



Procedura standard de operare aplicată în punctele de trecere a frontierei de stat pentru combaterea răspândirii pandemiei de COVID-19

Standard Operating Procedure applied at state border crossing points to combat the spread of COVID-19 pandemic

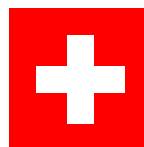
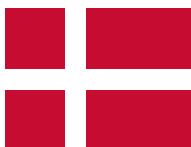
Стандартная Операционная Процедура, применяемая в пунктах пересечения государственной границы для борьбы с распространением пандемии COVID-19

**Standard Operating
Procedure applied at state
border crossing points
to combat the spread
of COVID-19 pandemic**

The Standard Operating Procedure was developed under "**Strengthen Moldova's National Response to the COVID-19 Crisis**" Project, financed by UN COVID-19 Multi-Partner Trust Fund for Response to COVID-19 and Recovery (UN COVID-19 MPTF).



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Acknowledgements

Authors would like to express their gratitude to the General Inspectorate of Border Police team, especially to Mr. Marius Balea, Head of GIBP Medical Center, for the support provided in drafting this publication. Gratitude is also expressed to the team of the Migration Health Department of the International Organization for Migration, Mission in the Republic of Moldova, for its guidance, suggestions and support.

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List of Abbreviations

CIA	Chisinau International Airport
NPHA	National Public Health Agency
RCC	Regional Coordination Center
OCC	Operational Coordination Center
RD	Regional Direction
PPE	Personal Protective Equipment
GIBP	General Inspectorate of Border Police
WHO	World Health Organization
SBCP	State Border Crossing Point
SOP	Standard Operating Procedure
BPS	Border Police Sector

1. Background

1.1 INTRODUCTION

The increasing flow of travelers crossing the borders, as well as the trade relations among the states represent a potential risk for cross-border spread of COVID – 19 infection. For the purpose of containing the pandemic and reducing its impact on the Republic of Moldova, it is important to enforce, together with all the relevant State institutions, specific procedures to manage adequately the related situations, which imply public health risks. The Border Police of the Republic of Moldova assumes itself the role of combatting the cross-border transmission of COVID – 19 infection by implementing a number of prevention measures, which will contribute both: to protecting border policemen from getting infected with COVID – 19 and to maintaining control over the spread of the infection on the territory of the country through the State Border Crossing Points (hereinafter referred to as SBCP). These measures will include detecting, notifying and isolating the persons with suspected COVID – 19 infection, who enter the country, but also necessary related hygiene-sanitary measures to be implemented in the SBCP.

1.2 WHAT IS COVID – 19?

Coronaviruses (CoV) represent a family of numerous viruses, which cause different diseases from common cold to more severe illnesses, such as Middle East Respiratory Syndrome and Severe Acute Respiratory Syndrome. COVID-19 is an infectious disease, which was discovered in 2019 and has not been previously identified in humans. The novel coronavirus disease (COVID-19) is caused by SARS – CoV-2 virus.

SARS-CoV-2 is primarily transmitted through respiratory droplets (nasopharyngeal secretions) and direct contact with an infected person or his/her surroundings (hands or objects contaminated with infectious secretions). The transmission routes are: air, food products, surrounding objects contaminated with the virus.

On 11 March 2020, as a result of the rapid spread of COVID-19 virus in a number of the world states, the epidemics of COVID-19 was declared by the World Health Organization to be a pandemic. Currently COVID – 19 virus has been spread in over 188 states and territories of the world, some of them already facing or getting prepared to cope with the second wave of infection (*see Annex 1 for more details on COVID – 19*).

The first case of COVID – 19 infection was registered in the Republic of Moldova on March 07, as a result of a Moldovan migrant return into the country. On 17 March, the Parliament of the Republic of Moldova declared state of emergency on the entire territory of the country for a period of 60 days, and on 16 May – state of public health emergency was declared.

2. Goal

The goal of this Standard Operating Procedure (SOP) is to establish a clear and consistent methodology, which would cover instructions, working steps, necessary forms and responsibilities to ensure detection and management of persons with suspected COVID – 19 infection, as well as to prevent transmission and contamination with this virus at the place of work and at the community level, so as to be used by border police¹ at the SBCP and other employees with related responsibilities within the General Inspectorate of Border Police (GIBP).

3. Scope

The SOP provisions shall be applied particularly by the border police employees² at the SBCP dealing directly with persons' and vehicles' control, as well as by their managers and other employees with related responsibilities under the GIBP.

4. Normative references

NATIONAL

- Law No. 215 of 04.11.2014 on State Border of the Republic of Moldova
- Law No. 283 of 28.12.2011 on Border Police
- Government Decision No. 297 of 11.05.2017 to implement the Law No. 215 of 04.11.2014 on State Border of the Republic of Moldova
- Law No. 10 of 3.12.2019 in Public Health Supervision
- Government Decision No. 531 of 3.07.2014 on actions to implement the International Health Regulations (2005) so as to prevent cross-border transmission of public health threats
- Government Decision No. 1431 of 26.12.2016 approving the Regulation on Early Warning and Rapid Response System for preventing and controlling communicable diseases and public health events
- Government Decision No. 475 of 26.03.2008 approving the Action Plan to enforce the International Health Regulations in the Republic of Moldova

¹ Some aspects of the procedure may be applied also for other authorities present at the SBCP

² Some aspects of the procedure may be applied also for other authorities present at the SBCP

INTERNATIONAL

- International Health Regulations, 2005
- Standard Operating Procedures for first-line border guards at points of entry into the country, International Organization for Migration, 2020
- Management of ill travelers at points of entry (international airports, seaports, and ground crossings), in the context of COVID-19, WHO Interim Guidance, 19 March 2020
- Water, sanitation, hygiene, and waste management for the COVID-19 virus, WHO Interim Guidance, 23 April 2020
- Contact tracing in the context of COVID-19 and management of travelers (international airports, seaports and ground crossings), WHO Interim Guidance, 10 May 2020
- Global surveillance for COVID-19 caused by human infection with COVID-19 virus, WHO Interim Guidance, 20 March 2020

5. Measures to prevent and combat the spread of COVID-19 at State Border Crossing Points

Reduced presence or absence of healthcare workers and lack of adequate equipment at the SBCP induce the need for all the employees at the border crossing points, including those of other services and authorities present at the SBCP, to acquire the most recent and relevant information and to apply necessary urgent measures, including hygiene-sanitary ones, to minimize the risk of COVID –19 transmission.

The aim of these measures is to ensure and increase the safety of employees working at the border crossing points and that of the persons crossing the state border, so as to protect the citizens of the Republic of Moldova and entire community against the potential spread of the pandemic.

5.1. DEFINITIONS USED IN THE SOP

The timely identification of persons with suspected COVID-19 infection would allow the employees to manage the cases with maximum efficiency, so as not to admit the spread and the possible infection of other persons.

CASE DEFINITIONS (ACCORDING TO WHO³)

SUSPECT 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, runny nose, etc. *See Annex 2 for COVID-19 infection signs and symptoms and different related risk groups*), 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

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

OR

³ World Health Organization. *Global Surveillance for COVID – 19 caused by human infection with COVID – 19 virus, Interim guidance, 20 March 2020*

- c. a patient with severe acute respiratory illness (fever and at least one sign/symptom of respiratory disease (e.g. cough, shortness of breath, sore throat, runny nose, etc.) requiring hospitalization and in the absence of an alternative diagnosis that fully explains the clinical presentation;

OR

- d. a travel companion or a contact of a confirmed or suspect case.

PROBABLE CASE

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

OR

- b. A suspect case for who 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.

DEFINITION OF CONTACT

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:

- a. Face-to-face contact with a probable or confirmed case within 1 meter and for more than 15 minutes;
- b. Direct physical contact with a probable or confirmed case;
- c. Direct care for a patient with probable or confirmed COVID-19 disease without using proper protective equipment

OR

Other situations as indicated by local risk assessments (*see Annex 3*)

OTHER RELEVANT DEFINITIONS

HISTORY OF TRAVEL

History of travel refers to the following situations:

- a. history of travel to any country with high risk of COVID-19 transmission in the last 14 days;
- b. history of visit to any healthcare unit from any country with high risk of COVID-19 transmission in the last 14 days;
- c. history of contact with any person with suspected or confirmed COVID-19 infection in the last 14 days.

SELF-DECLARATION

All travelers who self-declare signs or symptoms of COVID – 19 disease and ask for assistance from border police at the SBCP.

VISUAL OBSERVATION

Visual observation, without physical screening, of sick travelers who present COVID-19 suggesting respiratory signs, described above, and may be identified by employees of SBCP.

