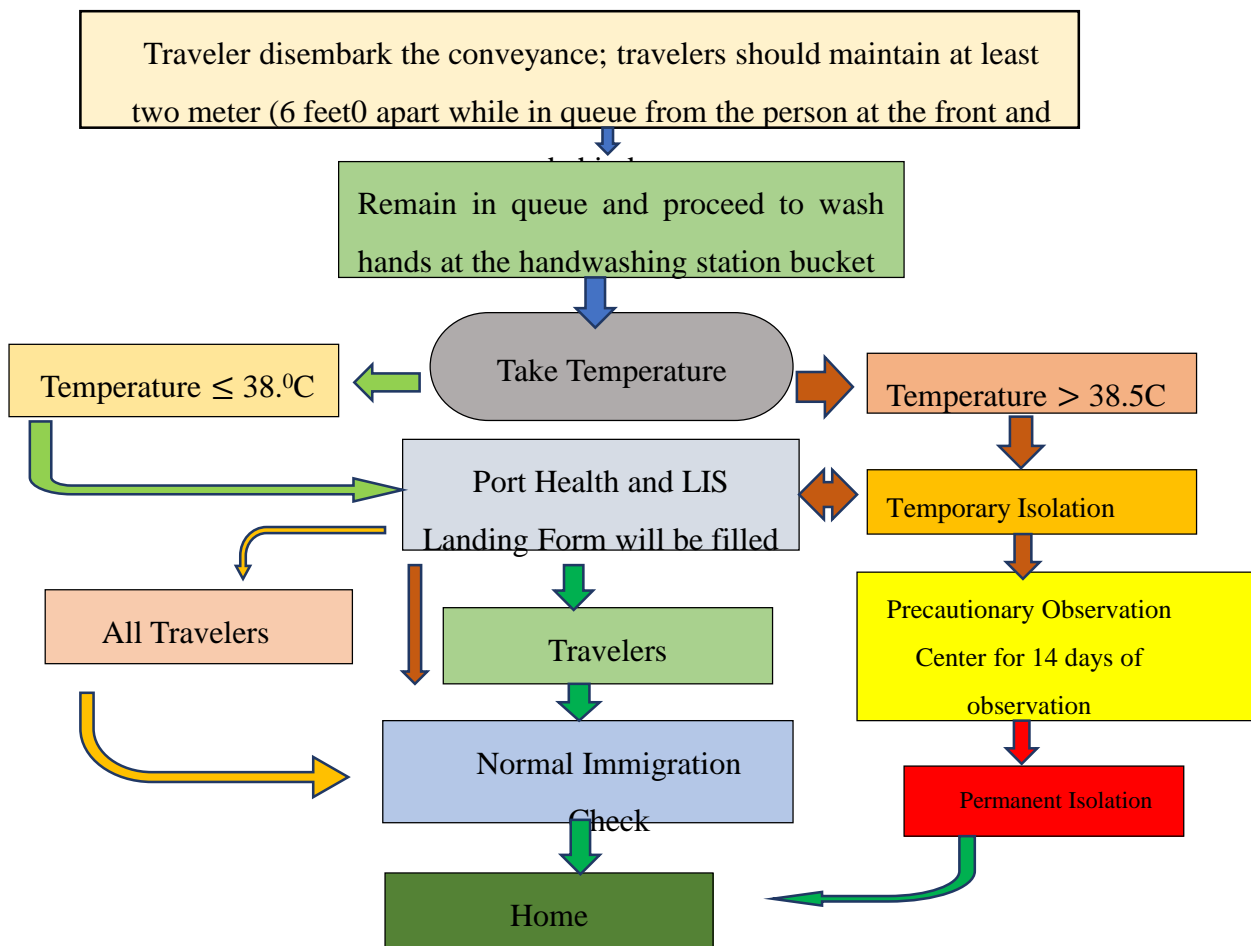
