



**Administrative Guidelines
for an Influenza Pandemic Situation**

**FRAMEWORK
for
United Nations Common System
Headquarters and Field Duty Stations**

CEB Human Resources Network
Version 2.0
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INTRODUCTION AND EXPLANATORY NOTES

Rationale for the Framework

Contingency planning for a human influenza pandemic caused by the Pandemic Flu virus was the subject of three HR Network videoconferences in 2005 and 2006. At its meeting in November 2005, the Network decided to establish a small working group composed of the New York based organizations, led by the United Nations, which would prepare a draft of internal administrative guidelines, applicable to all New York staff members. The guidelines were subsequently circulated to all organizations with a view to using them as a basis for developing a generic framework that could be applied to staff in the field and at other headquarters locations. A more general summary had already been included in the overall UN System Pandemic Planning and Preparedness Guidelines, issued by the Office of the United Nations System Influenza Coordinator (UNSIC).

At its 11th session in early March 2006, the HR Network reaffirmed the importance of adopting a common approach with regard to the most important aspects of dealing with staff in the event of a pandemic. Following its review of the New York draft, the HR Network agreed to apply the provisions contained in the guidelines. These include:

- *Determination of critical staff.* The New York group had decided that a maximum of 10 per cent of staff would be determined as critical by each organization. Outside New York, it will be left to each organization and duty station to determine a percentage. It will be important that the critical staff will have the appropriate delegated authority and be prepared to live on the premises for up to six weeks.
- *Modalities of absence for non-critical staff.* In line with the principles of flexibility and simplicity, non-critical staff will be considered on Special Leave With Full Pay (SLWFP)¹.
- *Compensatory Time Off (CTO) for critical staff.* Critical functions can be performed on the premises, at alternative offices or from home. A CTO ratio of double the time off if staff had been on the premises and 1.5 times if work had been done from home will be applied².
- *Annual, home and sick leave.* SLWFP will be applied from the date that staff had been expected to return from leave.³
- *Health and life insurance.* It is recommended that organizations undertake consultations with the insurance companies on a number of arrangements, including the extension of the age until which dependent children were allowed to have flu vaccinations.

Following its adoption of the provisions, the HR Network requested the CEB Secretariat to develop a generic Framework for use by all common system organizations at all duty stations to develop their own location-specific administrative guidelines. The guidelines are intended for executive and administrative personnel of the organizations of the UN common system.

¹ ILO reserved its position on the SLWFP modality.

² ILO reserved its position on the modalities for compensatory time off. UPU agrees in principle with the modalities but will be required to exercise flexibility in its application, given its small number of staff.

³ ILO reserved its position on the SLWFP modality.

How to use this Framework

- The Framework is based on the model developed for staff members based in New York. Location-specific information, such as contact phone numbers and information websites, or advice relating to visas and host country agreements has been removed for the purpose of this Framework. It will therefore need to be replaced by the relevant information for other headquarters or country office duty stations.
- Moreover, organizations and agencies not subject to the United Nations staff rules and regulations will need to insert the necessary references to their own rules and regulations. To facilitate the utilization of the generic Framework for other locations and organizations, all references to staff rules have been included in footnotes rather than the main text.
- Those parts of the Framework that require the adaptation to local circumstances or the insertion of organization-specific information are clearly marked with an "insert" remark, for example:

Insert contact details of medical services, executive officers, etc., of all organizations at the duty station

- It is recognized that not all the provisions of the Guidelines may be applicable to all duty stations, especially where they need to take into account the provisions of national authorities (e.g. with regard to permits and visas). Therefore, organizations at each duty station are encouraged to adapt the provisions to their local requirements as necessary.
- It is important to note however that the HR Network adopted the Framework on the explicit and shared understanding that **the same country-specific provisions should be applied by all organizations present at any given duty station.** Guidelines and provisions that differ from organization to organization at the same duty station are discouraged as they would undoubtedly lead to difficulties and further disruption at a time of severe crisis.
- The Framework is reviewed periodically by the HR Network and amended accordingly. This is the second version, hereinafter "V.2.0".