5.2 ACCESS ZONES IN THE SBCP

For the purpose of preventing cross-border transmission of COVID – 19 virus and managing efficiently public health risk situations, it is necessary to enforce common procedures for detecting, notifying and isolating persons with suspected COVID-19 infection. In this regard, the following separate zones will be established, clearly delimited and arranged in the SBCP in close coordination with other authorities present at the SBCP:

1. *Access zone in/from the SBCP* is established at the entry into/exit from the SBCP.
2. *Epidemiological triage zone* is meant for taking body temperature of persons crossing the state border, collecting epidemiological cards filled in by travelers and interviewing travelers (*only for inflow stream*). Depending on the SBCP infrastructure, this zone will be arranged either within a delimited space in the premises meant for state border crossing check, but separately from the flow of travelers coming in for documents' check, or in specially arranged outdoor space, if the SBCP does not have some premises for this purpose, including in a tent, during the cold season. This space should be located before entering the zone for documents' check (control booth).
3. *Zone/spaces/temporary isolation room* for persons with suspected COVID-19 infection. This zone/space is meant for temporary isolation of sick travelers, until they are taken over by the emergency healthcare service. If there is a need to shelter a bigger number of travelers with suspected infection, the SBCP premises meant for asylum seekers or other identified premises shall be used in coordination with other authorities present at the SBCP. If such premises are missing, tents shall be installed having the capacity to isolate temporarily a big number of travelers who fit the suspect case definition (*see Annex 3 for instructions on parameters for isolation space/room*).
4. *Quarantine zone for temporary isolation of means of transport*. This zone is established and accordingly delimited, depending on the available infrastructure, so as to undertake quarantine measures for vehicles (personal car, bus/microbus, truck, plane, ship), if one or more passengers are suspected to be infected with COVID – 19.
5. *Documents' check zone* is established for performing the control at the state border crossing (control booth or hall for documents' check).

5.3 PROCEDURES FOR DETECTING, INTERVIEWING AND ISOLATING PERSONS WITH SUSPECTED COVID-19 INFECTION

The epidemiological triage for persons with suspected COVID – 19 infection is carried out before performing state border crossing check. This stage includes the interview, visual observation and taking the body temperature or self-declaration about presence of COVID – 19 signs and symptoms. The interview allows establishing the history of travel and the itineraries of the persons crossing the state border and, hence, determining correctly the risk group the respective person belongs to. Visual observation and temperature taking allow identifying presence of complains, clinical signs and symptoms of COVID- 19 infection.

At this stage, it is absolutely essential for SBCP employees to have good communication with the public, that will inspire confidence among travelers for border authorities' actions and capacities to manage correctly and efficiently any crisis situation.

5.3.1 PROCEDURES APPLICABLE AT LAND SBCP

In case of *passengers' transporters (buses/minibuses)*, the interview shall be carried out in the *epidemiological triage zone* specially arranged in the SBCP, either in a dedicated space within the premises meant for state border crossing check, but separate from the flow of travelers coming for documents' check, or in specially arranged outdoor spaces (including tent), before entering the *documents' check zone* (control booths). Depending on the available infrastructure, in case of *personal cars and trucks*, the interview can be carried out in close proximity of the respective vehicle, when parked at the stop line, after being invited to step out of the means of transport.

BODY THERMOMETRY AND TRAVELERS' INTERVIEWING

Border police employees working in the *access zone to/from the SBCP* shall carry out the following successive operations:

1. Direct the flows of means of transport entering/exiting the SBCP, inform the drivers regarding the additionally established regime rules at the SBCP in the context of preventing public health threats;
2. Ask the driver of the vehicle to inform the passengers about the need to step out of the car so as to undergo the epidemiological triage (interviewing and body thermometry) in the *epidemiological triage zone*, specially arranged within the SBCP.

Border police employees working in the *epidemiological triage zone* of the SBCP shall be equipped with masks, gloves, protection goggles or face shield⁴ and contactless

4 1. While performing his/her duties, the Border Police employee shall wear personal protective equipment while being in closed spaces or in premises where the distance of 2-3 meters between the Border Police employee and the person cannot be observed, including in buses, planes, trains and other;

2. The Border Police employee will use personal protective equipment depending on the exposure risk, established by the management, the personnel of the Border Police, or other relevant national authorities.

infrared digital thermometers, and shall undertake the following actions (it is recommended to appoint at least 2 employees):

1. Interview the driver of the vehicle regarding presence of persons who during the trip were taking fever-reducing medicines or presence of persons with fever and/or obvious illness signs/symptoms (cough and/or shortness of breath);
2. Perform body thermometry either with contactless infrared digital thermometer or contactless thermographs, which would allow keeping the distance between the SBCP employee and traveler, preferably not less than 1 meter. No manual thermometers needing skin or mucous membranes' contact will be used (*see Annex 4 for instructions on how to perform correctly body thermometry*);
3. Assess other COVID-19 suggestive respiratory signs and symptoms (cough and/or shortness of breath, etc.) by *visual observation*, including through questions about travelers' health condition (no physical screening is made);
4. Communicate verbally to travelers and distribute information materials (leaflets, brochures) about:
 - a. necessary procedures and documents to perform the border control;
 - b. public health risks related to COVID-19 infection; calls upon the travelers to use alcohol-based hand rub available at the SBCP, to keep the distance of at least 1 meter between persons, including in the queue for documents' check and to wear protection masks on compulsory basis;
 - c. legal provisions in force (only for the inflow stream): the obligation to fill in correctly the epidemiological card and, on the verso, the own-responsibility declaration for observing the self-isolation regime for a period of 14 days, with the following content: "*I, the undersigned _____ declare on my own responsibility that during the following 14 days, I will be self-isolated at the address indicated in the epidemiological card. I was informed about the criminal or administrative liability for not observing the self-isolation regime _____ signature*"; and about the administrative or criminal liability for not observing the respective provisions, both by travelers and transporters (except for the cases established by the competent national authorities).
5. Distribute epidemiological cards (*see Annex 5*) to be filled in by travelers, assess the provided answers and interview additionally about the history of travel (*only for inflow stream*);
6. Redirect the travelers and/or drivers of cars or trucks, without COVID-19 suggestive signs and symptoms and fever, towards the documents' check zone.

The police border employees working in the *documents' check zone* shall undertake the following operations, without getting out of the control booth:

1. Collect the epidemiological cards filled in by travelers (*only for the inflow stream*);
2. Verify the accuracy of data indicated in the epidemiological card, including the itinerary of the trip, by comparing the data from the card with those in the travel document and (if needed) calling the telephone number indicated in the epidemiological card.

Isolating and managing the persons suspected with COVID-19 infection

If a COVID – 19 suspect case is identified or in case of self-declaration by travelers who present COVID – 19 signs or symptoms, the Border Police employees shall undertake the following operations, so as to isolate the suspect case and to prevent infection and contamination of SBCP spaces:

1. Separate and redirect the vehicle with suspect persons from the general flow to the *quarantine zone for means of transport* (personal car, bus/minibus or truck). Ensure continuous monitoring of the vehicle and its passengers so as to prevent contact with other traffic participants, travelers, employees of the SBCP, or their eventual escape and/or violation of the special regime in the SBCP;
2. Provide a medical mask to the sick traveler, as well as to the persons accompanying him/her;
3. Isolate the sick passenger from other travelers, including from his/her family and the persons with whom he/she had direct contact, directing him/her to the *temporary isolation space/zone* in the SBCP and hand in the person to the medical personnel or emergency healthcare service, called on request, for additional screening. If necessary, identify and isolate separately the contacts of the suspect case, to be additionally screened by the medical personnel;
4. Supervise the area not to admit any unauthorized entry into the isolation zone. Only health workers with full personal protective equipment (PPE) (protective suits, masks, gloves, protection goggles or face shield) are allowed to access the *isolation zone/space*, as well as the SBCP employees wearing PPE, for monitoring the health condition of the sick traveler and to provide him/her, upon request, with water and food.
5. Depending on the existing infrastructure in the SBCP, minimize the number of persons directly exposed to sick passengers, while directing them to the *isolation space/zone* or during the transportation to the emergency healthcare service vehicle, ensuring a separate corridor for the vehicle, and prohibiting, if needed, other persons to pass by;
6. After handing in the COVID –19 suspect case or the sick person to the emergency healthcare service, the involved employees shall adequately take off the PPE (*see Annex 6 instructions on how to put on and take off PPE*), carefully discard it and wash hands with water and soap or 70% alcohol-based hand rub, according to instructions in *Annex 7*;
7. Immediate disinfection of the space meant for isolation of the suspect cases, with disinfecting solutions and UVC lamps, according to the stages listed in section 6.2, point 3.