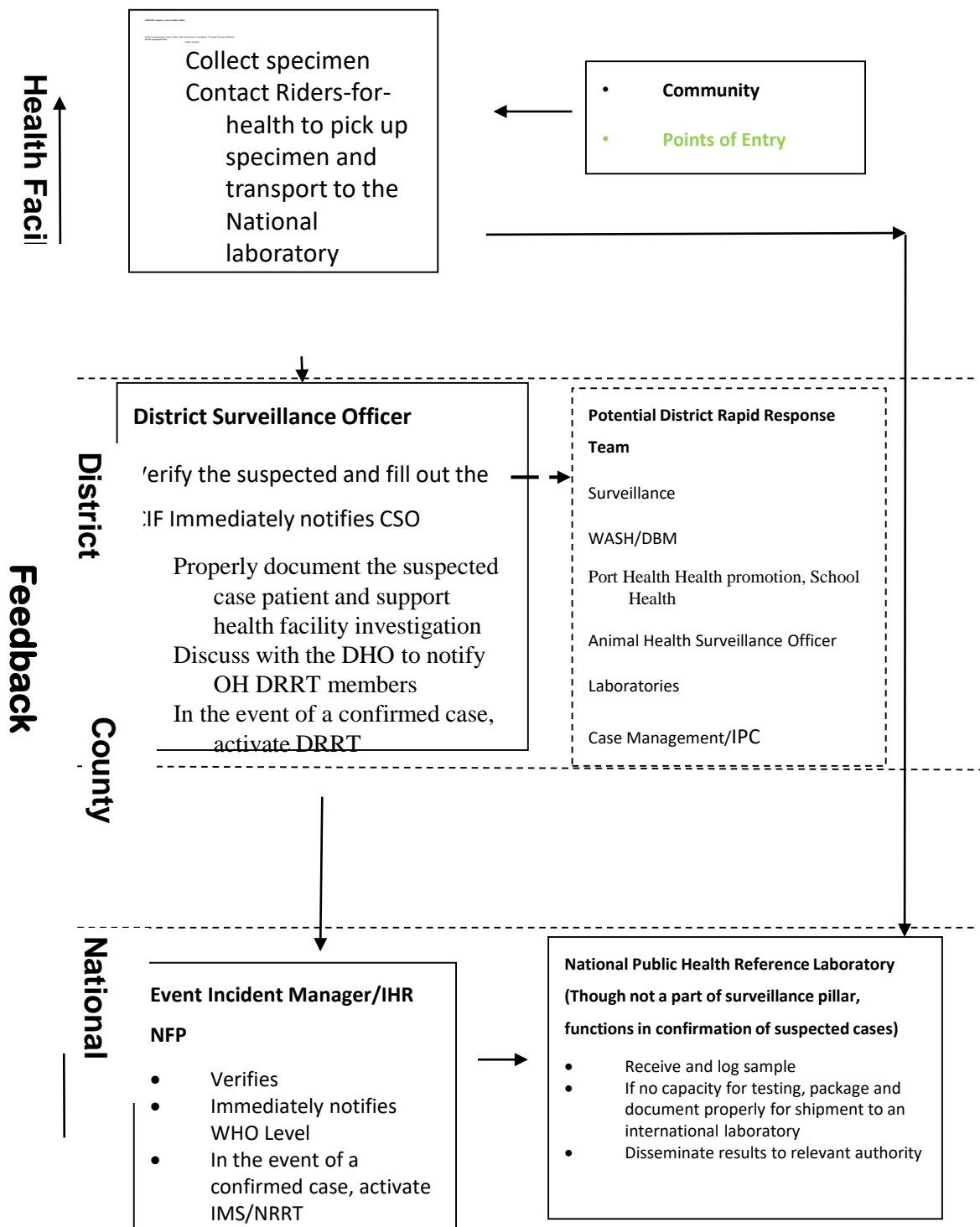
