United Nations Medical Directors
3 April 2020

(Note: This document may be frequently updated and is valid from date above)

- 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 or mitigating its impact.
- All duty stations need to take into account the local host country/authorities' guidance and regulations when implementing these recommendations.
- For any questions, contact the Division of Healthcare Management and Occupational Safety and Health (DHMOSH)'s Public Health team at [mailto: dos-dhmosh-public-health@un.org](mailto: dos-dhmosh-public-health@un.org)

<table>
<thead>
<tr>
<th>UN Personnel Risk Categories</th>
<th>UN Medical Directors Recommendations</th>
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- Regardless of location, all UN personnel should be **aware of how and where they and their dependants can seek medical attention** when it is needed.
- **Routinely wearing a medical mask (also known as a surgical or procedure mask) is NOT recommended for well individuals with no respiratory symptoms.** Medical masks might be worn in some countries according to local cultural habits and/or due to local authorities' decisions. If masks are used, ensure **best practices are followed on how to wear, remove, and dispose** of them and on **hand hygiene** action after removal. Please [click here](https://hr.un.org/page/novel-coronavirus-2019-ncov) for advice by WHO. |
| **2 UN Personnel with risk factors for severe or critical illness** | - UN Personnel with risk factors for severe or critical illness include those age >60, **underlying co-morbidities e.g. diabetes, cardiovascular and chronic lung disease, cancer and immunocompromised individuals.**
- Delay or avoid sending UN Personnel with risk factors to countries, areas or territories with local transmission1 any UN personnel who may be at higher risk of severe or critical disease |
severe or critical illness

UN Personnel with risk factors for severe/critical disease should review for alternate/flexible working arrangement policies to minimize exposure to COVID-19: Click here for Administrative Guidelines. The decision on location of alternate/flexible working (i.e. remain in duty station, return to home country etc) should be determined in discussion with HR.

3 UN Personnel who are pregnant

At this time, based on limited data, UN Personnel who are pregnant are not identified as a high risk group for COVID-19 by the WHO and should following guidance in Risk Category 1. However given the fact that pregnancy might require specialized services including but not limited to hospital care for deliveries, consideration for alternate/flexible work arrangement should be strongly considered in this group.

Delay or avoid sending pregnant UN Personnel to countries, areas or territories with local transmission not due to increased risk of severe/critical disease but due to logistical and practical concerns.

4 UN Personnel Caring For Household Member(s) with COVID-19 at Home

If UN personnel are providing care to sick family members with COVID-19 at home they should wear a medical mask when entering the patient’s room. If they are providing direct care or handling stool, urine or waste from a COVID-19 patient, they should also wear gloves and an apron (if there is risk of splash). Please click here for further information.

UN personnel providing care of household members with COVID-19 should ensure they review section 7 “Contacts of COVID-19 patients” and following actions as appropriate.

For more information on home care, please see WHO guidance.

5 UN Managers Who Approve Travel / UN Personnel Who Are Travelling or Plan to Travel to Affected Areas^1 Experiencing Ongoing Transmission of COVID-19

In response to the COVID-19 outbreak, many countries have applied restrictions and limited flights.

As an occupational health measure, UNMDs recommend that, for all official travel, UN managers and/or UN personnel should undertake a risk assessment to evaluate the criticality of the proposed travel balanced against the risks to the traveler for any travel to or meetings in countries, areas of territories with local transmission of COVID-19. This includes risks posed by both medical issues and evolving travel/border restrictions enacted by states parties. Click here for travel advice. Country specific travel restrictions may be reviewed at http://unwfp.maps.arcgis.com/apps/opsdashboard/index.html#/db5b5df309ac4f10bfd36145a6f8880e

If proceeding with travel, it should be booked in business class regardless of duration of travel in order to support social distancing. Preference should be given to flights where staff can be seated in single seats in business class (as opposed to paired seats) whenever possible (e.g a 1/2/1 cabin configuration, with seating allocated in the window seats).

