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, do check here for the latest version of this document.
- Contact dos-dhmosh-public-health@un.org for more information.

<table>
<thead>
<tr>
<th>Risk Categories</th>
<th>UN Medical Directors Recommendations</th>
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| 1 All UN personnel | - All UN personnel should have comprehensive awareness of COVID-19 prevention strategies found here.
- All UN personnel should be aware of how and where to seek medical attention when needed for COVID-19.
- All UN personnel should be offered COVID-19 vaccination based on vaccine prioritization schemes and provided with information about side effects, which usually are local and short-lived.¹
- Please note, that it is important you share your vaccination status with your Organizations/Entities’ medical services.
- Guidelines for use of medical masks (also known as surgical or procedure masks), 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) are available here. WHO here indicates that non-health professionals involved in community outreach activities who are at higher risk of potential exposure to SARS-CoV-2 should wear a medical masks (also known as a surgical or procedure mask), and those at lower risk should wear a non-medical/fabric mask. Any professional over the age of 60 or who has an underlying medical condition should wear a medical mask.
- When 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.
- In general, medical masks should be prioritized for healthcare workers and those who have symptomatic COVID-19 and their caregivers. |
| 2 UN personnel with risk factors for severe or critical illness | - UN personnel with risk factors for severe/critical illness include those over 60 years of age (risk increases with age); those with underlying noncommunicable diseases such as diabetes, hypertension, obesity, cardiac disease, chronic lung disease, cerebrovascular disease, chronic kidney disease, immunosuppression and cancer have been associated with higher mortality and morbidity. See here for more information. |

¹ A history of anaphylaxis to any component of the COVID-19 vaccine is a contraindication to vaccination. People who have an anaphylactic reaction following the first dose of a vaccine should not receive a second dose of the same vaccine.
For pregnant women, see Risk Category 3 below. Existing COVID-19 vaccines are safe and effective for most people 12 years and older, including those with pre-existing conditions of any kind, including auto-immune disorders.

For UN personnel with the above risk factors, a medical mask (also known as a surgical or procedure mask) use is suggested. See here and here for more information.

Delay or avoid sending UN personnel with the above risk factors to countries, areas, or 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 UN’s COVID-19 Administrative Guidelines. The decision regarding a location of alternate/ flexible working (i.e., remain in duty station, return to home country, etc.) should be determined in discussion with your HR.

• Pregnant UN personnel are considered vulnerable to COVID-19 and at increased risk of severe disease and complications with the pregnancy (preterm birth, babies requiring neonatal intensive care). They should be following guidance in the above Risk Category 2 (pg. 1). 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, due primarily to logistical and practical concerns rather than an increased risk of severe/ critical disease.

• Based on what we know about the current vaccines available, we do not have any specific reason to believe there will be risks that would outweigh the benefits of vaccination for pregnant women. While pregnancy puts women at higher risk of severe COVID-19, very little data are available to assess vaccine safety in pregnancy. For this reason, pregnant women who are at high risk of exposure to SARS-CoV-2 (e.g. health workers) or who have comorbidities which add to their risk of severe disease may be vaccinated in consultation with their health care provider. See here for WHO guidance on this.

• The WHO recommends vaccination in lactating women as in other adults and does not recommend discontinuing breastfeeding after vaccination.

• 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 Risk Category 7 “Contacts of COVID-19 patients” and follow actions as appropriate.

In response to the COVID-19 outbreak, many countries have applied restrictions and limited flights though this is slowly changing and easing of restrictions have begun in many parts of the world.

As an occupational health measure, the UNMD recommends 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 in countries, areas, or territories with community
transmission of COVID-19. This includes risks posed by both medical issues and evolving travel/border restrictions enacted by states parties.

- HR network recommendations should also be consulted for travel pertaining to home leave and Rest and Recuperation (RnR). FAQ on RnR and other leave/admin issues are available [here](#).
- 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:
  - Ensure you receive your agency’s travel clearance and consult with a qualified healthcare provider before travel.
  - Do not travel if you are sick or have a fever and/or cough.
  - Ensure adherence to hand hygiene and maintaining a minimum of 1-metre/3 feet distance (or as advised by local authorities) from people who are coughing and sneezing.
  - Monitor your health for 14 days after your travel and review the below Risk Category 6, prior to return. Use a symptom diary (Temperature & Symptom log) available [here](#).
  - Avoid the consumption of raw or undercooked animal products and always follow proper food hygiene practices.
  - Avoid visiting live markets in areas experiencing cases of COVID-19.
  - Ensure you have extra supplies of medications you take regularly in case of flight/travel disruptions.
  - 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 country’s 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.
- At this time “vaccine passports” have not yet been recommended by the WHO, but this is an evolving area.

### 6 UN personnel who recently returned from travel

- At this time, WHO does not recommend a vaccination passport as a requirement for entry or exit though many countries are looking into the possibility of this.
- Documented evidence of the completed COVID-19 vaccine series should be shared with your agency’s medical service as other vaccinations are, and can be recorded in the Yellow Book/Carte Jaune.
- The Yellow Book/Carte Jaune along with any other documented evidence of the COVID-19 vaccination should be kept on hand when travelling internationally.
- All travellers should be aware and must comply with the host country’s requirements regarding 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 could include the need for a 14-day 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 individuals returning from countries with ongoing community transmission, it is recommended to self-monitor for symptoms for 14 days after travel, using the symptom log available here.
• During the period you are self-monitoring or in quarantine (as determined by individual countries), you should isolate and seek immediate medical attention if you develop any signs or symptoms, such as fever, shortness of breath or cough. Remember to share your travel history with your health care provider. When visiting a doctor or medical facility in person, make every effort to inform them by phone prior to your visit and wear a medical mask.
• 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 here.
• New WHO guidance on risk-based international travel is available here which includes a risk assessment to determine modification to public health measures (including quarantine) based on local epidemiology in the departure/destination country, volume of travel between countries, public health and health services capacity to detect and manage cases and identify contacts, as well as existing public health measures in place. The WHO states that vaccination proof should not be required as a condition for entry/exit into a country. However, all UN personnel should be aware that national authorities may have individual approaches to this, and testing or quarantine requirements for entry into the country.
• For UN personnel who are fully vaccinated and returning from travel please see section Risk Category 12.