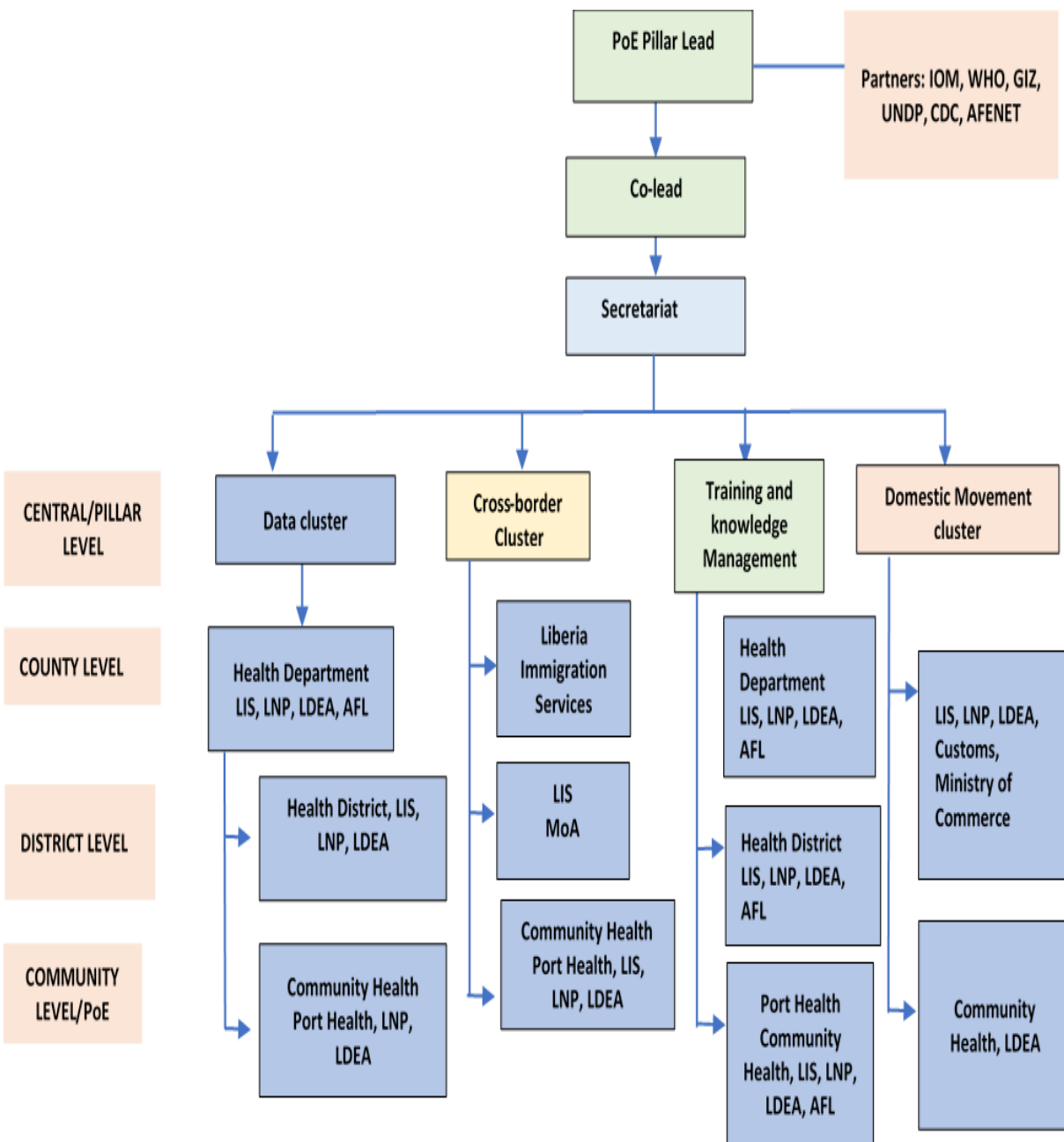


