United Nations Medical Directors
Risk Mitigation Plan for Coronavirus Disease 2019 (COVID-19)
Recommendations for UN Personnel
17 May 2021

- 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 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.
- If any questions, please contact DHMOSH Public Health Section at dos-dhmosh-public-health@un.org

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<th>Risk Categories</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 they and their dependents can seek medical attention when it is needed for COVID-19 related health concerns.
- 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. (Note: A history of anaphylaxis to any component of the 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. Individuals who have had blood clots associated with low platelet levels (TTS) after their first dose of the AstraZeneca vaccine should not receive a second dose of the vaccine. See further information on the AstraZeneca vaccine here.) Please note, information on your vaccination status could be shared with your Organizations/Entities’ medical services.
- 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.
- 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. Please see here for more information.
- 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. |
| 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 and morbidity. See here for more information. For pregnant women, see Risk Category 3 below. COVID-19 vaccines are safe and effective for most people 18 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](#) 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 HR.

### UN personnel who are pregnant
- 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.
- It is not yet clear whether COVID-19 vaccines can be excreted through breastfeeding. To determine the best course of action, the developmental and health benefits of breastfeeding should be considered along with the mother’s clinical need for immunization against COVID-19.
- WHO does not recommend discontinuing breastfeeding after vaccination.

### 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 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.

### UN managers who approve travel / UN personnel who
- In response to the COVID-19 outbreak, many countries have applied restrictions and limited flights.
- 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
are travelling or plan to travel

- 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 are available at [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 because it is not certain at this stage that the vaccine prevents transmission.
- All travellers should be aware and must comply with the host country’s requirements and must follow the recommendations and advice 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 will apply to all UN personnel (uniformed and civilian) 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.
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 14 days of case’s symptom onset):
  - 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

- 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.

- More information on contract tracing in the UN workplace can be found here.

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. 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 UNMDS 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.
• HCWs are priority groups for the COVID-19 vaccination. Please see appropriate sections if the UN HCW has underlying medical conditions or is pregnant.

9 Public facing UN and contract 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 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.
• 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.
### 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 confirmed or probable cases during the 48 hours before onset of symptoms and 14 days 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.
- 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 also do not 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 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.

### 12 UN personnel who are fully vaccinated against COVID-19
- In general, people are considered fully vaccinated:
  - 2 weeks after their second dose in a 2-dose series, such as the AstraZeneca vaccine
  - 2 weeks after a single-dose vaccine, such as Johnson & Johnson’s Janssen vaccine
- Vaccination protects you from getting seriously ill and dying from COVID-19. For the first fourteen days after getting a vaccination, you do not have significant levels of protection, then it increases gradually. For a single dose vaccine, immunity will generally occur two weeks after vaccination. For two-dose vaccines, both doses are needed to achieve the highest level of immunity possible.
- While a COVID-19 vaccine will protect you from serious illness and death, we still do not know the extent to which it keeps you from transmitting the virus to others. To help keep others safe, continue to maintain 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. Always follow guidance from local authorities based on the situation and risk where you live.
- As aligned with WHO, the UN has not made any changes to its preventive policy, quarantine and isolation guidance, and the above recommendations. Guidance will be updated as new evidence emerges.