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I. General

Influenza pandemic phases

1. The Director-General of WHO will determine, on the basis of the information received, whether an event constitutes a public health emergency of international concern in accordance with the criteria and the procedure set out in the applicable Health Regulations. Accordingly, the influenza pandemic phases are determined by WHO. UN system Medical Directors are responsible for communicating any changes to a phase.

INTERPANDEMIC PERIOD	<p>Phase 1: In nature, influenza viruses circulate continuously among animals, especially birds. Even though such viruses theoretically develop into pandemic viruses, in Phase I no viruses circulating among animals have been reported to cause infections in humans.</p> <p>Phase 2: An animal influenza virus circulating among domesticated or wild animals is known to have caused infection in humans, and is, therefore, considered a potential pandemic threat.</p>
PANDEMIC ALERT PERIOD	<p>Phase 3: An animal or human-animal influenza reassortant virus has caused sporadic cases or small clusters of disease in people, but has not resulted in human-to-human transmission sufficient to sustain community-level outbreaks. Limited human-to-human transmission may occur under some circumstances, for example, when there is close contact between an infected person and an unprotected caregiver. However, limited transmission under such restricted circumstances does not indicate that the virus has gained the level of transmissibility among humans necessary to cause a pandemic</p> <p>Phase 4: Is characterized by verified human-to-human transmission of an animal or human-animal influenza reassortant virus able to cause "community-level outbreaks." The ability to cause sustained disease outbreaks in a community marks a significant upwards shift in the risk for a pandemic. Any country that suspects or has verified such an event should urgently consult with WHO so that the situation can be jointly assessed and a decision made by the affected country if implementation of a rapid pandemic containment operation is warranted. Phase 4 indicates a significant increase of a pandemic but does not necessarily mean that a pandemic is a forgone conclusion.</p> <p>Phase 5: Is characterized by human-to-human spread of the virus into at least two countries in one WHO region. While most countries will not be affected at this stage, the declaration of Phase 5 is a strong signal that a pandemic is imminent and that the time to finalize the organization, communication, and implementation of the planned mitigation measures is short.</p>
PANDEMIC PERIOD	<p>Phase 6: The pandemic phase, is characterized by community level outbreaks in at least one other country in a different WHO region in addition to the criteria defined in Phase 5. Designation of this phase will indicate that a global pandemic is under way.</p>
POST-PANDEMIC PERIOD	<p>In the post-pandemic period, influenza disease activity will have returned to levels normally seen for seasonal influenza. It is expected that the pandemic virus will behave as a seasonal influenza A virus. At this stage, it is important to maintain surveillance and update pandemic preparedness and response plans accordingly. An intensive phase of recovery and evaluation may be required.</p>

Applicability

2. These Administrative Guidelines are intended for executive and administrative personnel of UN system organizations worldwide. They are applicable to all staff members, their spouses and recognized dependents.

3. The Guidelines mainly address the issues which are likely to emerge during influenza pandemic phases IV to VI. They will be up-dated as necessary.

Critical functions

4. For purposes of these Guidelines, staff members are grouped into:

- a) **Critical staff.** Staff members who would be required to perform critical functions in the event of a closure of offices for normal operations due to an influenza pandemic situation, to ensure continuity of work. These staff members may be requested to carry out such critical functions on premises, in an alternate location or from home; *and*
- b) **Non-critical staff.** Staff members who would not be required to work during an office closure due to an influenza pandemic situation. Staff members who are not identified as critical but volunteer to work from home or another location will still be considered as non-critical.

5. **Criteria for selecting critical functions.** During Phase III, Heads of Departments/Offices are required to identify staff members (principals and alternates) who will be required to perform critical functions in the event of an influenza pandemic situation. The list of names must be maintained up-to-date at all times.

6. When selecting staff members (principals and alternates) required to carry out critical functions, Heads of Departments/Offices should ensure the following:

- a) Physical security of staff and facilities;
- b) Medical care of staff;
- c) Maintenance of telecommunications and information technology services;
- d) Ability to communicate with other Organizations and Governments;
- e) Maintenance of utilities (electricity, water and sanitation); *and*
- f) Ability to make important operational and policy decisions related to critical aspects of the operations and programme continuity as well as staff welfare.

7. **Critical functions at the duty station.** Heads of Departments/Offices should ensure that designated staff members (principals and alternates) have delegated decision making/signing authority.

