



**FSM DEPARTMENT OF HEALTH &
SOCIAL AFFAIRS**

SEXUAL HARASSMENT AND RESPONSE POLICY

 **(691) 320-4682/4683/2619**

 **P.O BOX PS-70 PALIKIR, FM 96941**

 **[HTTPS://HSA.GOV.FM](https://hsa.gov.fm)**

Table of Contents

Policy statement	1
Scope	1
Definition	1
Principles	2
Sexual Harassment Contact Officers (SHCOs) and Designated Investigators	4
1. Appointment and Term of Sexual Harassment Contact Officers	4
2. SHCOs who are designated investigators	5
3. Roles of Sexual Harassment Contact Officers (SHCOs)	5
4. Mandatory training and qualifications	5
5. Conflicts, recusal and workload.....	6
6. Accessibility and publication	6
7. Accountability.....	6
8. Termination and Replacement	7
Complaint procedures	7
1. Initial Intake by Sexual Harassment Contact Officer (SHCO)	7
2. Informal Resolution: Optional at Complainant’s Request and Where Appropriate.	7
3. Formal Investigation	8
4. External reporting and cooperation with authorities.....	9
Remedies and disciplinary measures.....	9
Appeals	11
Support and interim measures.....	12
External reporting.....	13
Prevention, training and communication	13
Monitoring and review	14
Data Storage, Privacy and Confidentiality.....	15
Responsibilities	16
1. Employees	16
2. Managers and Supervisors	16
3. Compliance with Law and Policy	16
Effective date	16
ANNEX: FORMS, CHECKLISTS AND TRAINING ATTACHMENTS — FSM DEPARTMENT OF HEALTH AND SOCIAL AFFAIRS SEXUAL HARASSMENT POLICY	17
A. GENERAL INSTRUCTIONS	17
B. FORMS.....	17
C. QUICK OFFICER GUIDANCE & CHECKLISTS	27
Terms of Reference — Sexual Harassment Contact Officers (SHCOs)	28

Policy statement

The FSM Department of Health and Social Affairs (DHSA) is committed to a safe, respectful, and professional workplace for all staff, clients, contractors, and visitors. DHSA maintains zero tolerance for sexual harassment. All allegations will be taken seriously, handled promptly, impartially and with the highest practicable confidentiality consistent with legal obligations and safety. DHSA will protect complainants, respondents, witnesses and Sexual Harassment Contact Officers (SHCOs) from retaliation and will apply proportionate remedies and disciplinary measures where appropriate.

Scope

This policy applies to conduct by all FSM Department of Health and Social Affairs staff (permanent, temporary, casual employees, and interns, contractors, and volunteers), visitors and third parties while on DHSA premises, or during DHSA activities, including travel, training, conferences, and social events.

Definition

Sexual harassment is any unwelcome conduct of a sexual nature that offends, humiliates, intimidates, or creates a hostile work environment. Cultural practices, customs, or claims of misunderstanding do not excuse conduct that the recipient reasonably perceives as sexual and unwelcome. It is prohibited whether intentional, or the result of repeated conduct after the recipient has said it is unwelcome. Consent must be voluntary, informed and can be withdrawn at any time. The absence of consent, or any behavior that reasonably causes discomfort, humiliation, or a hostile work environment, will result in disciplinary action under this policy. Hostile work environment in this policy is assessed from the perspective of a reasonable person in similar circumstances.

Sexual harassment includes, but is not limited to:

Physical sexual harassment is any unwelcome or unwanted physical conduct of a sexual nature that offends, humiliates, intimidates, or creates a hostile work environment. Physical sexual harassment includes but is not limited to:

- Non-consensual physical contact, hugging, kissing, or brushing against another person's body;
- Grabbing, groping, fondling, or other nonconsensual contact with intimate areas;
- Sexual assault or attempts to commit sexual assault; or
- Coercing, forcing, or pressuring another person to engage in sexual acts or sexual activity.

Physical sexual harassment is prohibited, whether intentional or resulting from repeated conduct after the recipient has indicated it is unwelcome. Consent must be clear, voluntary, and may be withdrawn at any time.

Verbal sexual harassment is any spoken, written, or electronic communication of a sexual nature that is unwelcome or unwanted and that creates, or reasonably could create, a hostile, intimidating, or offensive work environment. This includes communications made in person, by phone, voicemail, email, text, messaging apps, social media, or other platforms. It includes, but is not limited to:

- Sexual comments or remarks about a person's appearance, body, clothing, or sexual life;
- Sexual propositions or requests for sexual favors, including repeated or persistent invitations after being refused;
- Sexual jokes, stories, innuendo, or sexually explicit banter that is unwelcome;
- Sexual insults, slurs, or derogatory remarks related to sex, gender, or sexual orientation;
- Repeated flirting or advances after notice they are unwelcome.

Non-verbal sexual harassment includes but is not limited to:

- Unwelcome non-spoken conduct of a sexual nature that creates a hostile, intimidating, or offensive environment.
- Sexually suggestive body language or gestures, staring/leer, or indecent exposure.
- Unwanted physical contact (e.g., groping, brushing against another person).
- Visual displays of sexual content (pornographic images, explicit posters, screensavers) in the workplace.
- Sending or posting sexual images, videos, emojis, messages or links via text, email, social media, or other electronic means.
- Nonconsensual recording, sharing, tagging, circulating, or editing of sexual content (including deepfakes).
- Leaving sexual objects or materials in communal or public workspaces.
- Online harassment of a sexual nature across platforms (persistent sexual comments, unsolicited

Sexual harassment may occur between persons of any sex or gender and may involve power imbalances, such as, supervisor and employee.

Principles

Zero Tolerance

The organization maintains a strict zero-tolerance policy for sexual harassment. Any conduct that constitutes sexual harassment is prohibited, regardless of the position of the alleged perpetrator, or whether the conduct was intentional.

Harassment is not excused by workplace culture, status, or tenure, and violations will result in appropriate corrective or disciplinary action up to and including termination, removal from duties, or contract cancellation.

All members of the organization are expected to comply with this standard and to intervene or report any behavior they observe that may violate it.

Serious and Prompt Action

All reports or concerns of sexual harassment will be taken seriously and addressed promptly. The organization will assess allegations immediately and, when warranted, initiate a timely, impartial investigation by trained personnel according to procedures in this policy, and relevant government and legal protocols where appropriate.