5.3.2 PROCEDURES APPLICABLE AT AIRPORT SBCP

BODY THERMOMETRY AND TRAVELERS' INTERVIEWING

The Border Police employees shall carry out the following operations:

1. Distribute ahead of time epidemiological cards (*see Annex 5*) to all the airline companies, oblige all the airlines to distribute ahead of time these epidemiological

cards to the passengers and to inform them about the need to fill them in before landing;

2. Before disembarkation of passengers from the aircraft, the appointed Border Police employee shall ask the flight crew about the presence on board of the aircraft of any suspect cases, in line with the case definition, or presence of persons who during the trip have taken fever-reducing medicines;
3. If a suspect case is identified, the crew will be asked to dock the plane in the *temporary quarantine zone* of the airport, specially designated by the airport management for this purpose, allowing the access of the airport medical team's vehicle;
4. Allow the access of the airport medical team, called upon request, to take over the suspect case to the airport's *isolation zone/room*;
5. Request the flight attendants to ensure the following separate exit flows from the aircraft:
 - a. The first to leave the aircraft are the healthy passengers;
 - b. The close contacts will be the next ones, for a possible additional screening to be undertaken by the airport's medical team or other health authorities;
 - c. The last ones to be disembarked are the passengers with fever and infection signs or symptoms.

Upon the entry into the airport, the Border Police employees, equipped with mask, gloves, protection goggles or face shield⁵ and working in the *epidemiological triage zone*, shall undertake the following operations:

1. Inform the passengers about the regime rules additionally established at the SBCP in the context of preventing the spread of pathogens with high risk for public health;
2. Evaluate other COVID-19 suggestive respiratory signs and symptoms (cough and/or shortness of breath, etc.) via *visual observation*, including by asking the travelers about their health condition.
3. Communicate verbally to travelers and distribute information materials (leaflets, brochures) about:
 - a. necessary procedures and documents to perform the border control;
 - b. public health risks related to COVID-19 infection; calls upon the travelers to use alcohol-based hand rub available at the SBCP, to keep the distance of at least 1 meter between persons, including in the queue for documents' check and to wear protection masks on compulsory basis;
 - c. legal provisions in force (*only for the inflow stream*): the obligation to fill in correctly the epidemiological card and, on the verso, the own-responsibility declaration for observing the self-isolation regime for a period of 14 days, with the

5 1. While performing his/her duties, the Border Police employee shall wear personal protective equipment while being in closed spaces or in premises where the distance of 2-3 meters between the Border Police employee and the person cannot be observed, including in buses, planes, trains and other;

2. The Border Police employee will use personal protective equipment depending on the exposure risk, established by the management, the personnel of the Border Police, or other relevant national authorities.

following content: “I, the undersigned _____ declare on my own responsibility that during the following 14 days, I will be self-isolated at the address indicated in the epidemiological card. I was informed about the criminal or administrative liability for not observing the self-isolation regime _____ signature”; and about the administrative or criminal liability for not observing the respective provisions, both by travelers and transporters (except for the cases established by the competent national authorities).

4. Verify the presence of duly filled in epidemiological cards, assess the provided answers and interview additionally the passengers about the history of travel (*only for the inflow stream*);
5. Following the reported (by another border police employee) results for the passengers scanned with the contactless thermograph (*see Annex 4 for instruction on how to perform correctly body thermometry*), allow the access of travelers without COVID-19 suggestive signs and symptoms and fever, towards the *documents' check zone*.

The Border Police employees working in the *documents' check zone* shall undertake the following operations, without getting out of their control booth:

1. Collect the epidemiological cards filled in by travelers;
2. Verify the accuracy of data indicated in the epidemiological card, including the itinerary of the trip, by comparing the data from the card with those in the travel document and (if needed) calling the telephone number indicated in the epidemiological card.

ISOLATING AND MANAGING THE PERSONS SUSPECTED WITH COVID-19 INFECTION

If a COVID-19 suspect case is identified during the scanning with the thermograph or contactless infrared digital thermometers and the interview at the entry into the airport, the Border Police employees shall undertake the following operations:

1. Take repeatedly the temperature of the passenger detected by the thermograph, using a contactless infrared digital thermometer;
2. If fever is confirmed, isolate the sick passenger from other travelers, including from his/her family and the persons with whom he/she had direct contact, directing him/her to the *temporary isolation zone/room* of the airport and hand in the person to the medical personnel, called upon for additional screening. Only fully equipped health workers (with protective suits, masks, gloves, protection goggles or face shields) shall be allowed to access the *isolation zone/space*, as well as SBCP employees wearing PPE, for monitoring the health condition of the sick traveler and to provide him/her, upon request, with water and food. If needed, identify and isolate the contacts of the suspect case for additional screening by the medical personnel of the SBCP or other health authorities (e.g. emergency healthcare service);
3. Provide a medical mask to the sick traveler, as well as to the persons accompanying him/her;

4. After handing in the sick person to the medical personnel or emergency health-care service, the involved employees shall adequately take off the PPE (*see Annex 6 instructions on how to put on and take off PPE*), carefully discard it and wash hands with water and soap or 70% alcohol-based hand rub, according to instructions in *Annex 7*;
5. Coordinate with relevant airport authorities the taking over of the sick traveler's luggage.
6. Immediate disinfection of the space meant for isolation of the suspect cases, with disinfecting solutions and UVC lamps, according to the stages listed in section 6.2, point 3.

5.3.3 PROCEDURES APPLICABLE IN RAILWAY SBCP

BODY THERMOMETRY AND TRAVELERS' INTERVIEWING

Body thermometry and travelers' interviewing in railway SBCP shall be performed during the state border crossing control procedure, carried out in the train. The Border Police employees, fully equipped with PPE (protective suits, masks, gloves, protection goggles or face shields) and contactless infrared digital thermometers, shall undertake the following operations:

1. Distribute ahead of time epidemiological cards (*see Annex 5*) to all railway operators and request them to inform the passengers about the need to fill them in, *only for the inflow stream*, before the train arrives to the railway SBCP;
2. Interview the wagon attendant about the presence during the trip of persons who have taken fever-reducing medicines or persons with fever and/or obvious signs and symptoms of the disease (cough and/or shortness of breath);
3. Perform body thermometry of passengers with contactless infrared digital thermometers, which would allow keeping the distance between the employee of the SBCP and passenger, preferably at least 1 meter. No manual thermometers needing skin or mucous membranes' contact will be used (*see Annex 4 for instructions on how to perform correctly body thermometry*);
4. Assess other COVID-19 suggestive respiratory signs or symptoms (cough and/or shortness of breath, etc.) by *visual observation*, including through questions about traveler's health condition;
5. Communicate verbally to travelers and distribute information materials (leaflets, brochures) about:
 - a. necessary procedures and documents to perform the border control;
 - b. public health risks related to COVID-19 infection; calls upon the travelers to keep the distance of at least 1 meter among the persons during the trip in the train; to wear protection masks, on compulsory basis;
 - c. legal provisions in force (only for the inflow stream): the obligation to fill in correctly the epidemiological card and, on the verso, the own-responsibility declaration for observing the self-isolation regime for a period of 14 days, with the following content: *"I, the undersigned _____ declare on my own responsibility that during the following 14 days, I will be self-isolated at the address indicated in the epidemiological card. I was informed about the criminal or administrative*

liability for not observing the self-isolation regime ----- *signature*"; and about the administrative or criminal liability for not observing the respective provisions, both by travelers and transporters (except for the cases established by the competent national authorities).

6. Collect the epidemiological cards filled in by travelers; verify the accuracy of data indicated in the epidemiological card, including the itinerary of the trip, by comparing the data from the card with those from the passport and calling (if needed) the telephone number indicated in the epidemiological card (*only for the inflow stream*).

ISOLATING AND MANAGING PERSONS SUSPECTED WITH COVID-19 INFECTION

If a COVID-19 suspect case is identified during the body thermometry and interview procedure carried out in the train, the Border Police employees shall undertake the following operations:

1. Provide a medical mask to the sick traveler, as well as to the persons accompanying him/her;
2. Isolate the sick passenger from other travelers, including from his/her family and the persons with whom he/she had direct contact, directing him/her to the *temporary isolation zone/room* of the railway station and hand in the person to the medical personnel of the SBCP, if available, and/or emergency healthcare service, called upon request. Only health workers with full personal protective equipment (PPE) (protective suits, masks, gloves, protection goggles or face shield) are allowed to access the *isolation zone/space*, as well as the SBCP employees wearing PPE, for monitoring the health condition of the sick traveler and to provide him/her, upon request, water and food. If needed, identify and isolate the contacts of the suspect case for any additional screening by the health workers;
3. Ensure continuous monitoring of the train and its passengers so as to prevent the contact of the suspect case and its contacts with other traffic participants, travelers and other employees of the SBCP, or their eventual escape and/or violation of the special regime in the SBCP;
4. After handing in the sick/suspect person to the emergency healthcare service, the involved employees shall adequately take off the PPE (*see Annex 6 instructions on how to put on and take off PPE*), carefully discard it and wash hands with water and soap or 70% alcohol-based hand rub, according to instructions from Annex 7.
5. Immediate disinfection of the space meant for isolation of the suspect cases, with disinfecting solutions and UVC lamps, according to the stages listed in section 6.2, point 3.