8. The number should be kept to an absolute minimum, but Heads of Departments/Offices should agree on a percentage of staff that should not be exceeded. The recommended percentage is ten per cent. Critical staff include the following:

- a) Executive Heads
- b) Crisis Operations Group (COG)⁴ or equivalent (e.g. Security Management team)
- c) Medical staff;

⁴ The Crisis Operations Group can be a specially established body or an existing group, such as the Security Management Team (SMT)

- d) Security staff;
- e) Human Resources staff (including counsellors);⁵
- f) Payroll/Finance;¹
- g) Information and communications;¹ *and*
- h) Any other staff required to carry out or support critical functions, if necessary and as determined by Heads of Department/Office.

9. To the extent possible, staff members (principals and alternates) should be designated as critical on a voluntary basis, subject to the authority of the Secretary-General/Executive Head (at headquarters locations) or the Country/Regional Representative (at field duty stations) to designate staff members who have to report should the number of volunteers prove to be insufficient to guarantee continued operations during a closure of offices.

10. Designated staff members must be notified and fully informed of the implications and the fact that they could be required to remain within the premises (or in an alternate location) in quarantine for up to six weeks. Designated staff members may be required to submit to the Medical Service information about their health either through a statement or a form provided for this purpose.

Information for Staff and queries

11. UN system staff members and their families may find the latest information related to pandemic influenza at

<http://www.un.org/staff/pandemic/>

Include agency-specific and/or official local websites

12. For further information, staff members at the duty station may contact:

Insert contact details of medical services, executive officers, etc. of all organizations at the duty station

⁵ Minimum presence, preferably working from home.

II. Leave and attendance

Attendance

13. **When offices are open.** All staff members are required to report for duty unless and until informed otherwise. Unauthorized absence from office will be dealt with in accordance with rules governing such absence.

14. **When offices are closed.** During an influenza pandemic wave it may be necessary to close the offices for normal operations. Only staff members (principals and alternates) designated as critical shall have access to the Offices. The decision will be taken by the Chair of COG or equivalent (e.g. Security Management team) and broadcast to all staff members. Information such as the date when offices will reopen, when known, will be made available at:

Insert relevant number and websites

15. Staff members, with the exception of those required to carry out critical functions (within premises, in an alternate location or from home), who are instructed not to report for duty due to an influenza pandemic situation, will be considered to be on special leave with full pay (SLWFP)⁶ unless indicated otherwise in these guidelines. Staff members will not be required to exhaust annual leave before being placed on SLWFP.

Compensatory time-off

16. **When offices are closed.** Locally and internationally recruited staff members who are required to carry out critical functions will receive compensatory time-off (CTO) for the time they are requested to report to duty and do so, if:

- a) ***within premises or in an alternate location***, at twice the normal rate;
and
- b) ***from home***, at one and a half the normal rate.

17. Head of Department/Offices will be accountable for ensuring that CTO accrued during the closure period:

- a) is taken during the twelve months following the month in which the offices are reopened; *and*
- b) at least five consecutive CTO days are taken during the first six weeks following the day in which the offices are reopened.

18. Under no circumstances will compensation accrued during the closure period take the form of additional cash payment.

⁶ UN Staff Regulation 5.2 or [Insert relevant staff regulation of organization/specialized agency](#)

Flexible working arrangements

19. **When offices are open.** During pandemic phase IV and above, taking into consideration the local health advisories and the WHO guidelines, and as far as feasible, flexibility may be exercised to authorize flexible working arrangements.⁷

20. **When offices are closed.** As far as feasible, flexibility will be exercised to authorize flexible working arrangements, including telecommuting,⁸ for staff members requested to report for duty to carry out critical functions.

Annual leave^{9,10}

21. **When offices are open.** During pandemic phase IV and above, taking into consideration the local health advisories and the WHO guidelines, flexibility may be exercised in authorizing annual leave and advance annual leave to staff members except those (principals and alternates) who could be required to carry out critical functions.