Reporting and Accessibility

Multiple reporting channels will be available to ensure accessibility and choice. The organization will publish clear, simple procedures and expected timelines for reporting and handling complaints. Reporting options and materials will be accessible to people with disabilities and tailored for language and cultural needs where necessary.

Confidentiality and Privacy

The organization will protect the privacy of all parties consistent with conducting a fair and effective investigation and with legal obligations. Information will be disclosed strictly on a need-to-know basis with informed consent from the complainant. Complainants should understand that absolute confidentiality cannot be guaranteed where disclosure is necessary for safety, legal compliance, or to carry out the investigative process.

Investigation and Fair Process

Reports will be assessed and, where appropriate, investigated promptly, thoroughly, and impartially by trained investigators using documented procedures. The organization will ensure procedural fairness to both complainants and respondents, including timely notification of allegations, the opportunity to present information and witnesses, and a clear explanation of findings based on the key question of 'whether it is more likely than not to have happened', and possible outcomes. Investigative findings and recommended actions will be documented.

Support, Interim Measures, and Safety for Complainants

DHSA will offer support to affected individuals, including referrals to counseling, medical services, employee assistance programs, and reasonable workplace adjustments. Interim measures may include temporary reassignment, schedule adjustments, no-contact directives, or leave, and may be implemented when necessary to protect safety and ensure a fair process. Safety assessments will guide interim actions.

No Retaliation

Retaliation against anyone who reports sexual harassment in good faith, participates in an investigation, or assists in processes under this policy is strictly prohibited. Retaliatory conduct will be treated as a serious violation and may result in disciplinary action. Procedures for reporting retaliation and protections for those who raise concerns will be communicated widely.

Training, Prevention, and Culture

The organization will provide regular mandatory training on this policy, recognizing and preventing sexual harassment, and bystander intervention. Targeted training will be offered for managers and investigators. Ongoing prevention efforts include leadership communication, awareness campaigns, and incorporation of respectful behavior into performance expectations and organizational culture initiatives.

Monitoring, Review, and Continuous Improvement

The organization will track complaints, outcomes, and response times in a manner that protects privacy and use this information to monitor effectiveness. This policy and related procedures will be reviewed regularly and updated as needed to reflect legal changes, lessons learned from cases, and best practices. The Secretary of DHSA will receive annual reports on policy implementation and trends.

Legal Compliance and External Reporting

This policy aligns with applicable federal, state, and municipal laws. The organization will inform affected individuals of their rights to external reporting options, including relevant regulatory or enforcement agencies. Records will be retained in accordance with legal requirements and organizational recordkeeping standards.

Sexual Harassment Contact Officers (SHCOs) and Designated Investigators

1. Appointment and Term of Sexual Harassment Contact Officers

- a. The Secretary, in consultation with the Assistant Secretaries, shall appoint no fewer than six Sexual Harassment Contact Officers (SHCOs) every two years.
- b. Appointments shall be made from among staff who have indicated their interest in writing to the Secretary, and/or proven to be trustworthy and reliable to fulfil the role of a SHCO. The Secretary shall seek to maintain gender balance with equal numbers of male and female SHCOs where reasonably practicable.
- c. The term of appointment shall cease two years from the date of appointment.

2. SCHOs who are designated investigators

The DHSA Secretary, the Assistant Secretaries and the Chief Operation Officer shall be SHCOs ex officio and are the designated investigators for formal complaints in this policy.

3. Roles of Sexual Harassment Contact Officers (SHCOs)

1. Reports of sexual harassment may be made to a SHCO.
2. The core duties of SHCOs are as follows:
 - i. Receive and acknowledge reports promptly within 48 hours;
 - ii. Conduct a standardized intake, record material facts, and assign a Case ID;
 - iii. Explain reporting options (informal, formal, external), confidentiality limits, and expected timeframes;
 - iv. Triage for risk and urgency, and recommend/implement interim safety measures including no-contact directives, and temporary reassignment as needed;
 - v. Facilitate informal resolution at the complainant's request;
 - vi. Refer cases to a designated investigator for formal investigation, when appropriate;
 - vii. Maintain secure, confidential intake records and forward documentation to the Secretary of DHSA in accordance with data-protection protocols;
 - viii. Provide or refer complainants and witnesses to support services (counselling, medical, legal) and document referrals;
 - ix. Monitor informal resolution agreements for compliance and follow up with parties; and
 - x. Report aggregated, anonymized intake data to for monitoring and annual reporting.

4. Mandatory training and qualifications

- a. All SHCOs must complete documented initial training before assuming duties and refresher training at regular intervals.
- b. Core mandatory modules include:
 - a. Investigative methodology and case management including evidence collection, preservation, chain of custody, documentation standards, interview planning, investigation reporting.
 - b. Trauma-informed interviewing and witness care including techniques for interviewing complainants, respondents and witnesses safely and respectfully; minimizing re-traumatization.
 - c. Gender and social inclusion and the victim-centered approach including gender dynamics, power imbalances, intersectionality, culturally appropriate responses for FSM communities, language/access needs.
 - d. Confidentiality, privacy law and data protection including limits of confidentiality, secure handling of case records, FSM data/privacy law, secure case-management systems, breach response.
 - e. Legal framework and standards of proof including FSM criminal and employment law, statutory reporting obligations, evidentiary standards (balance of probabilities), admissibility issues, liaison with prosecutors.

- f. Bias mitigation and procedural fairness including identifying/mitigating unconscious bias, ensuring impartiality, maintaining fairness to complainant and respondent.
 - g. Interim safety measures and risk assessment including risk triage, safety planning, implementing and reviewing interim measures (no-contact, reassignments, leave), indicators for urgent referral to law enforcement.
 - h. Interviewing witnesses and hostile respondents including managing evasive or aggressive interviews, and witness protection.
 - i. Report writing and evidence-based decision making including structuring factual findings, linking evidence to conclusions, drafting clear recommendations, redaction and confidentiality in reports.
 - j. Coordination with support services and referrals including referral pathways for counselling, medical care, legal aid and other service providers.
- c. Optional advanced trainings may include:
- a. Forensic digital evidence (e-forensics, social media, deepfake detection),
 - b. Criminal investigation collaboration (for liaison with police/prosecutors),
 - c. Advanced trauma counselling basics (for investigators to recognize severe trauma indicators), or
 - d. Case management.

