- The following occupational health recommendations are provided by the UN Medical Directors to all UN Organizations and apply to all UN personnel to reduce the risk of UN personnel acquiring COVID-19.
- All duty stations need to take into account local host country/authorities' guidance and regulations when implementing these recommendations.
- As this is a rapidly evolving outbreak, be sure to check here for the latest version.
- If any questions, please contact dos-dhmosh-public-health@un.org

Risk Categories	UN Medical Directors Recommendations
1 All UN personnel	- All UN personnel should have comprehensive awareness of COVID-19 prevention strategies. Detailed guidance found here - All UN personnel should be aware of how and where they and their dependants can seek medical attention when it is needed for COVID-19 related and other health concerns. - Guidelines for use of cloth masks and PPE for UN personnel in non-healthcare settings who have close and frequent interaction with people whose infectious status is unknown (e.g. security personnel) is available here - Medical masks (also known as a surgical or procedure mask) should be prioritized for healthcare workers and those who have symptomatic COVID-19 and their caregivers. - Where cloth masks or PPE (e.g. medical masks, gloves) are used, ensure best practices are followed on how to wear, remove, and dispose of them and on hand hygiene action after removal. Please see here.
2 UN personnel with risk factors for severe or critical illness	- UN personnel with risk factors for severe/critical illness include those age> 60 years (increasing with age); those with underlying noncommunicable diseases (NCDs) such as diabetes, hypertension, cardiac disease, chronic lung disease, cerebrovascular disease, chronic kidney disease, immunosuppression and cancer have been associated with higher mortality. See here for more information. For pregnant women, see Risk Category 3 below. - For UN personnel with the above risk factors, a medical mask is suggested if physical distancing with others cannot be maintained. See here and here for more information. - Delay or avoid sending UN personnel with the above risk factors to countries, areas, territories with community transmission. - UN personnel with risk factors for severe/critical disease should review for alternate/flexible working arrangement policies to minimize exposure to COVID-19: Click here for Administrative Guidelines. The decision on location of alternate/flexible working (i.e. remain in duty station, return to home country etc) should be determined in discussion with HR.
3 UN personnel who are pregnant	- At this time, based on limited data, UN personnel who are pregnant may be considered vulnerable to COVID-19 and should be following guidance in Risk Category 2. However given the fact that pregnancy might require specialized services

		including but not limited to hospital care for deliveries, the UNMD recommends consideration for alternative/flexible work arrangement for UN personnel who are pregnant and breastfeeding mothers. • Consider delaying/avoiding sending pregnant UN personnel to countries, areas or territories with community transmission not due to increased risk of severe/critical disease but due to logistical and practical concerns.
4	UN personnel caring for household member/s with COVID-19 at home	• UN personnel providing care to sick COVID-19 household members should wear a medical mask when entering the patient's room. If they are providing direct care or handling stool, urine or waste from a COVID-19 patient, they should also wear gloves and an apron (if there is risk of splash). Please click here for WHO information on home care. • UN personnel providing care of household members with COVID-19 should ensure they review Risk category 7 "Contacts of COVID-19 patients"and follow actions as appropriate.