22. Staff members who travel outside the duty station during annual leave must be aware that, in a pandemic phase IV and above, re-entry into the duty station or departure from the countries to which they travel may not be possible. When staff members are unable to return:

- a) if feasible, they may be authorized to carry out their duties on a telecommuting basis. No DSA will be payable;
- b) if possible, they may be required to report to duty at a UN system Office in the same travel destination. NO DSA will be payable;
- c) if possible, they may be required to report to duty at a UN system Office in another location. Travel to the location and DSA will be payable; *or*
- d) if neither option a), b) or c) is possible, they may request annual leave, advance annual leave or special leave without pay (SLWOP).

Depending on circumstances, SLWOP might be granted if requested by a staff member for "other important reasons for such period as the Secretary-General may prescribe." For example, staff member initiated travel during phase III or below and has exhausted all annual leave.

23. **When offices are closed.** Staff members who are on annual leave at the time the offices are closed, will be placed on SLWOP as from the day they were due to report for duty.

Sick leave¹¹

24. **When offices are open.** Staff members who are unable to perform their functions by reason of illness, including pandemic influenza, will be granted sick leave.¹²

⁷ ST/SGB/2003/4 or [insert relevant instructions of organization/specialized agency](#)

⁸ ST/SGB/2003/4. or [insert relevant instructions of organization/specialized agency](#)

⁹ UN Staff rules 105.1 and 105.2, 205.1 and 205.3, 305.1 and 305.2 or [insert relevant staff rules of organization/specialized agency](#)

¹⁰ For home leave, family visit travel and education grant travel, see section III

¹¹ UN Staff rules 106.2, 206.3 and 306.2 or [insert relevant staff rule](#)

¹² As per applicable rules.

25. Staff members who are unable to perform their duties by reason of pandemic influenza affecting a member of his/her household, or because of quarantine affecting the household/area, will be placed on SLWFP,¹³ upon submission of medical certificate for the household member or quarantine order by local authorities.

26. In cases of pandemic influenza affecting a staff member or occurring in his/her household, staff/family members should make every effort to immediately notify their responsible Medical Service by e-mail ([insert](#)) phone ([insert](#)) or fax ([insert](#)), and should not report on duty.

27. **When offices are closed.** Staff members who are on sick leave at the time the offices are closed, will be placed on SLWFP as from the day they were expected to report for duty following exhaustion of their approved certified/uncertified sick leave.

Maternity, paternity and adoption leave

28. **When offices are closed.** Staff members who are on maternity, paternity or adoption leave at the time the offices are closed, will be placed on SLWFP as from the day they were due to report for duty.

Special leave without pay

29. **When offices are open.** During pandemic phase IV and above, flexibility may be exercised in authorizing special leave without pay (SLWOP) to staff members except those (principals and alternates) who could be required to carry out critical functions.

30. **When offices are closed.** Staff members who are on SLWOP at the time the offices are closed, will be placed on SLWFP as from the day they were due to report for duty.

¹³ Exception to Staff rule 106.2, 206.3 and 306.2 or [insert relevant rules](#) must be granted by the SG/Executive Head.

III. Travel

Travel advisories

31. Travel Advisories will be accessible at:

<http://www.un.org/staff/pandemic/>

Insert other relevant websites

Duty travel

32. **Planned travel.** Decision as to whether to initiate travel during phases IV and above should be made in accordance with the national travel advisory set by the host country and taking into consideration WHO guidelines. This should be in conjunction with the Senior Crisis Management Structure relevant to the duty station.

33. Pursuant to the advisories set out above, planned duty travel, during phases IV and above that has not been initiated and which is considered non-critical may be deferred. Duty travel should be planned and authorized in accordance with the needs of the Organization as determined by the Head of Department/Office in line with all current security measures in place.

34. **Initiated travel.** When there is a change from phase III and below to phase IV and above, if feasible, every effort should be made to complete already initiated duty travel. In the event that the authorized itinerary has to be changed for reasons related to pandemic influenza, the following will apply:

- a) **Departure from duty travel destination not possible.** If during the authorized duty travel, local authorities do not allow departure, DSA¹⁴ will remain payable until departure is authorized and up until the first available flight.
- b) **Re-entry into duty station not possible.** If authorities at the duty station do not allow re-entry, DSA will continue to be payable until re-entry to the duty station is possible and up until the first available flight.