5. Conflicts, recusal and workload

- a. SHCOs must disclose any conflict of interest and recuse themselves from handling cases where they are a party, witness, or otherwise conflicted.
- b. SHCO caseloads shall be capped to ensure timely and quality response. The maximum concurrent active intakes per SHCO will be set in the DHSA resourcing plan and published with SHCO role descriptions.
- c. If workload or conflict prevents timely handling, SHCO shall escalate to a designated investigator for reassignment.

6. Accessibility and publication

- 1. The names of SHCOs, contact details (phone, secure email), and availability hours shall be published on the DHSA intranet and in the staff handbook.
- 2. Reporting options and SHCO contact methods will be accessible in multiple languages and formats and promoted during induction and training.

7. Accountability

Breach of confidentiality, failure to perform duties, or misconduct by an SHCO may result in suspension from SHCO duties pending investigation and disciplinary action if substantiated.

8. Termination and Replacement

A SHCO may resign at any time by submitting written notice to the Secretary.

- a. Upon receipt of a resignation, the Secretary (in consultation with the Assistant Secretaries) may appoint a replacement from the pool of staff who have indicated interest by email.
- b. If no suitable candidate remains on the interested list, the Secretary shall invite additional expressions of interest and make an appointment as soon as practicable.
- c. The Secretary may also terminate a SHCO's appointment for breach of this policy. The termination takes effect on written notice to the SHCO.

Complaint procedures

1. Initial Intake by Sexual Harassment Contact Officer (SHCO)

- a. Upon receipt of a complaint, the SHCO will:
 - i. record the dates, times, locations, and material facts;
 - ii. obtain a statement of the complainant's desired remedy; and
 - iii. explain available procedures and options, including informal resolution and formal investigation, and explain confidentiality limits.
- b. The SHCO shall maintain confidential intake records in accordance with applicable privacy and recordkeeping requirements.
- c. SHCOs must assess complaints within three (3) working days to determine jurisdiction, urgency, risk of harm, whether criminal conduct suspected, suitability for informal resolution, and recommended interim measures.
- d. The SHCO shall promptly refer the complainant to appropriate support services, including counselling, medical assistance, and public safety, as needed.
- e. The SHCO shall provide information to the complainant on external remedies and reporting avenues (administrative or judicial).
- f. Where necessary to ensure safety or preserve the integrity of the process, the SHCO shall recommend and, where appropriate, implement interim measures (including, but not limited to, temporary reassignment, changed reporting lines, no-contact directives, or administrative leave).

2. Informal Resolution: Optional at Complainant's Request and Where Appropriate.

- a. If the complainant elects informal resolution and the SHCO determines it is appropriate, the SHCO shall initiate mediation, facilitated discussion, or other consensual resolution processes.
- b. A SHCO can only proceed with informal resolution if;
 - i. it is safe, proportionate, and the complaint does not involve criminal conduct or significant power imbalance; and

- ii. the SHCO assesses appropriateness and documents voluntary consent to informal process;
- c. The SHCO shall ensure that the alleged respondent is advised of the allegations and afforded an opportunity to respond in the informal process;
- d. The SHCO shall document the informal process and any agreements reached, maintaining confidentiality consistent with legal and organizational obligations.
- e. The SHCO shall monitor compliance and follow up with the complainant to verify cessation of the conduct.
- f. The time frame for an informal resolution is 28 calendar days with one documented 14-day extension for good cause. All agreements must be documented in Resolution/Settle Agreement Form (Form 6) annexed to this policy.
- g. A complainant may withdraw from informal process at any time and pursue formal investigation.

3. Formal Investigation

- a. A formal investigation shall be initiated where the complainant requests formal action, where informal resolution is unsuccessful, or where the SHCO determines informal resolution is inappropriate in light of the allegations, safety concerns, or public interest.
- b. The SHCO shall refer the matter to a designated investigator under this policy, or where appropriate an external authority as recommended by the Secretary, to commence a formal investigation, and shall provide all relevant intake documentation.
- c. The investigating officer(s), whether internal or external, shall be impartial, suitably qualified, and free from conflicts of interest.
- d. The investigator(s) shall interview the complainant, the respondent, and relevant witnesses separately, collect and preserve documentary and electronic evidence, and afford both parties a reasonable opportunity to present evidence and identify witnesses.
- e. The investigator(s) shall analyze the evidence objectively, and prepare a written report containing findings of fact, conclusions, and recommended corrective actions or sanctions, as appropriate.
- f. The formal investigation shall, be completed within twenty (20) calendar days from referral. The time for completion may be extended for good cause. Any extension and the reasons for it shall be communicated in writing to the parties.
- g. Upon conclusion, the designated investigator shall implement appropriate remedies and disciplinary measures where warranted, consistent with applicable law and organizational procedures.
- h. Confidential records of the investigation, findings, and outcomes shall be securely maintained by the Department Secretary in accordance with applicable privacy, retention, and disclosure obligations.
- i. The designated investigator in charge of the case shall ensure that complainants and respondents are informed of the status and outcome of proceedings to the extent permitted by law and consistent with confidentiality obligations.
- j. Retaliation against any person for making a complaint or participating in an investigation is prohibited and will be subject to disciplinary action.

4. External reporting and cooperation with authorities

Complainants may report to law enforcement or other external bodies at any time. SHCOs will provide information and assistance to access external mechanisms, subject to complainant consent, unless the law requires mandatory reporting.

DHSA will cooperate with lawful external investigations and document any disclosures.

Remedies and disciplinary measures

1. This clause applies to remedies and disciplinary measures arising from:

- a. Informal resolution processes facilitated by SHCOs; and
- b. Formal investigations resulting in findings on the balance of probabilities, or that the event is more likely than not to have happened.

b. Informal resolution outcomes

Where informal resolution is voluntary, appropriate and safe, agreed outcomes may include one or more of the following, documented in a signed Resolution/Settlement Agreement and monitored by SHCO:

- a. Specific behavioral commitments by the respondent with measurable actions and deadlines.
- b. No-contact directives or communication restrictions with defined scope and review dates.
- c. Work adjustments (temporary or permanent reassignment, schedule changes, changed reporting lines) to reduce contact and protect safety.
- d. Mediated or facilitated discussions, restorative processes, or written apologies where voluntary.
- e. Mandatory training, coaching or counselling for the respondent from a specified provider and completion date.
- f. Supports for the complainant counselling, workplace adjustments, and agreed monitoring to review compliance.
- g. Monitoring and compliance checkpoints, with escalation to formal investigation if commitments are breached or safety concerns remain.

c. Informal remedies must be time-bound, specific, and proportionate. Either party may withdraw and request a formal process at any time.

d. Formal investigation remedies and sanctions

Where a formal investigation determines that sexual harassment is more likely than not to have occurred, DHSA may impose one or more of the following, proportionate to severity, context and mitigating/aggravating factors:

- a. Administrative remedies: written reprimand, performance measures, mandated training, transfer, reassignment, or changes to duties/reporting lines.
- b. Protective measures: long-term no-contact orders, permanent schedule or location changes, security measures.