HRN recommendations should also be consulted for travel pertaining to home leave and Rest and Relaxation (RnR). FAQ on RnR is available at under this link and information of leave and other administrative 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.

^1 For list of countries, areas or territories with local transmission please refer to WHO’s latest COVID-19 situation report found at https://www.who.int/emergencies/diseases/novel-coronavirus-2019/situation-reports/
• If you must travel to an area/s reporting community transmission of COVID-19, pay attention to your health during your travel and after you leave:
  o Ensure you receive your agency’s travel clearance and consult with a qualified healthcare provider before travel.
  o Do not travel if you are sick or have fever and cough.
  o Ensure adherence to hand hygiene and maintaining a minimum of 1-2 m distance from people who are coughing and sneezing.
  o Monitor your health for at least 14 days after your travel and review the below Risk Category 4, prior to return.
  o Avoid the consumption of raw or undercooked animal products and always follow proper food hygiene practices.
  o Avoid visiting live markets in areas experiencing cases of COVID-19.
  o Ensure you have extra supplies of medications you take regularly in case of flight/travel disruptions.
  o Seek medical care immediately if you begin to develop fever or respiratory symptoms such as shortness of breath or cough. Remember to share your previous travel history with your health care provider and make every effort to inform them by phone prior to visiting a medical facility.

• Keep up to date with local health advice before and during your travel by checking with the destination countries’ embassy, consulate, or Ministry of Health and keep up to date with local health advice before and during travel. You should also comply with any screening measures put in place by local authorities.

6 UN Personnel Who Recently Returned From a country, area of territory with local transmission of COVID-19

• Retuming travellers must comply with all host country’s requirements for returning travellers and advice of local health authorities.
• If you have just returned from a country, area or territory with local transmission, you should quarantine as well as self-monitor for symptoms for 14 days after travel.
• During that period, you should seek immediate medical attention should you develop any signs and symptoms, such as fever, shortness of breath or cough. Remember to share your travel history with your health care provider and make every effort to inform them by phone prior to visiting a medical facility and wear a medical mask when you seek medical care in-person.
• You should only return to work when you are well and completely free of symptoms during the 14 day period.
• HR personnel and managers are encouraged to exercise flexibility including alternative/flexible work arrangements to support staff who are required to stay at home. More information on flexible/alternate work arrangements can be found here.

7 Contacts of COVID-19 Patients

• WHO defines “contacts” as persons involved in the following activities as per WHO resources on quarantine and home care):
  o Having face-to-face contact with a COVID-19 patient within 1-2 meters and for >15 minutes.
  o Providing direct care without proper personal protective equipment (PPE) for COVID-19 patients.
  o Staying in the same close environment of a COVID-19 patient (including workplace, classroom, household, gatherings).
o Traveling together in close proximity (1-2 m) with a COVID-19 patient in any kind of conveyance within a 14-day period after the onset of symptoms in the case under consideration.

o Other situations as indicated by local risk assessments

For the above contacts of lab-confirmed cases, WHO recommends that **such persons be quarantined for 14 days from the last time they were exposed to a COVID-19 patient**

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### 8 All UN Health Care Workers

- Within UN healthcare facilities, emphasize standard infection prevention and control practices in clinics and hospitals. Always **follow appropriate infection prevention and control measures including the use of PPE routinely and consistently implement standard precautions** regardless of the patient’s diagnosis.

Find info on infection prevention and control by [clicking here](#).

Find info on standards, precautions in health care by [clicking here](#).

Find info on PPE use by [clicking here](#).

- Become familiar with WHO, and DHMOSH guidance for management of severe acute respiratory infection: See [clinical management](#) as well as [operational considerations for case managmenet](#).

Receive specialised training via WHO’s free Open Course Online Training on the management of severe acute respiratory infection available at [https://openwho.org/courses/severe-acute-respiratory-infection](https://openwho.org/courses/severe-acute-respiratory-infection).

- 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 and in reference to the available DHMOSH guidance.