If possible and preferable, the traveler could be flown to a third location, particularly if the original duty travel destination does not have adequate medical facilities. DSA for that location will be payable.

- c) **Departure from duty travel destination and re-entry into duty station not possible.** DSA will remain payable until departure and re-entry is authorized by respective authorities.
- d) **Staff member falls sick.** If the staff member falls sick, including with pandemic influenza, DSA would continue to be payable, however, if

¹⁴ When the staff member is provided free overnight accommodation and/or meals by the Organization, a government or related institution, or an airline, reductions to the subsistence allowance are to be made as follows: 50 per cent, if overnight accommodation is provided (regardless of the type of overnight accommodation provided free of charge); 30 per cent, if meals are provided (breakfast 6%, lunch 12%, dinner 12%); and 80 per cent, if overnight accommodation and meals are provided.

hospitalized DSA will be reduced to one third. See paragraphs 24 to 27 above regarding staff member's authorized absence.

- e) **Staff member is quarantined.** If the staff member is quarantined, DSA will remain payable. See paragraphs 25 to 27 above regarding staff member's authorized absence.
- f) **Staff member dies.** In the unfortunate event that a staff member dies while on duty travel, DSA will stop as from the date of death. The UN system office where he/she was working (or the nearest UN/UNDP office) will assume the responsibility for coordinating the actions required and serve as the link between the parent office and the family of the deceased, providing the family assistance throughout the difficult period following the death.

Home leave¹⁵ and family visit travel¹⁶

35. During pandemic phase IV and above, flexibility will be exercised to authorize advance and deferred home leave (HL) and family visit (FV), and to allow separate HL travel of staff members and eligible family members, and to exercise HL/FV at an alternate location, if local authorities of the HL country do not authorize entry or medical facilities not adequate, and subject to the cost duty station-HL place-duty station.

36. Staff members must be aware that respective local authorities may at any time prevent either departure from the home leave destination or re-entry to the duty station. In such cases, staff members should take this into consideration when accepting the lump sum option¹⁷, as in such cases they agree to waive all entitlements relating to HL and FV travel that would otherwise have been payable.

37. **When offices are open.** When staff members are not authorized by the local authorities to depart from the HL/FV destination and they or any of their household members are not sick with suspected pandemic influenza:

- a) if feasible, they may be authorized to carry out their duties on a telecommuting basis. No DSA will be payable;
- b) if possible, they may be required to report to duty at a UN system Office in the same HL location. NO DSA will be payable.
- c) if possible, they may be required to report to duty at a UN system Office in another location. Travel to the location and DSA will be payable; *or*
- d) if neither option a), b) or c) is possible, they may request annual leave, advance annual leave or special leave without pay (SLWOP).

Depending on circumstances, SLWOP might be granted if requested by a staff member for "other important reasons for such period as the Secretary-General or Executive Head may prescribe." For example, staff member initiated travel during phase III or below and has exhausted all annual leave.

¹⁵ UN Staff rules 105.3 and 205.2 or [insert relevant staff rules of organization/specialized agency](#)

¹⁶ UN Staff rule 107.1 or [insert relevant staff rules of organization/specialized agency](#)

¹⁷ Section 10.3 of ST/AI/2000/20 or [insert relevant instructions of organization/specialized agency](#)

38. Staff members who fall sick, including pandemic influenza, during HL/FV will be granted sick leave upon submission of medical certificate.

39. Staff members who are unable to return by reason of pandemic influenza affecting a member of his/her household, or because of quarantine affecting the household/area, will be placed on SLWFP,¹⁸ upon submission of medical certificate for the household member or quarantine order by local authorities.

40. **When offices are closed.** Staff members who are on HL/FV travel at the time the offices are closed, will be placed on SLWFP as from the day they were due to report for duty. No DSA will be payable.

Education grant travel¹⁹

41. During pandemic phase IV and above, flexibility will be exercised to authorize advance and defer education grant travel (EGT).

42. Staff members must be aware that respective local authorities may at any time prevent either departure from the EGT destination or re-entry to the duty station. In such cases, staff members should take this into consideration when accepting the lump sum option²⁰, as in such cases they agree to waive all entitlements relating to EGT that would otherwise have been payable.