5.3.4 PROCEDURES APPLICABLE AT PORT SBCP

BODY THERMOMETRY AND TRAVELERS' INTERVIEWING

The Border Police employees working in the *access zone to/from the port SBCP* shall undertake the following operations:

1. Before disembarkation of passengers from the ship, the appointed Border Police employee shall ask the captain of the ship about the presence on board of the

- ship of any suspect cases, in line with the case definition, or presence of persons who during the trip have taken fever-reducing medicines;
2. Distribute epidemiological cards (*see Annex 5*) to the captain of the ship and ask him/her to inform the members of the crew and the passengers of the ship about the need to fill in the epidemiological cards before landing in the port;
3. If a suspect case is identified on board, direct the respective person to the *temporary isolation zone/room* of the port;
4. Allow access of the emergency healthcare service, called upon request, to take over the suspect case from the *isolation zone/room* of the port;
5. Request the ship attendants to ensure the following separate exit flows from the ship:
 - a. The first to leave the ship are the healthy passengers;
 - b. The close contacts will be the next ones, for a possible additional screening to be undertaken by the emergency healthcare service;
 - c. The last ones to be disembarked are the passengers with fever and infection signs or symptoms.
6. If there are no COVID-19 suspect cases on board, reported by the captain of the ship, request him/her to inform the ship crew and passengers about the need to get out of the ship for epidemiological triage (interviewing and body thermometry) in the *epidemiological triage zone*, specially equipped in the port's hall or other established place;
7. Inform the passengers about the regime rules established additionally at the SBCP in the context of preventing the spread of pathogens with high risk for public health.

The Border Police employees working in the *epidemiological triage zone of the port SBCP*, equipped with masks, gloves, protection goggles or face shields ⁶, shall undertake the following operations:

1. Communicate verbally to travelers and distribute information materials (leaflets, brochures) about:
 - a. necessary procedures and documents to perform the border control;
 - b. public health risks related to COVID-19 infection; calls upon the travelers to use alcohol-based hand rub available at the SBCP, to keep the distance of at least 1 meter between persons, including in the queue for documents' check and to wear protection masks on compulsory basis;
 - c. legal provisions in force (only for the inflow stream): the obligation to fill in correctly the epidemiological card and, on the verso, the own-responsibility declaration for observing the self-isolation regime for a period of 14 days, with the

6 1. While performing his/her duties, the Border Police employee shall wear personal protective equipment while being in closed spaces or in premises where the distance of 2-3 meters between the Border Police employee and the person cannot be observed, including in buses, planes, trains and other;

2. The Border Police employee will use personal protective equipment depending on the exposure risk, established by the management, the personnel of the Border Police, or other relevant national authorities.

following content: “I, the undersigned _____ declare on my own responsibility that during the following 14 days, I will be self-isolated at the address indicated in the epidemiological card. I was informed about the criminal or administrative liability for not observing the self-isolation regime _____ signature”; and about the administrative or criminal liability for not observing the respective provisions, both by travelers and transporters (except for the cases established by the competent national authorities).

2. Verify the duly filled-in epidemiological cards, assess the provided answers and interview additionally the travelers regarding the history of travel (*only for inflow stream*);
3. Assess other COVID-19 suggestive respiratory signs and symptoms (cough and/or shortness of breath, etc.) through *visual observation*, including by asking about the traveler’s health condition.
4. Allow access of travelers without COVID-19 suggestive signs and symptoms and fever to *documents’ check zone*.

The Border Police employees working in the *documents’ check zone* shall undertake the following operations, without getting out of the control booth:

1. Collect the epidemiological cards filled in by travelers;
2. Verify the accuracy of data indicated in the epidemiological card, including the itinerary of the trip, by comparing the data from the card and those in the travel document and (if needed) calling the telephone number indicated in the epidemiological card.

ISOLATING AND MANAGING PERSONS SUSPECTED WITH COVID-19 INFECTION

If a person with suspected COVID-19 infection is identified during the body thermometry and interview procedure, the Border Police employees shall undertake the following operations:

1. Provide a medical mask to the sick traveler, as well as to the persons accompanying him/her;
2. Isolate the sick passenger from other travelers, including from his/her family and the persons with whom he/she had direct contact, directing him/her to the *temporary isolation zone/room* of the port and hand in the person to the medical personnel of the SBCP, if available, and/or emergency healthcare service, called upon request. Only health workers with full personal protective equipment (PPE) (protective suits, masks, gloves, protection goggles or face shield) are allowed to access the *isolation zone/space*, as well as the SBCP employees wearing PPE, for monitoring the health condition of the sick traveler and to provide him/her, upon request, water and food. If needed, identify and isolate the contacts of the suspect case for any additional screening by the health workers;
3. Ensure continuous monitoring of the ship and its passengers so as to prevent the contact of the suspect case and its contacts with other traffic participants (personnel working in the port), or their eventual escape and/or violation of the special regime in the SBCP;

4. After handing in the suspect case to the emergency healthcare service, the involved employees shall adequately take off the PPE (*see Annex 6 instructions on how to put on and take off PPE*), carefully discard it and wash hands with water and soap or 70% alcohol-based hand rub, according to instructions from *Annex 7*.
5. Immediate disinfection of the space meant for isolation of the suspect cases, with disinfecting solutions and UVC lamps, according to the stages listed in section 6.2, point 3.

5.3.5 GENERAL PRINCIPLES FOR MANAGING COVID-19 SUSPECT CASES IN ALL TYPES OF SBCP

NOTIFICATION ABOUT PERSONS SUSPECTED WITH COVID-19 INFECTION

Immediate notification of responsible authorities about an identified case will prevent the spread of the infection on the territory of the country. For the purpose of notifying about the persons suspected with COVID – 19 infection, the Border Police employees in all types of SBCP shall undertake the following operations:

1. Report immediately after detecting the suspect case to the head of the shift/superior of the patrol, employees of other authorities present at the SBCP, medical personnel, if available;
2. Make signs on/tick the upper part of the epidemiological card filled in by the suspect case and its contacts (*only for the inflow stream*), observing the person's dignity and rights, and the legislation in force on protection of personal data⁷;
3. Inform the suspect travelers about the succession of undertaken actions, including for the purpose of performing the border control for them.

Head of the shift / superior of the patrol:

1. Informs the national single service 112, the management of the BPS, the head of shift from the Customs Service, the Regional Coordination Center (RCC);
2. Enters the details of identified suspect case in the *Register of travelers – probable/suspect cases identified at the SBCP* for additional references (e.g. age, nationality, the country from which the travel started, etc.);
3. Collects epidemiological cards filled in by passengers and sends them⁸:
 - scanned, via e-mail, to operational coordination units (BPS – RCC – Coordination Operational Center), indicating the number of collected card and subdivisions which collected it, once per 4 hours, as follows: at 00:00, 4:00, 8:00, 12:00, 16:00, 20:00, to be sent immediately to the National Public Health Agency (NPHA);
 - hardcopy format to the Head of the BPS.
4. Allows access on the territory of the SBCP for emergency healthcare service;

⁷ Law No. 133 of 8.07.2011 on protection of personal data.

⁸ Observing the person's dignity and rights, as well as in line with the Law No.133 of 8.07.2011 on protection of personal data.

5. Contacts the airline company and communicates the number of passenger's seat, so as to announce the passengers/employees of the airline company, who could have been in direct contact with the sick traveler (*in case of BPS AIC*).

Head of the BPS:

1. Informs the management of the Regional Division (RD), RCC, responsible persons from the GIBP;
2. Sends the hardcopy of filled-in epidemiological cards every 72 hours to the Health Center of the RD Center, so as to be sent to the NPHA.

DETECTING, ISOLATING, MANAGING COVID – 19 SUSPECT CASES

The following common principles for detecting, isolating, and managing COVID-19 suspect cases shall be observed in all types of SBCP:

1. The foreigners on board shall be distributed epidemiological cards in which they should indicate the address of stay in the Republic of Moldova;
2. A language of international use or existing translating apps shall be used when communicating with foreigners (e.g. Google translate or MITA, *see Annex 8*);
3. All travelers' dignity and privacy shall be observed;
4. All individual travelers who self-declare signs and symptoms of COVID – 19 and ask for assistance the Border Police employees at the SBCP, shall be treated according to a similar procedure;
5. All the operations related to managing a suspect case shall be coordinated with other services at the border crossing point and other responsible authorities;
6. If the persons and transporter crossing the state border refuse to observe the rules of conduct announced in the SBCP and/or by their actions/inactions induce the danger to infect other travelers with the virus, the intervention of the head of the shift/superior of the patrol will be requested and, if needed, that of the Group of Intervention and Management of Situations in the SBCP, so as to hold administratively or criminally liable the respective persons according to the relevant provisions of the Contravention Code and Criminal Code. The cases shall be documented in a separate zone from the travelers' flow, depending on the available infrastructure in the SBCP (preferably in the triage zone, quarantine or temporary isolation zone/spaces), so as to avoid the possibility of contaminating the duty premises;
7. The persons with stays up to 14 days will not be authorized to exit the country, establishing the administrative offence of violating the self-isolation regime, according to the relevant provisions of the Contravention Code (except for the cases established by the National Extraordinary Public health Commission).