Figure 1: Process flow for the detection and reporting of a suspected COVID-19 case



Annex 1:

Ports of Entry Pillar Structure



Annex 1-A

Quarantine of persons The quarantine of persons is the restriction of activities of or the separation of persons who are not ill but who may have been exposed to an infectious agent or disease, with the objective of monitoring their symptoms and ensuring the early detection of cases. Quarantine is different from isolation, which is the separation of ill or infected persons from others to prevent the spread of infection or contamination.

Quarantine is included within the legal framework of the International Health Regulations (2005), specifically: · Article 30 – Travellers under public health observation; · Article 31 – Health measures relating to entry of travellers; · Article 32 – Treatment of travellers. In the event of a suspected case prior to arrival of a car or other conveyance:

- a) If traveller presents with symptoms related to COVID-19 while on board of vehicle or motorbike
- b) And the Port Health Officer (PHO) is informed on arrival of the car or motorbike at the port
- c) Suspected case is moved to an isolated area
- d) Based on COVID-19 case definition, Nurse or Port Health Officer must refer the suspected case to the nearest health facility for further screening
- e) Based on the information provided, Officer in charge of the designated health facility must notify and make arrangements with the designated ambulance service for transportation of the ill traveller to a designated Isolation center.
- f) Port Health Officers must brief the passengers that there is a possible case of COVID-19 on board, calm them and provide the necessary health information, including, reporting to the nearest health facility and inform the health worker of their travel history should they experience any symptoms;
- g) Port Health Officers must identify the contacts, list their names including contact information and allow all passengers except the sick passenger to disembark;
- h) Sick passenger must be escorted from the POE and transported to the designated health facility or POC Port Health officer must hand over passenger list and close contact details to the County Health Team and the National Public Health Institute of Liberia.
- i) All traveller's luggage must be disinfected by the port health officer (Environmental Health Officer or EHTs at the POE or designee).

j) LOCKDOWN

- k) Advise LIS of suspicion
- l) LIS decides admission or not If decision to return traveller, communicate with counterparts on the order of authority from the country of origin authority.

IF NORMAL SITUATION

Everyone admitted and care for as such

Annex 1B

Standard operating procedures on trade of essential commodities during lockdown

In consideration of the recent global outbreak of the novel CORONA Virus (COVID-19), countries have officially closed their borders for travellers; but many borders remain opened to trade. A similar action has been taken by all member countries of the MRU basin including Liberia, Guinea, Sierra Leone and Ivory coast for air, sea and land transport. As a further measure, the President of Liberia has declared a state of emergency (SOE) which imposes restriction on the movement of persons across the country. Notwithstanding, the borders remain opened for the exchange trade and humanitarian goods to support the local population and combat the pandemic. In order to fully implement the restriction on the movement of persons imposed by the SOE while at the same time facilitating the exchange of cross-border trade for import, export and transit, the following measures are herewith proposed:

Authorities from both countries must ensure that persons handling goods must be free from signs and symptoms of COVI-19.

1. Goods entering Liberia from neighbouring countries and intended for Liberia will be delivered at the border by the foreign means of transport and reloaded on the domestic means of transport in order to prevent the entry of foreign drivers into Liberia. Conversely, the same procedure shall apply for goods leaving Liberia for neighbouring countries.
2. Goods entering Liberia from neighbouring countries by road and intended for transit to third countries will be delivered at the border by the foreign means of transport. Local drivers, where appropriately arranged by the local agent, will continue (drive) with the same means of transport to deliver the goods to the port of export in Liberia.
3. Once the goods in transit are deposited at the port of export in Liberia, the foreign means of transport shall be returned to the foreign drivers at the border by the local drivers. In this way we achieve the objective of "no-persons-crossing borders" while at the same time keeping the supply chain opened for healthcare supplies and other essential goods to support the local population during this pandemic.
4. Meanwhile, at all times when the means of transport is exchanged between foreign and local drivers, the health authority at the border will have to first disinfect the seats and common places that are easily touched.
5. This requires a tripartite collaboration among border agencies, i.e., the LIS, Customs and the national health authorities.

MEDICAL EVACUATION PROCEDURE

The Emergency Medical Services (EMS) manager/officer must be contacted when an ambulance is requested to transfer a suspected or confirmed COVID-19 patient to and from a designated /referral hospital or POC for further clinical intervention.

- a) Driver must not have any contact with patient and must act as liaison
- b) Ideally two trained EMS specialized response team personnel must accompany patient.
- c) Hand hygiene must be observed before and after every contact with patient.
- d) Don (wear) correct PPE
- e) Focus of care is supportive and maintaining existing treatment. No invasive procedures should be done in transit. (No sharps to be used)
- f) Keep contact with designated referral hospital. Determine and communicate an estimated time of arrival (ETA) and report an update on patient's condition, as hospital needs to prepare: - isolation ward needs to be prepared, staff need to don PPE, security needs to clear public and staff from entrance and route.
- g) When arriving at hospital, the patient is to be kept inside ambulance until hospital indicates that the patient is allowed to enter.