¹⁸ UN Staff rule 106.2, 206.3 and 306.2 or [insert relevant staff rules of organization/specialized agency](#) must be granted by the SG/Executive Head

¹⁹ UN Staff rules 103.20 and 203.8 or [insert relevant staff rules of organization/specialized agency](#)

²⁰ Section 10.3 of ST/AI/2000/20 or [insert relevant instructions of organization/specialized agency](#)

IV. Recruitment and contracts

Recruitment and Reassignments

43. The decision as to whether to initiate recruitment and reassignment of staff during phases IV and above should be made in accordance with the national travel advisories set by the host country and taking into consideration WHO guidelines.. This should be done in conjunction with the Senior Crisis Management Structure relevant to the duty station.

44. Pursuant to the advisories set out above, during pandemic phase IV and above, recruitment and reassignment of staff:

- a) will be carried out in accordance with interests, needs and priorities of the Organization;
- b) initiated in direct support of critical functions and in connection with pandemic influenza will be given priority and the process will be expedited to the extent possible; *and*
- c) will be decided upon on a case-by-case basis by Heads of Departments/Offices and deferred whenever possible, of individuals who are not envisaged to perform critical function or in support of pandemic influenza.

Extension of Appointments

45. During pandemic phase IV and above, every effort should be made to renew staff members' contracts one month in advance. Conversely, staff member should be informed of non-renewal of their contracts at least one month prior to expiry dates when possible.

46. The heightened alert phase shall not be a factor in deciding on renewal and non-extension of contracts, including extension beyond retirement age.

Staff members holding permits/visas

47. A staff member's authorized stay in the duty station normally expires upon separation from service. The same applies to family members and household employees whose permits/visas are derived from the status of the staff member.

48. Most national authorities allow staff members and their families a certain period (e.g. 30 days) after the date of separation in which to leave the country, or adjust their status. If additional time is required, the family members should contact the relevant personnel responsible for permits/visas at the duty station for guidance in requesting extension of the normal grace period.

49. **Repatriation travel and shipment.** If a staff member holds a visa/permit and is not requesting residency status, he/she should be repatriated upon the expiration of his/her contract, and as soon as practicable. If a staff member chooses to remain in the duty station for a longer period, this will not give rise to additional entitlements or further responsibility by the Organization. The two-year time limit for submission of a claim for repatriation grant upon separation will be suspended during any office closure period due to an influenza pandemic situation.

50. If departure from the duty station is possible, but entry to the repatriation destination is not, a staff member can opt to be repatriated to a third location. In such cases, the cost of repatriation should not exceed the amount normally payable.

51. **Extension of Appointment.** Depending on the circumstances, an appointment of an international staff member holding a permit/visa in the duty station and who is not requesting residency status in the host country, could be extended until departure/entry is possible and up until the first flight is available. Such extension would be solely for administrative reasons, and would not give rise to any further entitlement to salary increment, annual leave, sick leave or home leave, but credit towards repatriation grant may continue to accrue. In the event of death during the period of the extension, the period prior to the staff member's death may be taken into account in the determination of the death benefit, if applicable.

V. Salary, benefits and entitlements

Payroll and Salary advances

52. **When Offices are closed.** Organizations should consult with the Comptroller's (payroll) office to determine the relevant arrangements.

Payment of benefits

53. **When Offices are closed.** Benefits may be payable only upon submission of the appropriate support documentation. This time limit will be suspended during any office closure period due to an influenza pandemic situation.

Hazard pay

54. In accordance with General Assembly Resolution 61/239, staff members performing medical functions that directly expose them to life-threatening diseases in the performance of their duties, as defined in Annex III of the 2005 report of the ICSC (A/20/30) are entitled to hazard pay. .

55. **Amounts.** The current rates are:

a) **International Staff members:**

- i) *monthly, US\$1365; and*
- ii) *daily, US\$44.88 ; and*

b) **Locally-recruited staff member:**

- i) *monthly, US\$ [\(insert relevant amount\)](#)*
- ii) *daily, US\$ [\(insert relevant amount\)](#)*

Health insurance

56. Staff and their family members who are enrolled in the following medical programmes are covered for expenses incurred for qualified medical treatment of pandemic influenza: [\(insert other relevant insurance programmes\)](#). Staff members not enrolled in a medical plan should ensure that their plans cover sickness associated with pandemic influenza.