- c. Disciplinary sanctions: suspension (with or without pay), demotion, termination of employment or contract, or contract cancellation, applied in accordance with FSM law, collective agreements and due process.
 - d. Restorative steps where appropriate and voluntary including facilitated apology, and process to repair working relationships.
 - e. Referral to external authorities where criminal conduct is suspected or required by law.
 - f. Compensation or restitution where appropriate and lawful, subject to legal review.
- e. Outcomes when allegations are not substantiated

If a formal investigation does not substantiate the allegation, DHSA may nonetheless recommend or implement non-disciplinary measures reasonably calculated to address workplace functioning and reduce future risk, including training, mediation, reporting-line adjustments, monitoring, or targeted team interventions. Such measures must respect the rights of both parties.

f. Principles guiding remedies

All remedies, whether informal or formal, will follow these principles:

- a. Safety first: prioritize the safety and wellbeing of affected persons.
 - b. Victim-centered: consider complainant's wishes where appropriate while ensuring fairness.
 - c. Proportionality: match remedies/sanctions to the nature, severity and impact of the conduct.
 - d. Consistency and legality: applied consistently and in compliance with FSM law, collective agreements and due process.
 - e. Confidentiality: implemented and documented on a need-to-know basis consistent with privacy obligations.
 - f. Timeliness: interim protections implemented promptly; final measures applied without undue delay.
- g. Documentation, monitoring and enforcement
- a. All remedies and the rationale will be documented in the case file and, for informal processes, in a signed Resolution/Settlement Agreement saved in the secure case management system.
 - b. Non-compliance with informal agreements or evidence of retaliation will prompt escalation to a formal investigation and appropriate disciplinary action.
- h. Appeals and escalation
- a. Parties may withdraw from informal resolution and pursue formal investigation at any time.
 - b. Parties may appeal formal decisions in accordance with the Appeals clause.
 - c. Proven retaliation against anyone participating in the process will result in disciplinary measures up to termination, regardless of the outcome of the underlying allegation.

i. Communication of outcomes

Parties will be notified of outcomes to the extent permitted by law and confidentiality obligations. Where remedies affect work arrangements, reasonable operational notice will be given in a manner that protects privacy and safety.

- j. All disciplinary action shall comply with the employment laws, regulations, and administrative requirements of the Federated States of Micronesia (FSM), as well as any applicable collective bargaining agreements, contractual provisions, and statutory obligations. Where mandatory procedural safeguards or consultation requirements exist under FSM law or collective agreements, such safeguards shall be observed.
- k. Records of disciplinary proceedings and outcomes shall be documented and retained in accordance with the FSM National Government recordkeeping policies and FSM privacy and retention requirements. Appeals or grievance mechanisms available under DHSA procedures or FSM law shall be made known to the parties.

Appeals

- 1. Right to appeal
 - a. Either party (complainant or respondent) may appeal a final disciplinary or remedial decision under this Policy.
 - b. Appeals can be made on decisions arising from formal investigations, or a formal remedial decision reached through a documented informal Resolution/Settlement Agreement.
- 2. Permissible grounds for appeal

Appeals are restricted to one or more of the following grounds:

- a. Procedural irregularity or material breach of this Policy that could reasonably have affected the outcome;
 - b. New, materially relevant evidence that was not reasonably available at the time of the investigation and could materially affect the finding or sanction;
 - c. Manifestly unreasonable, disproportionate or inconsistent sanction given the findings and established sanction matrix;
 - d. Perceived conflict of interest or bias by the investigator or decision maker that was not disclosed and that could reasonably have affected the outcome.
- 3. Timeframe and form of appeal
 - a. A written Notice of Appeal must be filed with the Secretary, Assistant Secretaries or Chief Operating Officer within 14 calendar days of the date the party is notified of the final decision under a formal investigation or documented information Resolution/Settlement Agreement.
 - b. The Notice of Appeal must state:
 - i. the decision being appealed;
 - ii. the specific grounds for appeal and supporting facts;
 - iii. any new evidence being submitted; and
 - iv. the remedy sought.
 - c. The recipient of the Notice of Appeal in DHSA shall acknowledge receipt of the Notice of Appeal within 5 working days.
 - 4. Appeal authority and composition
 - a. Appeals shall be considered by an Appeal Panel appointed by the Secretary and composed of at least three staff members, who may or may not be SHCOs, with no prior involvement in the case. Where internal conflicts exist, one or more external independent members who are not staff of DHSA shall be appointed.
 - b. The Appeal Panel members shall be impartial, and suitably qualified.

5. Appeal process and timelines
 - a. Within 10 working days of appointment, the Appeal Panel shall determine whether the appeal meets the permissible grounds for appeal in this clause. Frivolous or out-of-time appeals without good cause may be dismissed.
 - b. If admissible, the Appeal Panel will set a schedule for submissions and may:
 - v. review the case file and investigator report;
 - vi. request written submissions from the parties; and
 - vii. request additional evidence or clarification from the investigator, SHCO, or parties.
 - c. The Appeal Panel will endeavor to issue a written decision within 30 calendar days of accepting the appeal, and will notify parties of any reasonable extension and the reasons for it.
6. Scope of review and remedies
 - a. The Appeal Panel's review is limited to the grounds alleged and may:
 - i. confirm the original decision;
 - ii. remit the matter for re-investigation;
 - iii. vary the finding(s) or sanctions; or
 - iv. order further remedial or interim measures as appropriate.
 - b. The Appeal Panel shall not generally rehear testimonial evidence unless it determines that new evidence or procedural irregularity justifies further fact-finding.
7. Interim measures during appeal

Unless the Appeal Panel orders otherwise, interim measures implemented under this Policy remain in effect during the appeal process to protect safety and maintain operational integrity.