7 Contacts of COVID-19 patients
• According to 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:
  o Face-to-face contact with a probable or confirmed case within 1-metre/3 feet and for at least 15 minutes  
  o Direct physical contact with a probable or confirmed case  
  o Direct care for a patient with probable or confirmed COVID-19 disease without the use of recommended PPE  
  o Other situations 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 and follow isolation guidelines.
• More information on contact tracing in the UN workplace can be found here.
• Please see section Risk Category 12 for more information on those who are fully vaccinated.

8 UN health care workers (HCWs)
• Within UN healthcare facilities, always follow appropriate infection prevention and control measures including the routine and consistent implementation of standard precautions in clinics and hospitals regardless of the patient’s diagnosis. Additional information on infection prevention and control can be found here.
• Additional information on standards, precautions in health care can be found here.
• Additional information on PPE use can be found here.
- Become familiar with WHO, and DHMOSH guidance for management of severe acute respiratory infection: See WHO clinical management guidance. Receive specialised training via WHO’s free Open Course Online Training on the management of severe acute respiratory infection available here.
- 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 UNMD recommends that for all suspect, probable or confirmed COVID-19 cases, UN health care workers should adopt a conservative approach (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 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. Additional information can be found here.
- Encourage all UN personnel to receive the influenza and COVID-19 vaccine as well as ensure all other vaccines are up to date and appropriate for their duty station.
- HCWs are priority groups for the COVID-19 vaccination. Please see appropriate sections if the UN health care worker has underlying medical conditions or is pregnant.

**9 Public facing UN personnel (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 1-metre/3 feet 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 found here.
- Encourage all UN personnel with high occupational risk exposure to receive COVID-19 vaccination per UN guidance found here.
- Adherence to strict hand hygiene measures is necessary regardless of the PPE used.
- UN Personnel involved in cleaning should adhere to WHO recommendations for cleaning and disinfection of the environment and equipment, including linens and utensils.
- Any other role that is not listed here should maintain a minimum distance of 1-metre/3 feet (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 assessment to decide if any PPE may be warranted. WHO guidance indicates that non-health professionals involved in community outreach activities who are at higher risk of potential exposure to SARS-CoV-2 should wear a medical masks, and those at lower risk should wear a non-medical/fabric mask as described in section 1.
- Eye protection such as face shields might be used in some instances but does not provide the same protection as a mask.

**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.
• Review the COVID-19 3-phase response activation system and 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 protocols 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, see here. Keep staff informed of these protocols.
• For administrative guidelines related to the management of staff during this outbreak see 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.
• Be familiar with WHO’s guide for preparing the workplace for COVID-19 together with your duty station’s risk situation based on WHO Considerations for implementing and adjusting public health and social measures in the context of COVID-19 Interim guidance.
• Review the UNMD’s Risk Management Framework on Return to the Workplace here, and implement accordingly.

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.
• WHO recommends 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.
• Individuals in the workplace are considered contacts if they have been exposed to a symptomatic confirmed or probable cases during the 2 days (48 hours) before and 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. These individuals should be identified and the list shared with UN medical officers to allow for timely contact tracing. 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. (WHO Reference)
• Even if you have already had COVID-19, you should be vaccinated when it is offered to you. 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.
• If an individual was treated with a monoclonal antibody, COVID-19 vaccination should be delayed for at least 90 days.
• Note that individuals vaccinated for COVID-19 can sometimes still become infected with COVID-19. 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.

12 UN personnel who are fully vaccinated against COVID-19

• People are considered fully vaccinated:
  o 2 weeks after their second dose in a 2-dose series (e.g. AstraZeneca COVID-19 vaccine)
  o 2 weeks after a single-dose vaccine (e.g. Johnson & Johnson’s Janssen COVID-19 vaccine)

• COVID-19 vaccines have been shown to protect you from serious illness and death. New evidence shows that vaccination also substantially reduces the risk of onward transmission of SARS-CoV-2 to susceptible contacts as well as has a positive impact on the disease dynamics in the population.

• Since vaccination rates vary in local communities and amongst UN personnel, and continued circulation of global variants of concern exists, along with uncertainty regarding how long the vaccine protection lasts, we continue to recommend physical distancing of at least a 1-metre/3 feet distance from others, cover a cough or sneeze in your elbow, clean your hands frequently and wear 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 should be taken in due consideration by UN Country Teams when deciding their adoption.

• For those who are fully vaccinated, new WHO guidance allows to consider modified quarantine requirements following close contact or international travel, as well as modified requirements for face masking and physical distancing when congregating indoor in special circumstances.

• Documented evidence of the completed COVID-19 vaccine series should be shared with Agency’s Medical service as other vaccinations are and can be recorded in the Yellow Book/Carte Jaune.

• The Yellow Book/Carte Jaune along with any other documented evidence of the COVID-19 vaccination should be kept on hand when travelling internationally.