57. In some medical insurance programmes, influenza immunizations for dependent children up to age 19 is covered. During Phases 4 and above, organizations will request the insurance providers to lift the age 19 limit for influenza immunizations until further notice.

58. **When offices are closed.**

a) **Newly recruited staff members and newly reassigned staff members and eligible family members in respect of health insurance:**

- i) *who arrive during closure of offices due to an influenza pandemic: every effort should be made to accept applications within 31 days*

of the date offices re-open; insurance will be effective from the first day of the qualifying contract; and

- ii) *who arrive before closure of offices due to an influenza pandemic:* during phase IV and above, every effort should be made to file applications as soon as possible. Should the offices close due to an influenza pandemic situation within the 31-day time limit, applications will be accepted within 31 days of the date the offices re-open; insurance will be effective from the first day of the qualifying contract.
- iii) *every effort should be made to process recognition of newly-acquired spouse and/or child of currently-serving staff members in New York within 31 days of the date the offices re-open.*

b) **Retiring staff members and eligible for ASHI**

- i) *who separate during closure of offices due to an influenza pandemic situation:* Every effort should be made to accept ASHI applications within 31 days of the date the offices re-open; active service coverage will be continued in the interim; *and*
- ii) *who separate before closure of offices due to an influenza pandemic situation:* during phase IV and above, every effort should be made to file ASHI applications as soon as possible. Should the offices close due to an influenza pandemic situation within the 31-day time limit, active service coverage will be continued in the interim and the 31 day limit will re-start to run from the day the office has re-opened

Life insurance

59. Staff members who are enrolled in Aetna Life Group Insurance ([insert other relevant life insurance programmes if applicable](#)) are covered for death as a result of pandemic influenza.

VI. Death of a Staff Member ²¹

60. It cannot be over-emphasized that all staff involved in making the various arrangements must use their utmost discretion, tact and sensitivity, particularly when dealing with the family of the deceased. In case of queries from the family or insurance companies, it is recommended that complete documentation on the procedures followed should be kept in a confidential file.

61. When a staff member, or his/her accompanying spouse or dependant child, dies the Human Resources Office will assume responsibility for coordinating the actions required and serves as the link between the office concerned and the family of the deceased, providing the family assistance throughout the difficult period following the death.

Death Benefit

62. In the case of death **of a staff member**, the date on which entitlement to salary, allowances and benefits shall cease shall be the date of death, unless there is a surviving spouse or dependent child. In this event, the date shall be determined in accordance with the following schedule:

<i>Completed years of service in the Secretariat²²</i>	<i>Months of extension beyond date of death</i>
3 or less	3
4	4
5	5
6	6
7	7
8	8
9 or more	9

63. Payment related to the period of extension beyond the date of death may be made in a lump sum as soon as the pay accounts and related matters can be closed. Such payment shall be made only to the surviving spouse and dependent children.

64. For:

- a) **staff in the Professional and higher categories**, the payment shall be calculated on the basis of the staff member's gross salary less staff assessment;
- b) **staff in the Field Service category**, the payment shall be calculated on the basis of the staff member's gross salary, less staff assessment plus language allowance, if any;
- c) **staff in the General Service and related categories**, the payment shall be calculated on the basis of the staff member's gross salary, including: language allowance, if any; and in respect of staff in receipt of non-resident's allowance, such non-resident's allowance, less staff assessment applied to the gross salary alone.

²¹ ST/AI/2000/14 or [insert relevant instructions of organization/specialized agency](#)

²² As defined in UN Staff rules 109.4, 209.11 and 309.6 or [insert relevant staff rules of organization/specialized agency](#)

Payments

65. During phase IV and above, priority will be given to arrange for the survivors/designated beneficiaries to receive any payment (or an advance) against any salary, allowances and benefits standing to the credit of the staff member as of the date of death.