8. Finality, recordkeeping and external remedies
 - a. The Appeal Panel's written decision is the Department's final internal administrative determination under this Policy, subject to any statutory or contractual grievance/appeal mechanisms or external legal remedies available under FSM law.
 - b. All appeal submissions, decisions and related records shall be retained in the case file in accordance with the Data Storage, Privacy and Confidentiality clause.
9. Confidentiality and non-retaliation

All appeal proceedings and materials are subject to the confidentiality and non-retaliation provisions of this Policy. Retaliation against any person for filing or participating in an appeal will be subject to disciplinary action.

Support and interim measures

DHSA shall, subject to applicable confidentiality and privacy obligations and to the extent reasonably practicable, facilitate access for complainants and witnesses to confidential counselling, referral to support services where available, and shall implement temporary workplace adjustments (including but not limited to schedule modifications, temporary reassignments, no-contact directives, or paid leave) where necessary to protect safety and preserve the integrity of investigations. Such assistance and measures shall be provided promptly, proportionately, and in accordance with DHSA procedures and the laws and regulations of the Federated States of Micronesia, and shall not be construed as an admission of liability.

External reporting

Complainants retain the unequivocal right to report allegations to external authorities and to pursue legal remedies under the laws of the Federated States of Micronesia, including, where applicable, referral to the relevant national agency, labor tribunal, or other competent enforcement or regulatory body. The FSM Department of Health & Social Affairs shall, upon request, assist complainants in accessing such external mechanisms by providing information on available avenues for redress, facilitating contact with external authorities, and cooperating with lawful external investigations, subject to confidentiality obligations and applicable legal constraints.

Prevention, training and communication

1. Policy Dissemination and Induction
 - a. This Policy shall be incorporated into the DHSA Staff Handbook and published on the DHSA official communication channels.
 - b. All new employees, contractors, volunteers, interns and board members shall be provided with a copy of this Policy and receive an introductory briefing on its contents and reporting mechanisms as part of the formal induction process.
2. Mandatory Training
 - a. DHSA shall provide mandatory training to all staff on sexual harassment awareness, recognition, prevention, bystander intervention, and complaint procedures. Such training shall be delivered at least annually and at other times as required by management, law, or remedial need.
 - b. Training content shall be evidence-based, culturally appropriate, and accessible to individuals with disabilities.
 - c. Attendance at mandatory training shall be recorded and maintained in personnel training records.
3. Communication and Preventive Measures
 - a. DHSA shall promote a workplace culture that does not tolerate sexual harassment through regular communications from senior leadership, information campaigns, and visible endorsement of this Policy.
 - b. Preventive measures shall include, where appropriate, dissemination of guidance materials, posters, and electronic resources, promotion of bystander intervention strategies, and integration of respectful conduct expectations into performance management and leadership development programs.
4. Monitoring, Evaluation and Review of Training Programs
 - a. DHSA shall monitor participation rates, evaluate the effectiveness of training and communication initiatives, and solicit feedback from participants to inform continuous improvement.

systems, completion of role definitions, completion of initial training for SHCOs and designated investigators, and publication of Annex A updates.

Responsibilities

1. Employees

- a. All employees shall adhere to professional standards of conduct, refrain from engaging in sexual harassment, and observe workplace behavioral expectations as outlined in this Policy.
- b. Employees shall cooperate fully and truthfully with intake assessments, investigations, and remedial processes.
- c. Employees shall not engage in retaliation against any person who reports or participates in proceedings under this Policy. Allegations of retaliation shall be investigated and may give rise to disciplinary action.

2. Managers and Supervisors

- a. Managers and supervisors are responsible for ensuring awareness of this Policy among staff, for modelling lawful and respectful conduct, and for taking prompt and appropriate action upon receipt of a report or upon observing conduct that may constitute sexual harassment.
- b. Managers and supervisors shall immediately notify the designated Sexual Harassment Contact Officer (SHCO) of any complaint or credible concern and shall implement interim protective measures where necessary to safeguard complainants and witnesses.
- c. Managers and supervisors shall ensure that complainants and respondents are treated fairly and shall take measures to protect affected persons from retaliation.

3. Compliance with Law and Policy

1. All persons acting under this Policy shall comply with applicable FSM national and state laws, regulations, collective bargaining agreements, and DHS A procedures.
2. Failure to perform the responsibilities set forth in this Clause may result in disciplinary action consistent with DHS A disciplinary procedures and FSM employment laws.

Effective date

This policy takes effect on

March 23, 2026

Approved by: _____

Marcus Samo, Secretary

- b. Training materials, delivery methods and communication strategies shall be reviewed and updated periodically and whenever necessary to reflect changes in law, best practice, or organizational experience.
5. Compliance and Consequences
- a. Compliance with mandatory training requirements is a condition of employment or engagement. Non-attendance without valid justification may result in administrative action.
 - b. Managers are responsible for ensuring that staff under their supervision complete requisite training and for recording compliance in accordance with DHSA procedures.

6. Legal Alignment

All prevention, training and communication activities undertaken pursuant to this Clause shall be conducted in a manner consistent with applicable laws, regulations and policies of the Federated States of Micronesia (FSM), and any relevant collective bargaining agreements or contractual obligations.

Monitoring and review

1. Annual Monitoring and Reporting

- a. The DHSA National Health Planner shall compile, on an annual basis, anonymized and aggregate statistical data concerning reports of sexual harassment, including but not limited to:
 - i. number and nature of complaints,
 - ii. types of resolutions or outcomes,
 - iii. interim measures implemented, disciplinary actions taken, and
 - iv. identified systemic issues or lessons learned.
- b. Such data shall be maintained and reported in a manner that preserves the confidentiality and privacy of individuals and that complies with applicable data protection and record-retention requirements under the laws and regulations of the Federated States of Micronesia (FSM).
- c. The National Health Planner shall submit a written report of its annual findings to senior leadership and to any other bodies as required by organizational governance or FSM law. The report shall include recommendations for policy, procedural, training, or operational improvements as appropriate.

2. Policy Review and Amendment

- a. This Policy shall be subject to formal review at least once every two (2) years. The review shall assess the Policy's effectiveness, implementation outcomes, alignment with prevailing legal standards, and any required revisions.
- b. Notwithstanding the scheduled review, the Policy shall be reviewed and, where necessary, amended promptly in the event of:

- i. material changes in applicable FSM national or state laws, regulations, or binding judicial or administrative decisions;
 - ii. significant organizational change; or
 - iii. identified deficiencies or trends revealed by monitoring, investigations, or stakeholder feedback.
 - c. Any amendment to this Policy shall be documented in writing, approved in accordance with DHSA governance procedures, and communicated to all staff and relevant stakeholders in a timely manner.

