

COVID-19 Rapid Assessment of Point of Entry Capacity (RAPC)

Purpose: To provide a qualitative assessment tool for determining public health needs and capabilities at a point of entry (POE) to address Coronavirus Disease 2019 (COVID-19) preparedness and response. This qualitative assessment tool is meant to complement other more quantitative tools for POE assessment.

Audience: The primary audience for this assessment tool is ministry of health and port health leaders, as well as national and local stakeholders associated with all POE types.

Background: There are many considerations for determining whether public health capacities are sufficient at a POE, particularly regarding COVID-19. The increasingly globalized economy, and ease and speed of worldwide travel have increased the international spread of communicable diseases like COVID-19. Communicable diseases can spread rapidly via air, sea, or ground transportation, making interventions at POE essential in limiting the spread of communicable diseases across borders. Public health screening for COVID-19 at POE can be resource intensive and, if done, should be flexible allowing measures to be scaled up or down according to the needs of POE, surrounding region and country, and status of the pandemic. Additionally, surveillance at POE is most useful in detecting overtly ill travelers; it will miss a majority of travelers with asymptomatic (no symptoms) or pre-symptomatic (before symptoms develop) COVID-19 if they do not report a recent exposure on a health declaration form. Screening may also miss symptomatic travelers if they have taken steps to hide their symptoms (e.g. medication to reduce fever or suppress cough). If detection of ill travellers is occurring at the POE, there should be procedures in place for management at the POE and referral to a designated healthcare facility if medical care is needed. Interventions at POE should ideally include risk communication, infection prevention and control, and other mitigation efforts to the extent possible.

Routinely assessing the needs and capabilities is critical for identifying and implementing the most appropriate actions at each POE to reduce the spread of COVID-19. Leadership can use the Rapid Assessment of POE Capacity (RAPC) tool for COVID-19 to assess current capacities and accessibility of public health screening, testing, surveillance, and mitigation strategies at the POE level.

Methodology: Leadership at the POE can serve as an evaluator and use the RAPC tool to facilitate a discussion with key stakeholders to assess capabilities with regards to surveillance, screening (if being done), testing (if being done), and mitigation efforts for COVID-19 at a POE and in the surrounding border regions. The information collected, by phone or during a site visit, can inform the design or modification of intervention strategies such as screening, testing, or activation level of POEs.

This document also includes suggested approaches for interpreting results and developing responsive action plans after completing the RAPC.

Impact: RAPC evaluators and POE stakeholders can develop tailored POE-level action plans to strengthen COVID-19 preparedness and response capacities. Assessment results are not meant to be used as a justification or checklist for opening or closing a POE. The tool is meant to provide a qualitative assessment about the current capabilities and capacities at the POE. Public health leadership can use these qualitative results in conjunction with other, relevant data sources including the epidemiologic context of the pandemic globally, regionally, nationally, and locally to adjust mitigation efforts at POE.

POE stakeholders can contact the U.S. Centers for Disease Control and Prevention (CDC) Global Border Health Team (GBHT) at gbht@cdc.gov for technical assistance with developing standard operating procedures (SOPs) or addressing any gaps noted during the assessment.



U.S. Department of
Health and Human Services
Centers for Disease
Control and Prevention

COVID-19 Rapid Assessment of POE Capacity

POE Assessment

1. Date: _____

2. Evaluators (Name, job title):

POE Characteristics

1. What is the name of the POE? _____

a. What type of POE is it? Ground crossing Port Airport

2. Approximately how many people pass through the POE daily? _____

3. Approximately how many staff does the POE employ? _____

4. Is the POE open 24 hours, 7 days a week?

Yes No

5. Please describe where this POE is located.

6. What stakeholders are represented at this POE (Agencies):

7. What is the referral healthcare facility associated with this POE?

a. How far away is the referral healthcare facility from the POE (distance and time it takes to get there)?

Preparedness and Response Capabilities

As part of the International Health Regulations (IHR 2005), each designated POE is required to have a public health emergency contingency plan in order to respond to a public health event. Results for the preparedness and response capabilities section will help public health leadership to assess the current capacities of the POE to respond to a communicable disease by reviewing the plan and standard operating procedures (SOPs) for the POE. Using this section, the RAPC evaluator will assess the familiarity of POE staff with the plan and SOPs and identify gaps in relevant capacities. If RAPC respondents provide insufficient responses to the questions in this section, the RAPC evaluators should help the POE develop an action plan. The action plan should include the creation or refinement of SOPs and training of staff on SOPs for detection and notification of communicable diseases.

1. Does the POE have a public health emergency response plan (PHERP) in place for the detection and management of ill travelers who might have communicable diseases, like COVID-19? If no, skip the rest of this section.

Yes No

2. Does the POE have standard operating procedures (SOPs) in place to notify the appropriate authorities if an ill traveler is detected and a communicable disease, like COVID-19, is suspected?

Yes No

a. If yes, who is notified?

b. How is the notification made?

3. Are POE staff available to implement SOPs?

Yes No

a. If yes, have current POE staff (health and non-health) been trained within the last 6 months on the SOPs?