Unsuspected COVID-19 EMS medical evacuation procedure

- a. Normal call out to a home or healthcare facility and/ or after transporting has commenced, a suspicion for a possible COVID-19 case is raised.
- b. Port Health Officer must immediately contact and report to central office (**NPHIL**) who will assist in advice and decision on where to take patient.
- c. Driver must not have any contact with patient and must act as liaison.
- d. Hand hygiene must be observed before and after every contact with patient.
- e. EMS personnel must Don correct PPE.
- f. Focus of care is supportive and maintaining existing treatment. No invasive procedures should be done in transit. (No sharps to be used)
- g. Keep contact with designated referral hospital or POC. Determine and communicate an estimated time of arrival (ETA) and report an update on patient's condition, as hospital needs to prepare: - isolation ward needs to be prepared, staff need to don PPE, security needs to clear public and staff from entrance and route.
- h. When arriving at hospital, the patient is to be kept inside ambulance until hospital indicates that the patient is allowed to enter.
- i. The crew must decontaminate the ambulance immediately after the patient disembarks.
- j. Crew decontaminating the ambulance should wear risk appropriate PPE During or after transport of a COVID-19 patient, vomitus, blood and other spillages should be flooded with disinfectant, namely chlorine solution with a concentration of 5000 ppm (0.5%) or 20x30g sachets of Biocide D Extra/10L water, covered with paper towels or absorbent material and left for at least 30 minutes before cleaning.
- k. Physical material like blood and vomitus must first be cleaned up and removed before terminal cleaning can start.
- l. All surfaces should be wiped down and washed at least two times, with 500 ppm (0.05%) chlorine solution.

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- k. Physical material like blood and vomitus must first be cleaned up and removed before terminal cleaning can start.
- l. All surfaces should be wiped down and washed at least two times, with 500 ppm (0.05%) chlorine solution.

Cleaning and decontamination

- a) Crew decontaminating the ambulance AND OTHER conveyance should wear risk appropriate PPE.
- b) During or after transport of a COVID-19 patient, vomitus, blood and other spillages should be flooded with disinfectant, namely chlorine solution with a concentration of 5000 ppm (0.5%) or 20x30g sachets of Biocide D Extra/10L water, covered with paper towels or absorbent material and left for at least 30 minutes before cleaning.
- c) Physical material like blood and vomitus must first be cleaned up and removed before terminal cleaning can start.
- d) All surfaces should be wiped down and washed at least two times, with 500 ppm (0.05%) chlorine solution. Vehicle/other conv. is ready to be used again immediately after cleaning.
- e) Containers with secretions, excretions and other waste products such as vomitus and blood should be flooded with a copious amount of disinfectant, namely chlorine solution with a concentration of 5000 ppm (0.5%) or 20x30g sachets of Biocide D Extra/10L water, for at least 30 minutes.
- f) All items leaving the ambulance/other conv, should be enclosed and sealed in adequate layers of appropriate bags to prevent leakage. The outer surfaces of the bags should be wiped with chlorine disinfectant at a concentration of 0.05% (500 ppm) and labelled as bio hazardous. Disposable equipment should be disposed of by incineration (as per normal Health Care Waste Management (HCWM) Regulation Act 59, 2008), non-disposable equipment can be washed and disinfected (Autoclaved).

If sharps bin, for any reason, was used it needs to be wiped down and placed inside plastic bag. Bag is wiped again and placed inside double red bag and sealed in waste box that should then be clearly marked as containing sharps.

Handling of healthcare waste

Waste management includes the activities and actions required to manage waste from its inception to its final disposal. This includes the collection, transport, treatment and disposal of waste, together with monitoring and regulation of the waste management process.

Healthcare and other waste management continues to present an array of challenges for developing countries, and Liberia is of no exception. There is insufficient information available regarding the generation, handling and disposal of health care and other waste. This face serves as an impediment to healthcare and other waste management schemes. It also presented procedures, techniques used, methods of handling, transportation, and disposal methods of wastes as well as the quantity and composition of waste. The composition of the waste includes hazardous and non-hazardous waste i.e. plastic, papers, sharps and pathological elements etc. Nevertheless, it is obvious that the health facilities, homes, stores, industries, and markets generated wastes most time not properly handled because of insufficient guidelines for separate collection, and classification, and inadequate methods for storage and proper disposal of generated wastes. This therefore indicates that there is a need for improvement within the healthcare waste management system to improve the existing situation especially at health facilities at ports of entry.