Data Storage, Privacy and Confidentiality

This clause applies to all information received from the beginning through to the end of all processes under this policy, and includes all electronic and physical records relating to reports, intakes, investigations, interim measures, determinations, remedial actions, training attendance, and any attachments or evidence (collectively, case records'), regardless of format or location. It applies to all personnel, contractors, vendors, and third parties that handle or store DHSA case records.

1. All records, documents, and materials created or received in the course of intake, investigation, resolution, and determination of allegations of sexual harassment, including but not limited to complaints, witness statements, evidentiary materials, investigation reports, determinations, remedial actions, and correspondence, shall be maintained as confidential or restricted, and shall be kept in locked, access-restricted storage by the Secretary of DHSA.
2. Retention, access to, disclosure of, and disposal of such records shall be governed by applicable laws and regulations of the Federated States of Micronesia (FSM) and by DHSA record-retention, privacy, and data-protection policies. Records shall be retained for the period required by FSM record retention statutes and DHSA policy, after which records shall be disposed of in a manner that preserves confidentiality.
3. Access to complaint and investigation records shall be limited to persons with a demonstrated need-to-know for the purposes of investigation, legal compliance, or implementation of remedial measures. Any disclosure beyond those purposes shall occur only in accordance with law, pursuant to a lawful order, or with the express written consent of the relevant party.
4. Notwithstanding confidentiality obligations, DHSA may disclose information to external authorities or third parties where required by law or where nondisclosure would pose a risk to the safety of individuals or the public. Any such disclosures shall be limited to the extent necessary and documented.
5. The Secretary shall ensure necessary technical, contractual, and procedural measures are implemented within 90 days of the policy coming into effect, including designation of

ANNEX: FORMS, CHECKLISTS AND TRAINING ATTACHMENTS — FSM DEPARTMENT OF HEALTH AND SOCIAL AFFAIRS SEXUAL HARASSMENT POLICY

A. GENERAL INSTRUCTIONS

Confidentiality: All forms are confidential. Limits to confidentiality (such as mandatory reports, imminent harm, or legal orders) must be clearly communicated to complainants.

Storage: Store completed forms securely with access limited to authorized personnel.

Case ID format: [DHSA-YYYY-XXXX]

B. FORMS

1. FORM: FORMAL SEXUAL HARASSMENT REPORTING FORM

Case ID:

Date form completed:

Reporter name:

Preferred name/pronoun:

Position/status (employee/contractor/student/other):

Department/location:

Contact phone/email:

Preferred contact method/time:

Alleged harasser name(s) and role/title:

Alleged harasser department/location:

Date(s) and time(s) of incident(s):

Location(s) of incident(s):

Describe incident(s) (who, what, how, sequence). Attach additional pages if needed:

Witness name(s) and contact info (if any):

physical/digital evidence (emails, texts, photos, other) — list and attach:

Has this been reported before? (Y/N). If yes, when and to whom and outcome:

Has reporter sought medical/psychological support? (Y/N). If yes, details:

Desired outcome/remedy:

Reporter signature and date:

For office use only: Received by (name/title), date/time, case ID assigned, immediate actions taken, interim measures, referrals made.

2. FORM: INFORMAL INCIDENT/CONCERN REPORT FORM

Date:

Reporter name (optional if anonymous):

Contact info (optional):

Date/time/location of behavior:

Names of persons involved:

Description of behavior/concern:

Desired resolution (informal discussion/coaching/mediation/other):

Agreement to attempt informal resolution? (Y/N)

Reporter signature/date (if not anonymous)

Date received, staff handling, informal actions taken, outcome summary, follow-up date.

3. FORM: INTAKE / INITIAL RESPONSE FORM

Case ID:

Intake officer name/title:

Date/time of contact:

Method of contact (in person/phone/email/online):

Immediate safety concerns? (Y/N). If yes, actions taken:

Interim measures implemented (separation, schedule change, no-contact, leave): list and dates:

Evidence secured? (Y/N). If yes, list items:

Witnesses identified? (Y/N). If yes, list and assign follow-up:

Investigator/assigned officer:

Investigator contact:

Timeframe for preliminary assessment (date by):

Confidentiality and limits explained? (Y/N) — note:

Next steps explained to reporter? (Y/N) — list:

Intake officer signature/date.

4. FORM: INVESTIGATOR / CASEWORK CHECKLIST

Case ID:

Investigator name:

Date assigned:

Step 1: Review complaint & intake form — date completed/notes

Step 2: Confirm jurisdiction & policy applicability — notes

Step 3: Identify and document immediate safety/interim measures — list

Step 4: Create investigation plan (scope, witnesses, documents) — attach plan

Step 5: Notify parties of investigation & rights (dates/method) — list

Step 6: Interview complainant (date, summary, attachments)

Step 7: Interview respondent (date, summary, attachments)

Step 8: Interview witnesses (list names, dates, attach statements)

Step 9: Collect/preserve documentary/physical evidence — list

Step 10: Analyze evidence vs. policy standard — notes

Step 11: Draft factual findings and recommended conclusions — attach

Step 12: Provide parties opportunity to respond to draft (dates)

Step 13: Final determination and recommended sanctions/remedies — document

Step 14: Management/legal review (dates & notes)

Step 15: Implement sanctions/remedies and monitor compliance — list actions & monitoring dates

Step 16: Close case and record retention steps (date closed, retention location)

Investigator signature/date; Supervisor review/signature/date.

5. FORM: WITNESS STATEMENT FORM

Case ID:

Witness name:

Contact information:

Job title/relationship to parties:

Date/time/location of witnessing:

Statement (narrative; attach additional pages if needed):

Were you asked to change your statement or pressured? (Y/N). If yes, describe:

Signature and date:

For investigator: Date interviewed, interviewer name.

6. FORM: RESOLUTION / SETTLEMENT AGREEMENT (IF APPLICABLE)

Case ID:

Date:

SHCO / Designated Investigator Officer:

Location/Department:

1. Parties

Complainant (name / preferred name / position):

Respondent (name / preferred name / position):

Optional: Support person(s) / Advisor(s):

2. Brief summary of reported conduct

Short factual summary (basis for informal resolution):

3. Voluntary participation

Both parties confirm they voluntarily agree to seek informal resolution and understand they may withdraw at any time and pursue a formal complaint.