6. Self-protection

The employees of the Border Police, at all levels, play an important role in preventing and combating cross-border transmission of COVID-19, and have the following specific tasks:

1. To ensure that travelers and employees of other authorities present at the SBCP are not subject to the risk of being infected;
2. To minimize/eliminate their own risk of becoming a vector for virus spread (see *Annex 2*);
3. To self-protect themselves from getting infected at work, as well as outside the place of work.

To fulfill these tasks, the SBCP employees, in particular, and the Border Police employees, in general, shall undertake the following types of measures:

1. Self-protection measures recommended to be observed while carrying out the duty tasks;
2. Measures to observe hygiene rules at work;
3. Measures to observe personal hygiene at work and in community;
4. Measures to encourage physical distance among persons;
5. Measures to manage and dispose hazardous waste.

6.1 SELF-PROTECTION MEASURES WHILE CARRYING OUT DUTY TASKS

To self-protect themselves at work, the Border Police employees shall undertake the following actions:

1. Wear, on compulsory basis, protection masks and gloves while at the SBCP, which should be changed on regular basis (see *Annex 6 instructions on how to put on, use, and take off protection masks and gloves*);
2. In the context of preventing the spread of pathogens with high risk for public health in the SBCP, while carrying out their service duties shall wear, on compulsory basis, the full PPE (disposable protective suits, masks, gloves, protection goggles or face shields):
 - a. when entering a temporary isolation or vehicle quarantine zones/rooms;
 - b. in closed spaces or premises where the distance of 2–3 meters between the Border Police employee and another person cannot be observed, including in buses, airplanes, trains and other;
 - c. depending on the risk of getting exposed to the risk, assessed by the management, personnel of the Border Police or other relevant national authorities. For instance, when registering a high infection rate from imported cases, the decision will be taken for all the Border Police employees interacting with travelers

crossing the state border to wear full PPE during the state border control procedure (see Annex 6 instructions on how to put on and take off PPE).

3. Identify and establish a special space within the SBCP meant for storing, putting on and taking off the PPE, which would have a special waste bin (with lid and foot pedal) to dispose and collect used PPE, immediately after removing it.
4. Monitor and ensure the disposal of biological waste from the SBCP within 24 hours and storing it in a specially area meant for waste within the BPS. The waste shall be collected, transported and treated by contracted specialized service providers on weekly basis.

6.2 ON-JOB HYGIENE MEASURES

Observance of hygiene measures at work creates a clean, safe and healthy working environment for employees, prevents circulation of bacteria and viruses, and reduces the risks related to infection spread in the SBCP. These measures will include the following actions from the Border Police employees:

1. Disinfection of frequently touched surfaces from the working premises (offices, control booth), such as work equipment (readers, UV lamps, magnifiers), furniture, light switchers, door handles, office telephones, keyboards and monitors, etc., used by the employees from the respective premises, three times per day (in the morning, in the afternoon, at night, including before and after finishing the working shift), with disinfectants with a concentration of at least 70% of ethanol, and using the equipment in 2–3 minutes after it undergoes disinfection;
2. Continuous air disinfection in the epidemiological triage zone, specially arranged in the SBCP, using UVC lamps for air disinfection, which allow persons to stay on premises, depending on their availability in the SBCP;
3. Disinfection of surfaces in the epidemiological triage zone, as well as in temporary isolation spaces/rooms for suspect cases, as well as in other public spaces of the SBCP, three times per day (in the morning, in the afternoon, and at night) and/or ad-hoc, immediately after identifying and managing the suspect case, using adequately personal protection equipment. Disinfection shall be carried out in 3 stages:
 - a. first stage – a regular disinfectant containing 0.5% sodium hypochlorite (i.e. equivalent of 5000 ppm or 1 part of bleach per 9 parts of water) on surfaces resistant to such disinfecting solutions;
 - b. the second stage and other ad-hoc situations, biocide shall be sprayed using nebulizers and sprinklers existing in the SBCP;
 - c. the third stage (recommended), disinfection shall be performed with UVC external disinfection lamps, depending on their availability in the SBCP, observing the corresponding security measures and those for persons' and IT equipment evacuation while the lamp is functioning.
4. Coordination with persons responsible for logistics in the BPS the supply of 70% alcohol-based hand rub for work places, epidemiological triage spaces and

temporary isolation spaces, as well as reserve masks for suspect cases and their contacts, and for travelers staying in SBCP closed spaces and not wearing masks;

5. Permanent airing of the service premises;
6. Requesting the services which deal with cleaning the spaces in the SBCP to clean and disinfect on regular basis the air conditioners' filters, if such are available.

6.3 MEASURES TO ENCOURAGE PHYSICAL DISTANCE AMONG PERSONS AT THE SBCP

These measures include the following actions to be undertaken by Border Police employees:

1. Performing all the travel documents' check procedures without leaving the place of work (control booth);
2. Keeping the distance of at least 1 meter between the Border Police employee and the traveler, and disinfecting the spaces, if second-line check is performed. Closed rooms and premises without ventilations will be avoided;
3. Ensuring different work flows for the SBCP/BPS personnel, so as to:
 - a. stop the rotation of personnel in the shifts of the state border control units of the BPS;
 - b. minimize or exclude the interaction between the shifts when handing-in the duties; the handing in of equipment, registers, and continuous tasks to the new shift shall be carried out by keeping the physical distance of at least 1 meter and wearing protection means (gloves, masks);
 - c. BPS Head's instructing of the new shift shall be carried out by keeping the physical distance of at least 1 meter and wearing protection means (masks, gloves);
4. Implementing rotation during one shift so as to allow the first-line Border Police employees to:
 - a. relieve stress on regular basis so as to ensure the correct and accurate enforcement of the measures included in the present SOP;
 - b. breathe fresh, clean air so as to reduce the exposure to non-sanitized environment;
 - c. maintain mental health and to recover psychologically.
5. Constant communication by the Border Police employees about the obligation for the travelers to keep the distance over 1 meter between persons (at the control booth, in the triage zone, public areas, etc.) and/or ensuring distinct marking of the distance of at least 1 meter in SBCP spaces.

6.4 MEASURES OF PERSONAL HYGIENE AT WORK AND IN COMMUNITY

The Border Police employees shall undertake the following measures:

1. Wash frequently their hands with water and soap (*see Annex 7 instructions on how to wash hands correctly*) or disinfect hands with 70% alcohol-based hand rub while carrying out their duty tasks, as follows:
 - a. before starting and after finishing the shift;
 - b. ad-hoc procedures are used during travel documents' check (using 70% alcohol-based hand rub before and after verifying the documents of every passenger);
 - c. before and after wearing disposable gloves (whenever needed);
 - d. before and after wearing protection masks;
 - e. in between carrying out different tasks (taking the waste out, managing non-sanitary devices, etc.);
 - f. immediately after using the bathroom;
 - g. before and after eating, drinking or smoking;
 - h. after sneezing, coughing or blowing the nose;
2. Avoid taking the travel documents too close to the nose, eyes or mouth;
3. Wash hands regularly with water and soap in handwashing sinks meant for this purpose, if they are available. Stop the tap in a sanitary manner (for instance, using a disposable tissue to stop the tap, using the elbow, etc.) so as to prevent recontamination of clean hands;
4. Practice respiratory etiquette: using the elbow, sleeve or disposable tissue for coughing or sneezing. The tissue paper shall be immediately disposed to the waste bin with a lid, located at a distance from the common space;
5. Avoid touching the eyes, nose and mouth at any moment, especially after touching objects which were not disinfected, such as: pens used by other persons, passports or other travel documents, office equipment and mobile and office telephones, etc.;
6. Avoid closed spaces and if and when possible, open periodically the windows for airing the office and the work place;
7. Keep the distance of at least 1 meter to other people;
8. Disinfect frequently-touched objects and surfaces;
9. Wear clean clothes and come to work with clean hair;
10. Keep the fingernails well-cut, without harsh edges and avoid own nails' biting;
11. Dry hands with disposable tissues and dispose the used tissues in waste bins with lids;
12. If personal belongings and clothes are stored in a locker room, sanitize the space before and after storing personal belongings;
13. Report immediately to the manager any flu-like symptoms, fever, diarrhea, sore throat, constant sneezing, cough, runny nose (*see Annex 2 COVID-19 infection signs and symptoms*).