As per normal HCWM Regulation, ensure that waste is safely stored until the health care waste management team of the Division of Environmental and Occupational Health of NPHIL is called to dispose it

**HEALTH DECLARATION FORM
(FORMULAIRE DE DECLARATION SANITAIRE AL' ENTREE)**

Ministry of Health/Liberia/Port Health Unit

(Ministère de la Sante, Service de Sante au Liberia, Unité de Sante Portuaire)

Name/Non: _____

Sex (Sexe): Male (Homme) [] Female (Femme) []

Date of Birth: (dd/mm/yyyy) _____ (Date/DE Naissance) _____

Country of Departure (Pays de Depart): _____ Nationality (Nationalite): _____

Country (ies) visited on this trip (Pays visited(s) pendant ce voyage): _____

Country (ies) visited within the last 14 days (Pays visite(s) au cours des 14 derniers jours): _____

Passport No. (Numero de Passeport): _____ Vehicle _____
Plate#: _____

Flight/Vessel, Vehicle No. (Numero de Vol/Vaisseau): _____

Seat No. (Numero de siege): _____

Contact address in Liberia (Location)/ Adresse d'uneconnaissance au Liberia (Emplacement): _____

Contact Person's No. (Numero de Contact): _____

Telephone No. in Liberia (Numero de telephone d'uneconnaissance au Liberia): _____

Have you had close contact with sick person (person with fever, cough and difficulty in breathing) in the past 14 days? (Avez-vous eu des contacts etroits avec une personne malade (fièvre, toux et difficultés respiratoires) au cours des 14 derniers jours?) Yes (Oui) [] No (Non) []

Please tick √ if you have any of the under listed signs and symptoms (Veuillez cocher √ si vous présentez l'un des Signes et symptômes sous-dessous)

Fever (Fievre) : Yes /Oui [] No /Non []

Liberia Port Health Services

Reporting Officer:

Contact #:

Reporting County:

Date of Arrival in Country	Reporting County	Type of PoE	Point of Entry Name	# of Travelers arrived in Liberia	Country of departure	# of Nationalities	# of Traveler from affected Countries	# of Travelers with Passport	# of Traveler with other documents
Total # of Traveler and PoE for the day									

Liberia Primary Alert Screening Form

Liberia Primary ALERT Screening Form

Screener and Port Information

Name of Screener

Date of Screening

Time of Screening

Port of Entry Type

Airport Seaport Ground Crossing

Flight/Vessel/Vehicle Number

Port of Entry Name

Robert International Airport James Spriggs Payne Airport Freeport of Monrovia
 Port of Buchanan Bo Waterside Port Ganta Port
 Luogootuo Port Others: _____

Traveler Information

Traveler Full Name

Age

Gender

Male Female

Temperature

Full address in Liberia with permanent locating feature

Contact number in Liberia

Next of Kin/Host number (if available)

Nationality

Occupation

First place of embarkment (City and Country)

Did you transit in any Country? Yes

No

If yes, duration of transit

Within a day Within a week
 More than a day More than a week

If yes, name of the Country and City

Do you have the following signs and symptom?

Fever Running nose Weakness None
 Cough Headache Difficulty in breathing

Note: If the traveler presented with signs and symptoms (fever and cough) and have been to one of the affected countries (China, Japan, France, United States of America, Nepal, Australia, Cambodia, Thailand, Singapore, Malaysia, South Korea, Canada, Vietnam, Srilanka, Taiwan, Philipines, Cambioda, India, United Kingdom, Italy, Russia, Spain, Belgium, Finland, Sweden, United Arab Emirates, Egypt, and Germany) since December 31, 2019, this traveler should be isolated for secondary investigation.

REFERENCES:

WHO reference number: WHO/2019-nCoV/POEmgmt/2020.2

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