5	UN managers who approve travel / UN personnel who are travelling or plan to travel	• In response to the COVID-19 outbreak, many countries have applied restrictions and limited flights.
		• As an occupational health measure, UNMDs recommend that, for all official travel, UN managers and/or UN personnel should undertake a risk assessment to evaluate the criticality of the proposed travel balanced against the risks to the traveler for any travel to or meetings incountries, areas of territories with community transmission[1]of COVID-19. This includes risks posed by both medical issues and evolving travel/border restrictions enacted by states parties. Country specific travel restrictions may be reviewed here
		• HR network recommendations should also be consulted for travel pertaining to home leave and Rest and Relaxation (RnR). FAQ on RnR and other leave/admin issues is available at under this link
		• Please see Risk Category 2 and 3 for specific recommendations for pregnant women and those with comorbidities. Consult with your health care provider and medical services in case of doubt.
		• Travelers should be provided contents of travel advisories issued from WHO and DHMOSH.
		• If you must travel to an area/s reporting community transmission of COVID-19, pay attention to your health during your travel and after you leave:
		  o Ensure you receive your agency's travel clearance and consult with a qualified healthcare provider before travel.
		  o Do not travel if you are sick or have fever and cough.
		  o Ensure adherence to hand hygiene and maintaining a minimum of 2 m distance (or as advised by local authorities) from people who are coughing and sneezing.
		  o Monitor your health 14 days after your travel and review the below Risk Category 6, prior to return. Use a symptom diary (Temperature & Symptom log) available here
		  o Avoid the consumption of raw or undercooked animal products and always follow proper food hygiene practices.
		  o Avoid visiting live markets in areas experiencing cases of COVID-19.
		  o Ensure you have extra supplies of medications you take regularly in case of flight/travel disruptions.
		  o Seek medical care immediately if you begin to develop fever or respiratory symptoms such as shortness of breath or cough. Remember to share your previous travel history with your health care provider and make every effort to inform them by phone prior to visiting a medical facility.
		• Keep up to date with local health advice before and during your travel by checking with the destination countries' embassy, consulate, or Ministry of Health and keep up to date with local health advice before and during travel. You should also comply with any screening measures put in place by local authorities.

6	UN personnel who recently returned from travel	• All travellers should be aware and must comply with the host country's requirements and must follow the recommendations and advice on self-monitoring , quarantine periods and screening when entering the country. • Furthermore, based on local risk assessment the UNMD recommends that all countries implement additional measures above and beyond local authorities' policy where deemed necessary. These measures need to be endorsed by the most

senior UN official in country (DO/RC/SRSG). The measures will apply to all UN personnel (uniformed and civillian) in country , and could include the need for a 14 days mandatory quarantine post arrival in country.

- The UNMD recommends that the UN country teams take a conservative approach and shield UN personnel from risk as much as possible.
- In case of returning from countries with ongoing community transmission, it is recommended to self-monitor for symptoms at the <u>minimum</u> for 14 days after travel, using the symptom log available <u>here</u>.
- During the period you are self-monitoring/in quarantine, you should seek immediate medical attention should you develop any signs and symptoms, such as fever, shortness of breath or cough. Remember to share your travel history with your health care provider and make every effort to inform them by phone prior to visiting a medical facility and wear a medical mask when you seek medical care in-person. HR personnel and managers are encouraged to exercise flexibility including alternative/flexible work arrangements to support staffs who are required to stay at home. More information on flexible/alternate work arrangements can be found <u>here.</u>

7	**Contacts of COVID-19 patients**	- According to <u>WHO</u>, a contact is defined as anyone with the following exposures to a COVID-19 case, from 2 days before to 14 days after the case's onset of illness: - Being within 1 metre of a COVID-19 case for >15 minutes; - Direct physical contact with a COVID-19 case; - Providing direct care for patients with COVID-19 disease without using proper personal protective equipment (PPE); - Other definitions, as indicated by local risk assessments - Such contacts should be put in quarantine for 14 days from the time of last exposure to the case, and should monitor for symptoms during that 14 day period. If symptomatic, they should be isolated immediately and treated as a suspect case. - For the above contacts of lab-confirmed cases, WHO recommends that such persons be quarantined for 14 days from the last time they were exposed to a COVID-19 patient. - More information on contract tracing in the UN workplace can be found <u>here</u>
8	**UN health care workers (HCWs)**	- Within UN healthcare facilities, always follow appropriate infection prevention and control measures including the routine and consistent implement standard precautions in clinics and hospitals regardless of the patient's diagnosis. Find info on infection prevention and control by <u>clicking here</u> - Find info on standards, precautions in health care by <u>clicking here</u> - Find info on PPE use by <u>clicking here.</u> - Become familiar with WHO, and DHMOSH guidance for management of severe acute respiratory infection: See WHO <u>clincial management</u> guidance. Receive specialised training via WHO's free Open Course Online Training on the management of severe acute respiratory infection available <u>here</u> - UN health facility in the duty station should develop and periodically test specific protocols to identify, triage, and manage suspect COVID-19 cases, in coordination with local health authorities and local referral hospitals, - The UNMDs recommend that for all suspect, probable or confirmed COVID-19 cases, UN health care workers should adopt a conservative approach in, i.e. using N95 or FFP2 or equivalent, dependent on availability of negative pressure rooms and fit testing, and as supplies of N95 allow. Note that N95 masks should be always used for aerosol-producing procedures such as intubation. Please note that individuals must be properly fit-tested before use of N95 or equivalent. A seal check should be performed before each use. - Judicious and appropriate use of PPE is crucial given global PPE shortages. Whenever possible HCWs caring for for suspect or confirmed cases should be limited for safety reason and also to reduce unnecessary PPE utilization. - UN medical staff should review, familiarize, and be trained to don and doff the PPE needed for management of COVID-19 cases. For more information <u>please click here</u>.

