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. (Recommendations for uniformed personnel will be issued separately.)

- All duty stations should take into account local host country/authorities’ guidance and regulations when implementing these recommendations.
- As the pandemic continues to evolve, be sure to check here for the latest version of this document.
- Contact dos-dhmosh-public-health@un.org for more information.

### Risk Categories

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<th>Risk Categories</th>
<th>UN Medical Directors’ Recommendations</th>
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| 1  All UN personnel                                   | - All UN personnel should be aware of local COVID-19 epidemiological situation in their duty station, COVID-19 prevention strategies and when/where to seek medical attention when needed.  
- COVID-19 vaccines are safe and effective. True contraindications to COVID-19 vaccines are rare and vary based on type of vaccination. All UN personnel should be offered COVID-19 vaccination after informed consent and based on vaccine prioritization schemes which includes booster doses and additional doses as appropriate. Please see UNMD guidance here for information on booster/additional doses.  
- Vaccination status should be shared with your Organizations/Entities’ medical services.  
- The latest WHO guidance on mask use in the community reaffirms that in settings where there is community or cluster transmission of SARS-CoV-2, a well-fitted mask that covers the nose and mouth is recommended for those interacting with individuals who are not members of their household. Mask types include reusable non-medical masks complying with standards, or disposable medical masks (also known as surgical or procedural masks) meeting WHO standards. A well-fitting non-medical masks including multilayered cloth masks are an acceptable alternative  
- Face shields are meant to provide eye protection only and are not considered equivalent to a mask in terms of respiratory protection and/or source control. |
| 2  UN personnel with risk factors for severe or critical illness | - According to WHO, risk factors for severe/critical COVID-19 illness and death, include those age> 60 years (increasing with age); underlying health conditions such as diabetes, hypertension, obesity, cardiac disease, chronic lung disease, cerebrovascular disease, chronic kidney disease, immunosuppression and cancer.  
- Individuals with risk factors should wear a medical mask.  
- Delay or avoid sending UN personnel with the above risk factors to countries, areas, or territories with community transmission and inadequate medical care. |
| 3 UN personnel who are pregnant or breastfeeding | Pregnant UN personnel are at increased risk of developing severe ease including increased risk of ICU admission and mechanical ventilation compared with non-pregnant women as well as high risk of complications with the pregnancy (preterm birth, babies requiring neonatal intensive care). They should be following guidance in the above Risk Category 2.  
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 and inadequate medical care, due primarily to logistical and practical concerns rather than an increased risk of severe/critical disease.  
• Given the increased risk of COVID-19 during pregnancy as well as increasing data on favorable safety profile, the WHO recommends the use of mRNA-1273 vaccines in pregnant individuals. SAGE Recommendations for other WHO approved vaccines indicate that these vaccines should be offered to pregnant women based on a risk-benefit discussion.  
• The WHO recommends vaccination in lactating women as in other adults and does not recommend discontinuing breastfeeding after vaccination. |
| 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 infected family member’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 splashing). Please click here for WHO information on home care.  
• UN personnel providing care to household members with COVID-19 should ensure they review and adhere to instructions in Risk Category 7 “Contacts of COVID-19 patients”. |
| 5 UN managers who approve travel / UN personnel who are travelling or plan to travel | Travelers should be provided travel advisories issued from a reputable service such as WHO’s Travel Advice page. In addition, travelers should be advised to keep up to date with local health advice by checking with the destination country’s embassy, consulate, or Ministry of Health, and adhere to them.  
• Where travel clearances are done, medical clearance for duty travel should in almost all cases require vaccination. Exceptions include for a traveler with a confirmed lack of access to vaccines or proven medical contraindications to vaccination. See UNMD Statement’ COVID-19 vaccination requirements for Duty Travel’ for more information here.  
• For all official travel, UN managers and/or UN personnel should undertake a risk assessment to evaluate the criticality of the proposed travel against the risks to the traveler for travel to locations with significant community transmission of COVID-19. This includes risks posed by both medical issues and evolving travel/border restrictions enacted by states parties.  
• Pregnant women and those with comorbidities should consult with a health care provider and/or their supporting medical service to better ascertain their risk of travel.  
• Given the circulation of variants, the WHO suggests a risk-based approach to adjust international travel measures.  
• While the WHO does not recommend a vaccination passport as a requirement for entry or exit, nevertheless, all travellers should comply with a host country’s and airline’s requirements (e.g. vaccination
proof/tests) and must follow the recommendations and advice regarding self-monitoring, quarantine periods, and screening when entering/exiting the country.