4. Eligibility and safety confirmation (to be completed by SHCO)

Informal resolution is appropriate (Y/N) — reasons:

No current criminal investigation or prosecution that prevents informal resolution (Y/N):

No significant power imbalance or other safety concern preventing safe resolution (Y/N):

Interim measures in place (list and dates):

5. Agreed outcomes and respondent commitments (specific, measurable)

List concrete actions respondent agrees to take, with timelines (examples):

Cease specified behaviors immediately.

No-contact directive: maintain minimum distance / communication restrictions; effective date/time and review date.

Work arrangement adjustments (e.g., schedule change, reassignment): specifics and effective date.

Attend specified training/counselling: provider, course, completion date.

Written apology: content parameters and delivery method (optional).

Any other remedial actions (detail).

6. Agreed supports and remedies for complainant (specific, measurable)

List supports/remedies agreed, with timelines (examples):

Workplace adjustments (detail and dates).

Access to counselling/EAP (provider and scheduling).

Monitoring check-ins by SHCO (frequency and duration).

Other supports (detail).

7. Confidentiality and permitted disclosures

Parties agree to keep the Agreement and discussions confidential except:

As required by law or organizational policy;

To the extent necessary for implementation, monitoring, or safety (SHCO may share on a need-to-know basis);

To obtain legal or medical advice (recipient must maintain confidentiality).

Note: Confidentiality does not prevent reporting to law enforcement or mandated disclosures.

8. Non-retaliation

All parties agree no one will retaliate against any person for participating in this process.

If retaliation is alleged, SHCO will triage and may convert to a formal investigation.

9. Monitoring, compliance and review

SHCO/Designated monitor:

Monitoring schedule: dates/frequency of follow-up (e.g., weekly for 4 weeks, then monthly for 3 months).

Compliance checkpoints: what will be reviewed and by whom.

Consequences for non-compliance: steps (e.g., escalation to formal investigation, disciplinary referral).

10. Withdrawal and escalation

Complainant may withdraw from informal resolution at any time. SHCO will:

- Document withdrawal;
- Offer options including referral to formal process;
- Preserve any evidence already collected.

Either party may request conversion to formal investigation if agreement is breached or concerns persist.

11. Duration and closure

Agreement effective from (date) and reviewed until (date).

Conditions for closure: all commitments completed and monitored for agreed period; no further related concerns reported.

Case closure date (to be completed by SHCO upon satisfaction):

12. Recordkeeping and retention

A copy of this Agreement will be stored securely in the DHSA case management system per Data Protection clause.

- Retention period: as required by DHSA policy and FSM law.

13. Legal and procedural acknowledgements

This Agreement:

- Is not an admission of unlawful conduct (except as expressly stated).
- Does not prevent either party from pursuing external legal remedies.
- Will be enforced within DHSA processes; breach may prompt formal investigation/action.

14. Signatures

Complainant name / signature / date:

Respondent name / signature / date:

SHCO / Intake Officer name / signature / date:

Secretary/Assistant Secretary/Chief Operating Officer (if involved) name / signature / date:

Witness / Advisor (optional) name / signature / date:

15. Follow-up log (to be completed by SHCO/monitor)

Date | Action taken | Notes | Next review date | Completed (Y/N)

Instructions for use (brief)

SHCO completes sections 4, 9, 11, 15 and ensures both parties fully understand terms before signing.

Attach any supporting documents (training enrolment confirmations, revised schedules, no-contact notices).

Ensure monitoring entries are kept current and any breach escalated per policy.

End of Form

7. FORM: CONFIDENTIALITY & NON-RETALIATION ACKNOWLEDGEMENT

Case ID:

Person name/title:

Role in case (complainant/respondent/witness/investigator):

I acknowledge obligations to maintain confidentiality of case materials, understand limits, and will not retaliate. I understand how to report retaliation.

Signature/date.

8. FORM: NO-CONTACT ORDER / DIRECTIVE FORM

Case ID:

Date issued:

Issued by (name & title):

Contact officer/SHCO handling case (name & contact):

1. Parties

Complainant (name / preferred name / position / department):

Respondent (name / preferred name / position / department):

2. Basis for directive

Summary of conduct/incident leading to order (brief):

Risk level assessed (Low / Medium / High):

Interim measures in place (list):

3. No-contact directive (tick applicable and complete details)

Physical separation: Respondent must not be at the following location(s):
_____ (specify site/office/room) from: _____ to _____
(dates/times) or until further notice.

Proximity restriction: Maintain a minimum distance of _____ meters/feet from the complainant at all times in workplace and work-related settings.

Communication ban: Respondent must not contact complainant by any means (in person, phone, SMS, email, social media, messaging apps, third parties) except as permitted below:

Permitted communications (if any):

Meeting/interaction restrictions: Neither party shall attend the same meetings, trainings, or work events unless approved in advance by SHCO. If unavoidable, arrangements:

Work adjustments: Temporary reassignment/schedule change (details):

Other restrictions (specify):

4. Exceptions and permitted contact (if any)

Describe any limited, documented exceptions (e.g., communications, payroll) and authorized channels/persons: _____

5. Duration and review

Effective from (date/time):

Review date(s) / frequency (e.g., every 14 days):

Termination conditions (how/when the order will be lifted):

Note: Order may be extended or modified based on risk assessment, investigation findings, or new information.

6. Consequences of breach

Any breach of this No-Contact Directive may result in immediate disciplinary action (including suspension), escalation to formal investigation, and/or referral to law enforcement. Retaliation against complainant or witnesses is prohibited and will be treated as a serious violation.

7. Reporting breaches or concerns

To report a breach or safety concern, contact SHCO (name/phone/email). In emergencies, contact security or local law enforcement immediately.

8. Acknowledgements and signatures

I acknowledge receipt of this No-Contact Directive, understand its terms, and agree to comply.

Respondent name / signature / date:

Complainant name / signature / date (optional):

SHCO / Issuer name / signature / date:

For Office Use

Orders communicated to (list names/titles and date/time):

Notifications sent to security, supervisors, payroll, IT (date/time and method):

Monitoring/check-in schedule and responsible officer:

Notes / follow-up actions:

Storage: File this form in the secure case management system in accordance with the Data Storage, Privacy and Confidentiality clause.