- Encourage all UN personnel to receive the influenza vaccination.

9	**Public facing UN and contracted personnel working in (security guards or other forward facing roles such as receptionists, cleaners, ambulance drivers)**	• Whenever possible public facing UN personnel (e.g. security guards) should strive to maintain a minimum distance of 2 meters from others at all times. • Please see here and here for more information on use of PPE and cloth masks for this group. • A plexiglass window/physical barrier may be used depending on the personnel's role. • Please review PPE recommendations based on job/role • Adherence to strict hand hygiene measures is necessary regardless of PPE used. • UN Personnel involved in cleaning should adhere to WHO recommendations for cleaning and disinfection of environment and equipment, including linens and utensils. For more info click here. • Any other role that is not listed here should maintain a minimum distance of 2 meters (Or as advised by local authorities) from others at all times. PPE is usually not required but should be based on standard precautions and point of care risk assesssent to decide if any PPE may be warranted.
10	**All UN administrators**	• Utilize the COVID-19 DHMOSH/UNMD Preparedness Checklist For All Duty Stations to evaluate the completeness of your internal plan. • Ensure all UN personnel have comprehensive awareness of COVID-19 prevention strategies. Information is available here. • Develop, update, and test business continuity plans that will allow for the performance of critical functions with reduced number of UN personnel or closure of the office. • In alignment with local health authorities, develop workplace protocol for how to manage any UN personnel who meets the WHO/local health authorities' definition of a suspected or confirmed COVID-19 case or their contacts and reporting mechanisms. For WHO case and contact definitions click here. Keep staff informed of these protocols. • Avoid meetings in person that can be proficiently done virtually. When meeting in person is deemed necessary and essential, this must be considered following an appriopriate occupational health and safety risk assessment. • For administrative guidelines related to the management of staff during this outbreak, click here • If your duty station has UN health care workers, ensure the appropriate selection of PPE for UN healthcare workers is available and accessible. • Ensure availability and access to counselling services for UN personnel for those who need to speak to a counsellor due to stress or other psychosocial needs. Click here for contact info. • Be familiar with WHO's guide for preparing the workplace for COVID-19.

11 UN personnel with confirmed or probable COVID-19	• UN personnel diagnosed with confirmed COVID-19 or probable COVID-19 (where diagnostic testing was not conducted) should not return to work until cleared by a medical professional and keep their UN medical officer informed of their clinical evolution. • The WHO update guidance recommends isolation can be discontinued 10 days after symptoms onset plus at least 3 additional days without symptoms (including without fever and without respiratory symptoms) in symptomatic patients. Where asymptomatic testing was conducted their isolation can be discontinued 10 days after the positive test. For more information see here • Alternatively, countries may choose to continue to use testing as part of the release criteria. If so, the initial recommendation of two negative PCR tests at least 24 hours apart can be used. • Workplace contacts of confirmed or probable cases during the 48 hours before onset of symptoms and 14 days after symptom onset should be identified and list shared with UN medical officers to allow for timely contact tracing. For asympoamtic individuals, contact tracing should also start 48 hours before test date