- A copy of the COVID-19 vaccination record should be shared with Agency’s Medical service as other vaccinations are, and can be recorded in the Yellow Book/Carte Jaune or digital vaccination record, along with any other documented evidence of COVID-19 vaccination and/or evidence of positive COVID-19 testing (if applicable) should be kept on hand when travelling.
- Furthermore, based on local risk assessment the UNMD recommends that UN entities/offices 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 UNMD recommend that the UN country teams take a conservative approach and shield UN personnel from risk in order to afford them reasonable safety.

**UN personnel who recently returned from travel**

- All UN personnel returning from travel are to monitor for signs or symptoms of COVID-19 illness for 14 days and follow any local recommendations on precautionary measures including mask use, quarantine and testing.
- If a returned traveler develops signs or symptoms of COVID-19 within 14 days of travel, they should immediately isolate and seek medical advice including testing. The travel history should be shared with the health care provider, and if visiting a health care provider or facility, a medical mask should be worn, and the facility notified of the possibility of COVID-19 symptoms beforehand.

**Contacts of COVID-19 patients**

- Per WHO, a contact is defined as anyone with the following exposures to a COVID-19 case, during their “infectious period” (2 days before to 10 days after symptom onset of the case, plus at least 3 additional days without symptoms, for a minimum of 13 days total after symptom onset). For asymptomatic individuals, contact tracing should start 48 hours before positive test date and continue for 10 days after the date on which the sample that led to confirmation was taken.: (Reference: https://www.who.int/publications/i/item/contact-tracing-in-the-context-of-covid-19)
  
  - Face-to-face contact with a probable or confirmed case within 1-metre/3 feet and for at least 15 minutes
  - Direct physical contact with a probable or confirmed case
  - Direct care for a patient with probable or confirmed COVID-19 disease without the use of recommended PPE
  - Other situations as indicated by local risk assessments
- Priorities for contact tracing include those contacts at highest risk of getting infected or spreading the virus, developing severe disease (i.e., those with underlying medical conditions, immunosuppressed individuals, the elderly or unvaccinated/under-vaccinated individuals) and HCWs.
- The WHO recommends that when COVID-19 incidence is high, a risk-based approach to reducing quarantine from 14 days for all contacts can be considered. Shortening of quarantine duration will increase risk of transmission and needs to be balanced against factors such as population immunity and health care capacity. Quarantine may end after 10 days from last exposure without testing if the contact doesn’t develop symptoms. Alternatively, if SARS-CoV-2 testing is available then this can be used to help further
shortening quarantine to for example 7 days if negative and the contact does not have symptoms. If quarantine period is shortened, the individual should continue to wear a well-fitted medical mask at all times for both indoor and outdoor activities where interactions with others might occur for the remainder of the total 14 days. If symptomatic during the quarantine period the individual should be isolated immediately and treated as a suspect case and follow isolation guidelines.