9. FORM: TRAINING CATALOGUE & REQUIRED ATTENDANCE

Training name:

Objective:

Target audience (new hires/managers/investigators/policy officers/all staff):

Mandatory/optional:

Duration/format (online/live; hours):

Frequency (e.g., annual):

Assessment/certificate required? (Y/N)

Next scheduled dates:

Enrollment contact.

10. FORM: TRAINING ATTENDANCE ROSTER / CERTIFICATE RECORD

Training title:

Date/time:

Trainer:

Location/format:

Columns: Participant name | Job title/department | Employee ID | Gender | Disability | Email | Signature | Completed? (Y/N) | Certificate issued? (Y/N)

Trainer signature/date.

11. FORM: TRAINING FEEDBACK & EVALUATION

Training title/date:

Participant name (optional):

Rate usefulness (1–5), clarity (1–5), trainer effectiveness (1–5)

What did you learn?

Suggestions for improvement:

Would you recommend? (Y/N)

Additional comments.

12. FORM: CASE CLOSURE SUMMARY

Case ID:

Date report received:

Date investigation opened:

Date closed:

Complainant/respondent (anonymize in records if required):

Summary of findings:

Sanctions/remedies applied:

Appeals filed? (Y/N) — outcome:

Follow-up actions and monitoring plan:

Record retention location and retention period:

Closure authorized by (name/title/signature/date).

C. QUICK OFFICER GUIDANCE & CHECKLISTS

1. QUICK OFFICER RESPONSE CHECKLIST (one-page)

1. Receive report: ensure safety; separate parties if needed.
2. Record basic facts and create Case ID.
3. Explain confidentiality limits and process timeline to reporter.
4. Implement interim measures to protect reporter and witnesses.
5. Secure/preserve evidence.
6. Assign designated investigator and notify parties of rights and expected timeframe.
7. Document all steps and communications.
8. Monitor for retaliation; provide support/referrals (EAP, medical, legal).
9. Update complainant/respondent on major milestones.
10. Close case and follow retention rules.

2. STEPS TO GUIDE POLICY/SH SPECIALIST TO RESPOND TO REPORTS (short procedural checklist)

Step A: Intake: complete Intake Form, assess immediate risk, implement protection.

Step B: Triage: establish jurisdiction, severity, and whether criminal conduct suspected; advise reporter on law enforcement if relevant.

Step C: Interim measures: separate, no-contact, schedule changes, paid leave, security escorts.

Step D: Investigation: follow Investigator Checklist, ensure fairness, timeliness, evidence collection.

Step E: Decision & Remedies: apply policy standards, recommend sanctions, implement remedies.

Step F: Communication: inform parties of outcome, appeal rights, and support services.

Step G: Monitoring: follow-up on remedies, check for retaliation, document outcome.

Step H: Recordkeeping: store records securely, mark retention period, restrict access.

Terms of Reference — Sexual Harassment Contact Officers (SHCOs)

Purpose

SHCOs serve as primary, accessible points of contact for reporting, intake, triage and initial case management of sexual-harassment concerns; provide information, support referrals and facilitate timely, fair processes.

Scope

This TOR applies to all designated SHCOs appointed under this policy and covers reports from staff, contractors, volunteers, service users and third parties relating to DHSA activities and premises.

Authority

SHCOs are authorized to receive reports, conduct standardized intakes, recommend and implement interim measures, refer matters to designated investigators, and record and forward intake documentation. SHCOs do not determine final disciplinary outcomes.

Core duties

1. Acknowledge reports promptly (target within 48 hours).
2. Conduct confidential standardized intake: record facts, desired remedy, witnesses, evidence, and assign Case ID.
3. Explain reporting options (informal/formal/external), likely steps, confidentiality limits and expected timeframes.
4. Triage for safety, urgency and criminality within 3 working days; recommend and, where appropriate, implement interim safety measures (no-contact, temporary reassignment, schedule changes, paid leave).
5. Refer appropriate matters to a designated investigator with complete intake documentation.
6. Maintain secure, confidential intake records and forward required information to Secretary per data-protection protocols.
7. Make timely referrals to support services (counselling, medical, legal) and document referrals.
8. Facilitate and document voluntary informal resolution processes when appropriate; monitor compliance.
9. Report aggregated, anonymized intake metrics to Health Planner for monitoring and the annual report.

10. Monitor and escalate any signs of retaliation.

Qualifications and conduct

Demonstrated trustworthiness, sound judgment and interpersonal skills.

Commitment to confidentiality, neutrality and trauma-informed, culturally competent practice.

Must disclose any real or perceived conflicts of interest and recuse when conflicted.

Mandatory training and certification

Complete documented initial training before assuming duties and periodic refresher training on: confidentiality, trauma-informed practice, cultural competency, intake procedures, interim measures, referrals, data protection, and recognizing/responding to retaliation.

Maintain certification and provide evidence of continuing competence as required.

Workload and availability

Availability hours to be published. Caseloads capped to ensure timely, quality responses; escalate to DHSA leadership where capacity or conflict prevents timely action.

Confidentiality and data handling

SHCOs must, maintain strict confidentiality consistent with policy limits and data-protection requirements. Use approved case management systems and follow chain-of-custody and access controls for evidence. Disclosures permitted only on a documented need-to-know basis, by law, or with written consent.

Reporting and accountability

Report anonymized intake data.

Cooperate with audits and oversight reviews.

Breach of duties, confidentiality or misconduct may result in suspension from SHCO duties pending investigation and disciplinary action if substantiated.

Appointment, term and reappointment

Appointed by the Secretary in consultation with Assistant Secretaries.

Standard term: two years. May apply in writing to be reappointed; maximum three consecutive terms unless an exception is documented and approved.

Resignation, removal and replacement

May resign by written notice to the Secretary.

Secretary (in consultation with Assistant Secretaries) may remove an SHCO for breach of policy or performance; replacement appointed from the interested pool or by new call for expressions of interest.



Support and resources

SHCOs will be provided with: access to confidential referral services (counselling), administrative support, protected time for duties, secure case-management tools, and access to legal guidance as needed.

Interaction with designated investigators and decision makers

SHCOs must provide full intake files to designated investigators and DHSA leadership and cooperate with investigations while preserving confidentiality. Do not act as investigator in cases where they are conflicted or designated investigators are required (e.g., senior staff allegations).

Review of ToR

These Terms of Reference will be reviewed at least every two years or sooner if operational needs, legal changes or oversight recommendations require amendment.