After-service health insurance

66. **When offices are closed.** Family members who are eligible for ASHI must normally make application for ASHI within 31 days of staff member's death. If:

- a) **staff member dies during closure of offices due to an influenza pandemic:** ASHI applications will be accepted within 31 days of the date the offices re-open; active service coverage will be continued in the interim; *and*
- b) **staff member dies before closure of offices due to an influenza pandemic:** during phase IV and above, every effort should be made to file ASHI applications as soon as possible. Should the offices close due to an influenza pandemic situation within the 31-day time limit, ASHI applications will be accepted within 31 days of the date the offices re-open; active service coverage will be continued in the interim.

Life insurance

67. **When offices are closed.** There is no prescribed time frame for submitting claims.

Appendix D

68. Compensation will be provided to eligible staff members in the event of death, injury or illness considered to be attributable to the performance of official duties on behalf of the United Nations. All claims for compensation will be subject to the review of the UN Advisory Board on Compensation Claims (ABCC) or ([insert other relevant claims authority](#)). The four-month period to file a claim will be suspended during any office closure period.

Pension Fund benefits

69. **When offices are closed.** The UNJSPF has offices in New York and Geneva and would therefore be able to provide services to participants and beneficiaries either from both offices or from the Geneva office if it is the New York office that has been affected. In an extreme situation the UNJSPF would be able to implement its disaster recovery policy for payroll payments to beneficiaries.

Permits and visas

70. A family member's authorized stay at the duty station normally expires upon staff member's death. The same applies to any household employee whose G-5 permit/visa is derived from the status of the staff member.

71. Most national authorities allow staff members and their families a certain period (e.g. 30 days) after the date of separation in which to leave the country, or adjust their status. If additional time is required, the family members should contact the relevant personnel responsible for permits/visas at the duty station for guidance in requesting extension of the normal grace period.

Education grant²³

72. When a staff member dies while in service **after** the beginning of the school year, no prorating or disqualification will take place in respect of any element of the education grant (EG) to which the staff member would have been entitled had he/she lived to the end of the school year, including boarding expenses or a flat sum for board and EGT.

73. As a result, the full amount of the grant for the normal school year will be paid when processing the separation of the deceased staff member. The EG related forms may be completed by the surviving spouse, the legal representative of the child for whom the EG or EGT is paid, or by the child for whom the claim is requested, if 18 years of age or older. If the school year ends when the final payment has already been processed, settlement will be made as a direct payment to the survivor.

74. **When offices are closed.** The time limit to file EG claims will be suspended during any office closure period due to an influenza pandemic situation.

Repatriation grant²⁴

75. **When offices are closed.** Family members who are eligible for payment of repatriation grant, must normally claim and provide evidence of relocation within two years of the staff member's death. This time limit will be suspended during any office closure period due to an influenza pandemic situation.

Repatriation travel and shipment²⁵

76. Family members who are entitled to repatriation should initiate travel and/or shipment of personal effects as soon as practicable. If a family member chooses to remain at the duty station for a longer period, this will not give rise to additional entitlements or further responsibility by the Organization. The two-year time limit will be suspended during any office closure period due to an influenza pandemic situation.

Repatriation of remains or local interment^{26 27}

77. Before making any arrangements, it is necessary that the family be consulted whether they wish: local burial; cremation and repatriation; or embalming and repatriation. In all instances, local public health regulations and laws will need to be

²³ UN Staff rules 103.20 and 209.6 or [insert relevant staff rules of organization/specialized agency](#)

²⁴ International staff members only.

²⁵ International staff members only.

²⁶ UN Staff rules 107.26, 207.23 and 307.1 or [insert relevant staff rules of organization/specialized agency](#), applicable to any staff member on duty travel to duty station who dies, any staff member or family member on medical evacuation travel to duty station who dies, and international staff members based at the duty station.

²⁷ ST/AI/2000/14 or [insert relevant instructions of organization/specialized agency](#)

observed; the specific instructions of the family of the deceased should be followed as closely as possible in accordance with their own customs. However, during an influenza pandemic situation repatriation of a deceased staff member (or his/her family member) could be delayed or not authorized.

Other

Appeals

78. Should the offices be closed, the time terms will be suspended during any office closure period due to an influenza pandemic situation.

Disciplinary Cases

79. Should the offices be closed, the time terms will be suspended during any office closure period due to an influenza pandemic situation.