Yes No

4. Do staff have sufficient supplies (e.g., non-contact thermometers with batteries, forms, PPE) to implement the SOPs at the POE for at least one more month?

Yes No

Illness Response Capacities

The illness response capacity section characterizes current capabilities of the staff at POE for detecting individuals presenting with signs and symptoms of a communicable disease, like COVID-19. If screening for COVID-19 is in place at the POE, the POE should have adequate supplies for conducting screening procedures and an isolation space that allows for the separation of ill persons from others. The POE also needs to have an SOP that explains how an ill person will be managed, including transportation from the POE to a designated healthcare facility, if indicated. If RAPC respondents provide insufficient responses to the questions in this section, the RAPC evaluators should help the POE develop an action plan. The action plan should include the creation or refinement of SOPs, or training of staff on SOPs for detection and notification of communicable diseases.

1. What public health measures are currently in place at the POE for detecting COVID-19?

2. If conducting screening, what equipment is the POE currently using for screening (e.g. handheld noncontact thermometer, thermal scanner, health declaration forms)?

3. What other equipment is currently available and used at the POE during response to an ill traveler? (e.g. handwashing supplies, PPE)

4. Does the POE have a designated isolation area where ill persons can wait comfortably without risk of exposing others before transfer to a healthcare facility (if indicated)?

Yes No

a. How accessible is the designated isolation area? (i.e., can the sick individual be taken to the designated location without having to move through a crowded location)

b. Does the isolation area have access to toilet and handwashing facilities that can be dedicated to the ill traveler?

Yes No

c. What equipment (e.g. PPE, thermometer, basic first aid supplies, chair or bed for the ill traveler) does the designated isolation area have?

5. Is there a designated referral healthcare facility?

Yes No

a. If yes, what is the facility?

b. What is the process to transfer care of an ill traveler from the POE to the designated referral healthcare facility?

6. Does the POE have a SOP on managing and transferring an ill person to a designated referral healthcare facility?

Yes No

a. If yes, have the POE staff been trained on the SOP?

Yes No

Testing Capacities and Use of Test Results

The testing capacity section assesses the current use of COVID-19 test results at the POE. If testing is being done, the type of test and process for preparing the specimen will directly impact the equipment needed for storing test kits or reagents or completing the test. If RAPC respondents provide insufficient responses to the questions in this section, the RAPC evaluators should help the POE develop an action plan. The action plan should include the creation or refinement of SOPs, or training of staff on SOPs for detection and notification of communicable diseases.

1. If screening is being conducted at the POE, do the screening procedures require a negative COVID-19 test result from a traveller to allow him or her to proceed?

Yes No

b. If yes, what agency is responsible for reviewing the test results?

c. What is the time frame during which the test must be performed before travel?

d. What types of test methods are accepted?

2. If a traveller has no test results, what is the process?

3. Does this POE offer testing for the virus that causes COVID-19 (SARS-CoV-2)?

Yes No

If yes, what type? _____

4. If a traveller has a positive result, what is the process?

5. If travellers must wait for a test result, where do they wait?

Surveillance Capacities

The surveillance capacity section assesses the current surveillance procedures in place at the POE to report to the national surveillance system any individuals who have passed through the POE and were identified as an alert (potentially ill traveler). POE staff should communicate regularly with the national surveillance system and include any priority information collected at the POE, including any test results, if available. If RAPC respondents provide insufficient responses to the questions in this section, the RAPC evaluators should help the POE develop an action plan. The action plan should include the creation or refinement of SOPs, or training of staff on SOPs for detection and notification of communicable diseases.

1. What traveller information is being collected at the POE?

2. To whom is traveller information collected at the POE directly reported? Check all that apply.

- National Border Health Unit
- Emergency Operations Center
- Laboratory system (if testing is conducted at the POE)
- Local Level (local healthcare facility, local surveillance officer, etc.)
- Intermediate Level (regional referral hospital, regional medical officer, etc.)
- National Level (Ministry of health surveillance department, etc.)

3. Is information about a traveler identified as ill at the POE accessible in the local or national public health surveillance system?

Yes No

4. Are lab results, especially those that become available after the traveler has passed through the POE, linked to the traveler in the surveillance system (including negative results)?

5. What agencies are responsible for coordinating surveillance efforts at the POE?

Risk Communication and Community Mitigation

This section assesses the current communicable disease mitigation efforts at the POE such as travel advisories, face mask requirements, and social distancing efforts. Community mitigation efforts contribute to preventing the spread of COVID-19 and other communicable diseases at the POE. If RAPC respondents provide insufficient responses to the questions in this section, the RAPC evaluators should help the POE develop an action plan. The action plan should include the creation or refinement of SOPs, or training of staff on SOPs for detection and notification of communicable diseases.

1. Does the POE have capabilities to display or distribute risk communication materials? Yes No

a. If yes, what communications are being used? Are communication efforts focused on all populations, travellers, or both?

All populations Travellers Both

2. Does the POE routinely have or distribute communications materials about COVID-19 to travelers? Yes No

3. What other community mitigation efforts are being deployed by the POE (e.g. handwashing, face masks required, social distancing)?

4. How are the community mitigation efforts being enforced (e.g. masks provided at POE, social distancing signage and markings at POE)?