- Please see section 12 for more information on contacts of COVID-19 patients who are fully vaccinated.

| 8 UN health care workers (HCWs) | UN HCWs are priority groups for the COVID-19 vaccination.  
|                               | UN HCW’s with clinical duties should in almost all cases require vaccination. Exceptions include for a HCW with a confirmed lack of access to vaccines or proven medical contraindications to vaccination.  
|                               | Appropriate infection prevention and control measures should be applied for confirmed/suspect COVID-19 patients. See WHO for more information.  
|                               | Medical personnel should be familiar with management of severe acute respiratory infection: See WHO clinical management guidance and information on COVID-19 specific therapeutics here.  
|                               | UN HCWs should use a fit-tested N95 or FFP2 or equivalent for suspect/confirmed COVID-19 patients. A seal check should be performed before each use. |

| 9 Public facing UN and contracted personnel | All tasks considered high risk for exposure should be subject to an individual risk assessment in order to achieve operational aims of the work whilst still affording reasonable safety to the worker.  
|                                           | Whenever possible, public facing UN personnel (e.g., security guards) with a requirement to perform a task with an increased risk of exposure to those with unknown vaccination or clinical status should be vaccinated, and wear an appropriate mask, and maintain a minimum distance of 1-2-metre/3-6 feet from the public.  
|                                           | Where direct exposure from coughing or sneezing is possible, or to establish fixed distancing, physical barriers such as desks or plexiglass screens may be of value. Note such measures are not a substitute for mask use  
|                                           | Adherence to hand hygiene and public health and social measures are required |

| 10. All Senior UN Administrators | Utilize the COVID-19 DHMOSH/UNMD Preparedness Checklist For All Duty Stations to evaluate the completeness of your internal plan and regularly update your pandemic preparedness/response plans.  
|                               | Ensure that clear, concise information on the local/UN requirements general management of a suspected or confirmed COVID-19 case is available to UN personnel. This information should be kept updated.  
|                               | Ensure that a coordinated approach is made when establishing a plan to manage COVID-19 risks in the workplace, including for reduction or an increase in on-site footprint. In this regard the UN Medical Directors recommend establishing an Occupational Safety and Health Committee, as appropriate, to guide this plan.  
|                               | Review the UNMD’s Risk Management Framework on Return to the Workplace 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. Please click here for contact info. |
11 UN personnel with confirmed or probable COVID-19

- WHO continues to recommend that the isolation period for positive cases 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.
- Where a case is likely or due to a work-related exposure, this should be documented for potential compensation purposes, and investigated by medical or health and safety personnel to identify if there are opportunities to improve the prevention of transmission in the workplace.
- If feasible, all entities are to encourage reporting of confirmed or suspected cases in personnel to their supporting medical service.
- Even if you have already had COVID-19, you should be vaccinated. The protection that someone gains from having COVID-19 will vary from person to person, and we do not yet know how long natural immunity might last. There is no specific timing when the vaccine should be given to someone with COVID-19, however they should not be vaccinated while they are actively contagious. In times where vaccine supply is low one might consider delaying the vaccine for up to 6 months, although this needs to be balanced with the risk of variants of concern. Shorter duration between recovery and receiving COVID-19 vaccination can be discussed with local medical provider.
- If an individual was treated with a monoclonal antibody, COVID-19 vaccination should be delayed for at least 90 days.
- Please note that even those who are vaccinated for COVID-19 can become infected with COVID-19 particularly with the Omicron variant. Therefore, even if an individual is vaccinated, if they show signs and symptoms of COVID-19 they should be isolated and tested for 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.

12 UN personnel who are fully vaccinated against COVID-19

- COVID-19 vaccines have been shown to protect an individual from serious illness and death. However, since vaccination rates vary in local communities and amongst UN personnel, and given global variants of concern, and paucity of information on how long the vaccine protection lasts, the UNMD continue to recommend following the recommend public health and social measures (PHSM) including physical distancing of at least a 1-2-metre/3-6 feet distance from others, covering a cough or sneeze in your elbow, cleaning your hands frequently and wearing a mask, particularly in enclosed, crowded or poorly ventilated spaces.
- Local health authorities prescriptions regarding modality and extension of the aforementioned measures to UN personnel will be taken in due consideration by UNCTs when deciding their adoption.
- Those who are within 90 days of their primary series or booster vaccination can be considered lower priority for contact tracing or undergo shorter quarantine as outlined in section 7. Beyond ~90 days vaccinated contacts should be considered the same as unvaccinated contacts, per WHO.