- The UN Medical Directors recommend that, **for all suspect, probable or confirmed COVID-19 cases, UN health care workers should adopt a conservative approach in**, i.e. using N95 or FFP2 or equivalent, dependent on availability of negative pressure rooms and fit testing. Please note that individuals must be properly fit-tested before use of N95 or equivalent.

- Judicious and appropriate use of PPE is crucial given global PPE shortages. Whenever possible HCWs caring for for suspect or confirmed cases should be limited for safety reason and also to reduce unnecessary PPE utilization.

- UN medical staff should review, familiarize, and be **trained to don and doff the PPE needed for management of COVID-19 cases**. For more information please [click here](#).

- Encourage all UN personnel to **receive the influenza vaccination**. The WHO guideline on operational considerations for case management for COVID-19 in health facility and community is [available here](#).

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### 9 Public facing UN and contracted Personnel working in (security guards or other forward facing roles such as receptionists, cleaners, ambulance drivers)

- Whenever possible public facing UN Personnel (i.e. security guards or other forward facing staff, receptionists, cleaners, ambulance drivers) should strive to maintain a minimum distance of 1-2 meters from others at all times.

Where this is confirmed, security guards should have accessed to PPE incuding at minimum a medical mask and eye protection. If splashes are anticipated a gown and gloves can be worn. A plexiglass window/physical barrier may be used depending on the personnel’s role.

Please [review PPE recommendations based on job/role](#) (not limited to HCWs).

- Adherence to **strict hand hygiene** measures is necessary regardless of PPE used.
<table>
<thead>
<tr>
<th><strong>UN Personnel involved in cleaning</strong></th>
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<tr>
<td>should adhere to WHO recommendations for cleaning/disinfection of environment and equipment, including linens and utensils. For more info click here.</td>
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<tr>
<td>Any other role that is not listed here should maintain a minimum distance of 1-2 meters 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.</td>
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10 **All UN Administrators**

- Utilize the COVID-19 DHMOSH/UNMD Preparedness Checklist For All Duty Stations to evaluate the completeness of your internal plan.
- Ensure all UN personnel have comprehensive awareness of COVID-19 prevention strategies. Information is available here.
- Develop, update, and test business continuity plans that will allow for the performance of critical functions with reduced number of UN personnel or closure of the office.
- In alignment with local health authorities, develop workplace protocol for how to manage any UN personnel who meets the WHO/local health authorities’ definition of a suspected or confirmed COVID-19 case or their contacts and reporting mechanisms. For WHO case and contact definitions click here. Keep staff informed of these protocols.
- For administrative guidelines related to the management of staff during this outbreak, click here.
- If your duty station has UN health care workers, ensure the appropriate selection of PPE for UN healthcare workers is available and accessible.
- Ensure availability and access to counselling services for UN personnel for those who need to speak to a counsellor due to stress or other psychosocial needs. Click here for contact info.
- Be familiar with WHO’s guide for preparing the workplace for COVID-19.

11 **UN Personnel with confirmed or probable COVID-19**

- UN Personnel diagnosed with confirmed COVID-19 or probable COVID-19 (where diagnostic testing was not conducted) should not return to work until cleared by a medical professional and keep their UN Medical Officer informed of their clinical evolution.
- Where diagnostic testing is not possible, the WHO recommends return to work only after two weeks without symptoms. UNMD’s current guidance is to follow WHO’s recommendation of a minimum of two weeks without symptoms prior to return to work.
- If diagnostic testing is available the WHO suggests two negative PCR tests at least 24 hours apart. For those individuals with severe or critical illness, duration of recovery and clearance to return to work may be longer depending on the hospitalization course but at minimum would follow the recommendations for those with mild/moderate illness.
- Workplace contacts of confirmed or probable cases during the 48 hours before onset of symptoms should be identified and list shared with UN Medical Officers to allow for timely contact tracing.
- If UN personnel are under isolation in a secure compound in their duty station procedures for home isolation as recommended by the WHO should be followed.