6.5 MEASURES TO MANAGE AND DISPOSE HAZARDOUS WASTE

For the purpose of preventing contamination of Border Police employees with COVID-19 infection, the personal protective equipment (protective suits, protection goggles, mask, protection gloves) should be taken off and disposed of with care. As well, all solid waste generated as a result of the contact with a COVID-19 suspect case (e.g. medical masks, gloves, hygiene tissues, clothes, stationery, cups, spectacles, etc.) shall be removed and disposed of safely immediately after dealing with the suspect case. The process of collecting and disposing hazardous waste will imply the following actions to be undertaken by the Border Police employees:

1. Collect and dispose carefully the used PPE and the waste generated as a result of the contact with a COVID-19 suspect case in special bins with lids and foot pedals. The waste bins will be equipped with polyethylene yellow bags (or polyethylene bags marked with yellow), and will be marked and labeled with the following information: category of collected waste (infectious waste), sticker *BIOLOGICAL THREAT*, container's capacity, modality of use, line for maximum filling-in level, name of the SBCP using the container, the responsible persons to manage it, etc. The polyethylene bags in which waste is collected should be disposable and shall be disposed of together with their content.
2. Place the bin with hazardous waste in an isolated place within the SBCP/BPS AIC, away from the work space, with restricted access and separately from the bin meant for domestic waste.
3. Set the date and the hour when the content of the bin will be taken by the appointed employee of the BPS, for centralized collection of waste at the BPS or by the contracted company to collect, transport, and dispose hazardous waste.
4. Appoint a responsible employee in the SBCP trained in safe management of hazardous waste (collecting, packing and transporting), including for monitoring the collection of the bag/bin with hazardous waste without significant delays.

7. Maintaining security in the context of COVID-19 pandemic

In spite of the continuously evolving situation related to COVID-19 spread, the Border Police and relevant authorities continue their ordinary activity of managing security and monitoring the border (e.g. combatting terrorism, combating fraud in identity documents, smuggling of persons, and trafficking in persons, etc.). Hence, during the interaction with suspects of committing crimes, the Border Police employees shall undertake measures and actions to protect against contamination with COVID –19 virus of the respective persons, the employees involved in the operation, as well as other travelers and/or apprehended persons:

1. Wear protective equipment (at least the medical mask and protection gloves) and avoid touching the suspects, asking them to take out by themselves the things from their pockets when performing the body search. If a closer contact is needed with the retained person presenting COVID-19 infection signs and symptoms, full PPE shall be used;
2. Provide the suspects with access to hygiene products (alcohol-based hand rub, medical masks, etc.);
3. When communicating with foreigners – suspects of committing crimes, information shall be provided about all related procedures, legal provisions in force and public health risks related to COVID-19 infection in a language of international use or will use existing translation apps (e.g. Google translate or MITA);
4. Coordinate with relevant medical-sanitary authorities so as to provide them the necessary healthcare services.

As well, in eventual situations of not observing the rules of conduct imposed under the additionally established regime at the SBCP in the context of preventing the danger related to COVID-19 infection spread, or in case of other conflict or crisis situations, but also for establishing and investigating the committed violations, the following actions shall be undertaken in the SBCP:

1. The intervention of the head of the shift / superior of the patrol shall be requested and, if needed, the involvement of the Group for Intervention and Management of Situations in the SBCP. The composition of the respective Group shall be established individually, depending on the risks for situation escalation in every SBCP, but not fewer than three persons. The Group will wear PPE (protective suits, mask, gloves, protection goggles or face shield) and will be endowed with basic equipment, depending on the specific situation to be tackled. At least one member of the Group will have a Body Camera, HSW-LCR-02.

2. The documentation of cases, including for the need to hold liable the persons for committed offence or crime according to the relevant provisions of the Contravention Code and Criminal Code, shall be carried out in a separate zone away from the flow of travelers, depending on the infrastructure available in the SBCP, so as to avoid the contamination of duty premises.
3. Other previously applied rules and legal provisions in force shall be observed.

8. Persons' protection and observance of human rights in the context of COVID-19 pandemic

The COVID-19 related crisis continues to generate stigmatization and discrimination, with a number of racism and xenophobia cases already being registered. Everybody – travelers, Moldovan citizens, foreigners, and Border Police employees – is exposed to the risk of being infected with COVID-19 with no discrimination.

Hence, all the relevant authorities present at the SBCP should keep public order and ensure observance of human rights during the border crossing control procedures and border management actions. In this respect, the Border Police employees shall undertake the following actions:

1. Treat all travelers with no discrimination, in a similar way, regardless of age, gender, nationality, religion or physical characteristics;
2. Provide access to hygiene products (alcohol-based hand rub, medical masks, etc.) to all travelers needing them and provide support, equal and dignified treatment to all persons suspected with COVID-19 infection;
3. Discourage and combat actively and pro-actively misinformation among travelers or discrimination of travelers at any moment, including during their service;
4. Facilitate continuous access to protection for asylum seekers/other forms of international protection, who have fled from war or persecution, as well to victims of trafficking in human beings and victims of other exploitation forms, in line with the legislation in force and international conventions to which the Republic of Moldova is a part and the best international practices;
5. Treat with no discrimination and in a similar manner all the above-mentioned vulnerable groups suspected with COVID –19 infection.

9. Occupational health, state of well-being and first psychological help

As first-line workers combating the spread of COVID – 19 infection in the SBCP, the Police Border employees face stressful situations at work. Any stress, as well as other negative feelings (work-related anxiety, fear, excessive self-concern, as well as concern for family and children, fatigue and burnout, anger, confusion, hypersensitivity) emerging in the context of the crisis situation is actually a natural thing in the current reality.

To prevent the contribution of these emotions to deviant behavior (sleep impairment or diet disorders, concentration difficulties, mental health worsening, excessive use of alcohol, drugs or cigarettes, etc.), the Border Police employees shall undertake actions contributing to a state of well-being:

SELF-CARING:

1. Inform yourselves only from trustful sources about the risks related to COVID – 19 infection, and protection measures applicable to you and your relatives;
2. Avoid tracking constantly the news on COVID – 19 and limit yourself to verifying the news 1–2 times per day;
3. Avoid unhealthy strategies for combating stress (use of cigarettes and alcohol);
4. Take care of your health by: having enough sleep and rest between the shifts, healthy diet, physical activity and exercises;
5. Be active from social point of view and communicate frequently with your family (on social media, via telephone, e-mail), by maintain physical distance;
6. Do not hesitate to call upon a close person (colleague, friend, family member) for assistance and emotional support, when dealing with a stressful situation;
7. Call upon psychological assistance available within Regional Divisions.

CARING FOR OTHERS:

1. Make up a routine/a list of activities for your personal development, but also for spending interesting time with your family and children, when not being on duty or being in self-isolation; the implementation of such activities creates a state of well-being;
2. Take care of your close relatives, elderly ones, by sharing with them trustful information about ways of reducing the risk of getting infected;
3. Get involve in creative activities together with children to teach them how to process and express their emotions, to learn about COVID – 19 and about healthy routine in self-isolation;
4. Help the persons from your environment (family, neighbors, friends, colleagues);

5. Provide psychological support to those in need (family, friends, stressed travelers), in premises which would inspire the feeling of safety and privacy, and observing persons' dignity, and using the following strategies:
 - a. Asking about the person's needs and concerns, providing assistance in needs' prioritization (which need is the most important now), suggesting practical pieces of advice;
 - b. Active listening without pressing the person to talk, by: focusing on details, keeping the eye contact, talking calmly, approving what is being said, and accepting emotions;
 - c. Calming down and comforting persons;
 - d. Offering information and suggesting useful services;
 - e. Protecting the persons from self-injuries and intended injuries from other persons.

Annex 1

WHAT IS COVID – 19?



WHAT IS A CORONAVIRUS

Coronaviruses are a large family of viruses which may cause illness in animals or humans. In humans, several coronaviruses are known to cause respiratory infections ranging from the common cold to more severe diseases.

WHAT IS A COVID-19?

COVID-19 is the infectious disease caused by the most recently discovered coronavirus ("CO" stands for corona; "VI" for virus; "19" the year in which it appeared). This new virus and disease were unknown before the outbreak began in Wuhan, China, in December 2019.

WHAT ARE THE SYMPTOMS OF COVID-19?

The most common symptoms of COVID-19 are fever, tiredness, and dry cough. In more severe cases, infection can cause pneumonia, severe acute respiratory syndrome and even death.

IS THERE A VACCINE, DRUG OR TREATMENT FOR COVID-19?

Not yet. To date, there is no vaccine and no specific antiviral medicine to prevent or treat COVID-2019. However, those affected should receive care to relieve symptoms.

People with serious illness should be hospitalized. Most patients recover thanks to supportive care. Possible vaccines and some specific drug treatments are under investigation.

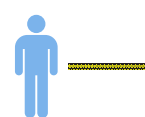
WHO IS AT RISK OF DEVELOPING SEVERE ILLNESS?

While we are still learning about how COVID-2019 affects people, older persons and persons with pre-existing medical conditions (such as high blood pressure, heart disease, lung disease, cancer or diabetes) appear to develop serious illness more often than others.

WHAT CAN I DO TO PROTECT MYSELF AND PREVENT THE SPREAD OF DISEASE?

YOU CAN REDUCE YOUR CHANCES OF BEING INFECTED OR SPREADING COVID-19 BY TAKING SOME SIMPLE PRECAUTIONS:

- Regularly and thoroughly clean your hands with an alcoholbased hand rub or wash them with soap and water, because these actions kill viruses that may be on your hands.
- Keep a safe distance of at least 1 metre (3 feet) from people. The virus is contained in saliva droplets and can be transmitted by breathing at close range, particularly when they cough, sneeze or have a fever.
- Avoid touching eyes, nose and mouth, because hands touch many surfaces and can pick up viruses. Once contaminated, hands can transfer the virus to your eyes, nose or mouth. From there, the virus can enter your body and can make you sick.
- Make sure you, and the people around you, follow good respiratory hygiene. This means covering your mouth and nose with your bent elbow or tissue when you cough or sneeze. Then dispose of the used tissue immediately.
- Why? Droplets spread virus. By following good respiratory hygiene you protect the people around you from viruses such as cold, flu and COVID-19.
- Avoid shaking hands and hugging, for the reasons mentioned above. Stay at home as much as possible, following the rules indicated by the authorities. If you have a fever, cough and difficulty breathing, seek medical attention and call in advance. This will allow your health care provider to quickly direct you to the right health facility. This will also protect you and help prevent spread of viruses and other infections.



All the measures included in the present leaflet follow what established by the world health organization (WHO)

IOM Coordination Office for the Mediterranean

www.italy.iom.int

Annex 2

MEASURES FOR RISK ASSESSMENT AND SELF-PROTECTION (SCHEME)



SIGNS AND SYMPTOMS:

FEVER, COUGH, RUNNING NOSE, SORE THROAT, SHORTNESS OF BREATH



With no
signs and
symptoms

With no
travel
history

With no
close
contact

GROUP WITH NO RISK

How to protect yourself:

- Wash hands frequently with water and soap / alcohol-based gel
- Wear hygienic mask
- Avoid crowded places



With
signs and
symptoms

With no
travel
history

With no
close
contact

GROUP WITH LOW RISK

How to protect yourself:

- Wash hands frequently with water and soap / alcohol-based gel
- Wear hygienic mask
- Avoid crowded places

May be infected with common flu, seasonal flu

If your condition does not improve in 48 hours, consult a doctor



With no
signs and
symptoms

With travel
history

With close
contact

GROUP WITH MEDIUM RISK

How to protect yourself:

- Self-isolate at home for 14 days and do not share personal belonging with others
- Wash hands frequently with water and soap / alcohol-based gel
- Wear hygienic mask
- Limit contact with other persons

If disease symptoms appear, inform immediately your supervisor and ask for medical advice



With
signs and
symptoms

With travel
history

With close
contact

GROUP WITH HIGH RISK

How to protect yourself:

- Avoid close contact with other persons
- Wear hygienic mask
- Wash hands frequently with water and soap / alcohol-based gel before and after wearing the mask

Consult immediately a doctor and inform your family doctor!!!

Annex 3

SITUATIONS FOR IDENTIFYING THE CONTACTS OF PERSONS SUSPECTED WITH COVID – 19 INFECTION

Context	Specific contact, depending on context
Household or social/ community contacts	<ul style="list-style-type: none"> • Face-to-face contact with a COVID – 19 case at a distance of 1 meter and for > 15 minutes • Direct physical contact with a person infected with COVID – 19 • Taking care of a person infected with COVID-19, without using adequate personal protective equipment • Any other persons living in the household
Closed premises, as dwelling building and other closed/religious spaces (prisons, shelters, hostels)	<ul style="list-style-type: none"> • Face-to-face contact with a COVID – 19 case at a distance of 1 meter and for > 15 minutes • Direct physical contact with a person infected with COVID – 19 • Taking care of a person infected with COVID-19, without using adequate personal protective equipment • Sharing a room, table, other space with a confirmed COVID – 19 case • If it is difficult to assess the contact's events, a wider definition may be used so as to ensure that all the dwellers, especially those with high risk, as well as the personnel, are monitored and scanned
Public or common transport	<ul style="list-style-type: none"> • Anyone at the distance of 1 meter from a person infected with COVID – 19 and for > 15 minutes • Direct physical contact with a person infected with COVID – 19 • Travelling close (<1 m) to a COVID-19 patient in any modality (passengers seating 2 rows in front/ behind/aside and those from the row of the symptomatic person) and other close contacts (e.g. colleagues, relatives, friends from the means of transportation, the crew of the train, ship, airplane)
Other well-defined close environments and meetings (religious places, place of work, school, private social events, meetings)	<ul style="list-style-type: none"> • Anyone at the distance of 1 meter from a person infected with COVID – 19 and for > 15 minute • Physical direct contact with a person infected with COVID – 19 • When it is difficult to assess the events, during the local risks' assessment, anyone in close environment to the person infected with COVID – 19 may be taken into consideration

Annex 4

PARAMETERS RECOMMENDED FOR THE ROOM MEANT FOR ISOLATING THE PERSONS SUSPECTED WITH COVID-19 INFECTION (ACCORDING TO WHO)

1. The room should be ventilated, for instance, the doors and windows should be open, if possible, or negative-pressure ventilation should be ensured.
2. The parameters of the room should allow the distance of at least 1 meter between the persons staying in the room.
3. The room should be equipped with a bathroom. If this is not possible, it is necessary to appoint a bathroom for persons suspected with COVID –19 infection;
4. The room should be equipped with bed, table, chairs ***made of plastic or any other water-resistant material so as to be easy to clean***, waste bin of closed type;
5. The room should be equipped with a washbasin for washing hands. If this is not possible, to provide wet towels, dry towels, and 70% alcohol-based sanitizer;
6. Drinking water should be ensured.

Эпидемиологическая
карта для пассажиров
и путешественников

Pentru note de serviciu
For service use/Для служебных заметок

- Prin prezenta, mă oblig să monitorizez la locul de trai termometria de trei ori pe zi iar la apariția unor semne/simptome de viroze voi apela imediat medicul de familie. Datele din fișă corespund realității și sunt veridice. Declar pe propria răspundere că următoarele 14 (paisprezece) zile mă voi afla la autoizolare pe adresa indicată în fișă. Am fost informat despre răspunderea contravențională sau penală pentru nerespectarea regimului de autoizolare.

Semnătura/Signature/Подпись

Annex 6

HOW TO TAKE WHOLE BODY TEMPERATURE

TAKING BODY TEMPERATURE WITH A CONTACTLESS, INFRARED, DIGITAL THERMOMETER

1. Infrared digital thermometer is used in any indoor space with ambient temperature from 10° C to 30 ° C.
2. The temperature is measured with the help of the infrared detector which is placed at the forehead level at a distance of 5–15 cm; the hand of the border policeman being stretched forth to the forehead.
3. Before measuring the temperature, it is necessary to remove hair and transpiration from the forehead.
4. The temperature-detection period is 3 seconds after pressing the button which looks like a weapon trigger.
5. When detecting a temperature higher than 38 ° C, a warning sound is generated.
6. The detector infrared waves' emitter should be kept clean, avoiding any digital print on it. It is prohibited to expose/use the equipment under the direct sunlight or rain.

TAKING BODY TEMPERATURE WITH CONTACTLESS MANUAL THERMAL-IMAGING CAMERA

1. The manual thermal-imaging camera is used in any indoor and outdoor spaces with ambient temperature from -20C to +550C (the error is only of 0,5°C).
2. The temperature is measured with the help of the infrared detector placed at the level of the forehead at a distance of 1 meter from the screened person, the hand of the border policeman being stretched forth to the forehead.
3. The temperature-detection period is a couple of seconds.

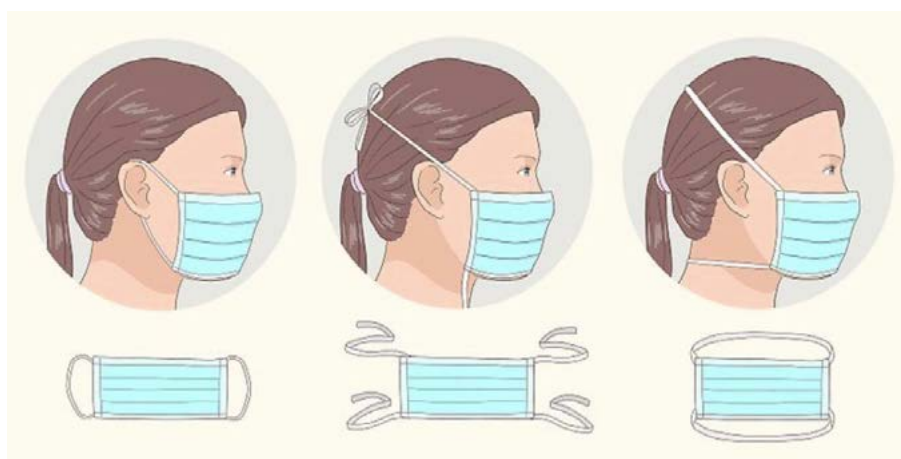
TAKING BODY TEMPERATURE WITH CONTACTLESS THERMOGRAPHIC CAMERA

1. Scanning is performed individually for each traveler separately.
2. The traveler is positioned facing the camera's lens at a distance of 1,5–1,7 meters.
3. If the traveler is detected with fever, the body temperature should be taken repeatedly with an infrared digital thermometer.

Annex 7

HOW TO PUT ON, USE, AND REMOVE A MEDICAL MASK

1. Before touching a clean medical mask, wash your hands with water and soap for 30 seconds.
2. Take the clean mask and verify it for liquid drops or holes.
3. Find the upper part of the mask, with the metallic frame at the edge and turn the mask with the corresponding side towards the outside (the colored side).
4. Put the mask on the face, depending on its type (with or without straps), according to the images below:
 - a. Examples of medical masks:



- b. Mask with laces



1
Tie the upper laces behind the upper part of the head



2
Tie the lower laces at the throat basis



3
Fix the metallic frame of the mask to fit the nose



4
Be sure that the mask covers the nose, mouth and chin, so as to fit snugly against the side of the face



5
Change the mask every 4 hours or if it becomes wet or damaged

5. Press the metallic frame or the rigid part of the mask to fit it to the nose.
6. Pull the bottom part of the mask so as to cover the nose, mouth and chin.
7. After being used, remove the mask by pulling first the straps which go around the ears (in case of a mask with laces, untie the laces), and afterwards the rest of the mask.
8. While removing the mask, be careful not to touch clothes and surfaces, and avoid touching the surroundings with the potentially contaminated mask.
9. After being used, dispose immediately the mask in a waste bin of closed type, meant for biological waste and located away from the usual working space.
10. Wash thoroughly your hands with water and soap after touching or discarding the used mask.

Note: During the duty shift of 12 hours, the Police Border employees may use 5 masks. If needed, they may request additional masks from the head of the shift/superior of the patrol. It is necessary to take into consideration the masks needed for the suspect cases, if they do not have a mask.

WHAT TO DO AND WHAT NOT TO DO WHEN USING THE MASK

1. Change regularly the mask, every 4 hours.
2. Change immediately the mask, if it is wet or becomes soiled with secretions.
3. Do not touch or handle the outside part of the mask while using it.
4. Do not wear the mask covering only the mouth and chin, without covering the nose.
5. Do not wear a wet mask or a mask full of holes.
6. Do not wear a mask that is too wide.

HOW TO USE A NONMEDICAL FABRIC MASK

1. Before touching a nonmedical mask, wash your hands with water and soap, for 30 seconds.
2. Take the mask and verify it not to be soiled or damaged.
3. Adjust the mask on the face, without leaving any holes on the sides.
4. Place the mask for it to cover the nose, mouth and chin.
5. Avoid touching the outside part of the mask while using it.
6. Wash your hands before taking off the mask.
7. After using the mask, take it off by pulling first the strips from around the ears, and afterwards the rest of the mask.
8. Remove the mask by keeping it away from the face and clothes, so as to avoid contamination.
9. Keep the mask in a clean plastic bag, if the mask is not soiled or wet, and you plan to reuse it.
10. When taking the mask out from the bag to be reused, pull it out by its straps.
11. Wash the mask with detergent or soap, preferably with hot water, at least once per day.
12. Wash well your hands with water and soap after touching or taking off the mask.

Note: The nonmedical fabric mask does not protect you sufficiently from potentially getting infected by other persons, it only protects the people around you, hence the use of such mask is not recommended during the duty shifts. To protect yourselves additionally, keep the physical distance of at least 1 meter between persons, wash your hands regularly and avoid touching the outside part of the mask.

HOW TO PUT ON, USE, AND REMOVE PROTECTIVE GLOVES

PUTTING ON PROTECTIVE GLOVES

1. Before putting on the gloves, wash your hands with water and soap for 30 second.
2. Put your right hand into the glove. The glove is pulled with the left hand. Further touch only the inside part of the glove.
3. Even though the right glove is not perfectly adjusted (is not sufficiently pulled up to the forearm or the fingers did not fit correctly), it is left for time as it is. The glove is not adjusted so as not to compromise its sterility. The glove is pulled completely after putting on the second glove.
4. The left glove is taken with the right hand (sterile), touching only its outside part (sterile). The right II-V fingers are used, being introduced under the edge of the collar of the glove.
5. The left hand is introduced into the glove. The glove is pulled with the right hand carefully so as not to touch the inside part of the left hand with the right hand.
6. The left glove is completely put on.
7. Touching only the outside part, the glove is being adjusted.

Note: During the duty shift of 12 hours, the Police Border employees may use 3–5 pairs of gloves. If needed, they may request additional pairs of gloves from the head of the shift / superior of the patrol.

REMOVING PROTECTIVE GLOVES

1. The protective gloves shall be changed frequently, including immediately after managing every suspect case of COVID – 19.
2. After being used, the gloves shall be removed by grasping the edge the first glove with the hand from the outside part and discarding it to a waste bin of closed type, meant for biological waste. Afterwards the edge of the second glove is grasped with the free hand from the inside part, removing it carefully and discarding it to the same waste bin, according to the images below.



3. After removing the gloves, the hands are washed again for 30 seconds, even if the gloves do not present visible damages after the fulfilled activity.
4. Single-use gloves shall not be reused, cleaned or disinfected.

HOW TO PUT ON AND REMOVE PERSONAL PROTECTIVE EQUIPMENT (PPE)

THE PPE IS PUT ON ACCORDING TO THE FOLLOWING CONSECUTIVE STEPS:

1. Wash your hands thoroughly with water and soap for 30 seconds.
2. Put on the protective suit in a room which is specially meant for storing, putting on and taking off carefully the PPE.
3. Put on the protection mask.
4. Undertake the seal check, individually, for the mask to cover appropriately the airways.
5. Put on the hood (if it used).
6. Put on the protection goggles or the face shield.
7. Put on the gloves, ensuring that gloves cover the suit sleeves.
8. The protective suit may be used all over the duty shift, maximum for 12 hours.

TO PREVENT SELF-CONTAMINATION WITH THE COMPONENT PIECES OF THE PPE OR WITH THE SOILED HANDS, THE REMOVAL OF THE PPE SHALL FOLLOW THE BELOW CONSECUTIVE STEPS:

1. Leave the epidemiological triage, isolation or quarantine zone.
2. Remove the PPE in the premises specially meant for storing, putting on and removing carefully the PPE, which are equipped with a special waste bin with lid and pedal, to collect the used PPE. If such premises are missing, the PPE shall be removed in an isolated place, avoiding personal contamination, as well as that of persons, colleagues, and working environment.
3. Initially the most contaminated piece of the PPE shall be removed. Remove the protective gloves by rolling them from the inside part to the outside part and discard them in the waste bin of closed type.
4. Wash your hands with water and soap or alcohol-based hand rub with a concentration of at least 70% ethanol.
5. Remove protection goggles or face shield, pulling it by the behind part and discard them to the waste bin of closed type. If these pieces are reusable, place them in the decontamination container.
6. Remove the mask by pulling it by the strips from around the ears (or untying the laces of it is a mask with laces), without touching the outside part of the mask (which may be contaminated) and discard it to the waste bin.
7. Wash your hands with water and soap or alcohol-based hand rub with a concentration of at least 70% ethanol.
8. Avoid any contact between PPE and clothes, and surfaces outside the epidemiological triage, isolation or quarantine zones.
9. Collect the used equipment in special sealable bags and discard them to the waste bin meant for collecting, transporting and disposing hazardous waste.

Annex 8

INSTRUCTIONS ON HOW TO CORRECTLY DISINFECT AND WASH HANDS



Apply minimum 3 ml of hand sanitizer, covering also the joints, and rub the hands.



Rub with right palm over left dorsum with interlaced fingers and vice versa. Clasp your fingers.



Rub with backs of fingers to opposing palms with fingers interlocked



Rub palm to palm with fingers interlaced



Rotational rubbing of the left thumb clasped in right palm and vice versa



Rotational rubbing, backwards and forwards with clasped fingers of right hand in left palm and vice versa.

Reaction time: about 30 seconds

Annex 9

TRANSLATION APPLICATION OF THE INTERNATIONAL
ORGANIZATION FOR MIGRATION, MITA



