3-PHASE APPROACH TO GUIDE PANDEMIC MANAGEMENT: IN CONTEXT OF COVID-19

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Check for the most updated version and helpful resources at COVID-19 website at
https://www.un.org/en/coronavirus/reference-documents-administrators-and-managers

3-PHASE RESPONSE SYSTEM

This document outlines a three-phased approach to guide the management and coordination of health emergency responses in the UN. This system can be activated in response to disease outbreak, and other public health emergencies. This document is not meant to be prescriptive, but to cover broad categories of responses, both medical and non-medical orientated, that would be encountered as part of typical response to an outbreak / pandemic of an infectious disease.

All UN offices and duty stations should develop or update their outbreak/pandemic contingency plans to include the categories and recommendations made in this 3-phase response guidance. As per standard practice, all contingency plans should take into account local health authorities' and WHO office's advice. Wherever possible, the response should be guided by a local multi-disciplinary occupational safety and health committee, as a part of or on behalf of a crisis management body. This will ensure broad ranging input from technical specialists, staff and management.

Duty stations can shift up and down this 3-phase system bi-directionally, depending on the local circumstances in their duty station/host country.

Triggers for moving up or down a phase is delegated to the most senior UN official in country (DO/RC/SRSG) in consultation with local UN medical services. If necessary, the UN Medical Director can also advise the medical staff and/or Country Team at each duty station which phase is appropriate to their local circumstances, in light of the unfolding health emergency situation in their context and region/country.

Please ensure to take into account your local health authorities' and local WHO office directives when applying this guidance. For any questions, please contact DHMOSH Public Health at dos-dhmosh-public-health@un.org

DETAILS OF EACH PHASE

PHASE 1: READINESS PHASE

During this phase, there is a specific outbreak of concern globally or anticipated by the scientific community, but there is no specific local spread in your duty station, or if the disease exists locally, it does so in sporadic form, with no/limited evidence of person-to-person spread. Despite this, the duty station in this phase should prepare as if the outbreak may have impact on their daily operations and that this impact might be significant. It is therefore necessary to prepare, review and continuously update public health, medical response, and business continuity plans and strategies, and start all

preparedness actions as indicated for this phase. These include awareness raising, disease-specific education and targeted communications. During this phase, duty stations should coordinate with relevant stakeholders and local health authorities to develop and establish an outbreak / health emergency contingency plan and establish plans for regular updating and testing of the plan. Duty stations should conduct simulation exercises to test their contingency plans, continuously assess existing capacities to respond and identify gaps, coordination and delegation of tasks. In this phase, all duty stations should be prepared to ramp up quickly to the next phase.

PHASE 2: ACTIVE RISK REDUCTION PHASE

During this phase, there is some local community person-to-person spread of the disease in the duty station, and active measures to mitigate risk in the workplace is required. Measures may include management of meetings and reduction of staffing footprint in the workplace/duty station, with a specific focus on vulnerable personnel such as immunocompromised staff or those with co-morbidities. The definition of vulnerable group may be adjusted based on the pathology and available technical information for the current outbreak/pandemic. The workplace remains open physically but measures are put in place to reduce risk such as implementation of physical distancing and other activities as defined by the outbreak/pandemic in context.

PHASE 3: EMERGENCY PHASE

In this phase, full implementation of risk management, medical and non-medical response measures is required due to the fact that there is now a large number of cases in the host country and widespread community spread resulting in high risk to UN personnel and dependents. It is likely that during this emergency phase, and depending on local epidemiology and health authorities' directives, the workplace may be physically closed down temporarily or may have minimal in-office staff to minimise health risk.

ACTIONS FOR EACH PHASE IN CONTEXT OF COVID-19 PANDEMIC

Category	Phase 1 Actions "Readiness"	Phase 2 Actions "Active Risk Reduction"	Phase 3 Actions "Emergency"
Preparedness, Planning and Coordination	☐ Senior officials of the duty station should be briefed regularly on the current COVID-19 outbreak situation globally and locally, its' possible outcomes and related resource requirements for preparedness.	☐ Same as Phase 1, but with enhanced frequency.	☐ Same as Phase 2, but with enhanced frequency.
	☐ Ensure systems are in place for close coordination with relevant stakeholders and partners (e.g. WHO country office, national government, health authorities).	☐ Same as Phase 1, but include updating and testing these protocols and systems.	☐ Same as Phase 2, but include updating, testing and activating these protocols and systems.
	☐ UN country office/mission should convene either a formal outbreak committee or an equivalent committee (e.g. SMT/CMT) for management of the outbreak, or if the need should arise later.	☐ Same as Phase 1. Regular meetings should be organised for coordination of response.	☐ Same as Phase 1. Frequent/daily meetings should be organised for coordination of response.

Category	Phase 1 Actions "Readiness"	Phase 2 Actions "Active Risk Reduction"	Phase 3 Actions "Emergency"
	☐ All offices should develop/update and test their business continuity plan (BCP) that will allow performance of critical functions with reduced number of personnel on the premise.	☐ All offices should test and consider partially/fully activating their BCPs.	☐ All offices should fully activate their BCPs.
	☐ If applicable, UN health facilities should develop/update and test their BCPs that will allow performance of critical functions with reduced number of medical personnel. ☐ UN healthcare facilities should develop clear concept of operations for dealing with diagnosis and isolation of cases, quarantine of contacts, acute clinical care and medical evacuation needs.	☐ UN health facility should test and consider partially/fully activating their BCPs. ☐ Same as Phase 1, except that such plans should be updated and tested through drills and simulation exercises.	☐ UN health facility should fully activate their BCPs. ☐ Same as Phase 2, except that such plans should be activated in response, and updated as needed in light of emerging new scientific information.
Personal Hygiene	☐ All UN personnel (staff and non-staff) should have awareness about COVID-19 prevention strategies including hand hygiene, respiratory etiquette (covering coughs and sneezes), physical distancing (minimum 3 feet or 1 meter), signs and symptoms, staying away from ill persons, staying home when ill and measures to take if a close contact. In duty stations with UN medical staff, they should actively educate and raise such awareness amongst UN personnel. For more information, see https://www.un.org/en/coronavirus/reference-documents-administrators-and-managers ☐ Ensure use of multiple communication methods (e.g. broadcast email, text, radio, posters. etc) and ensure translation into local language/s as deemed necessary to get message across.	☐ Same as Phase 1, but to communicate preventative messages with enhanced frequency.	☐ Same as Phase 2, but to communicate preventative messages with enhanced frequency and through wider channels.

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Infection Control & Physical Distancing	☐ In duty stations with UN medical staff, they should be aware of and follow appropriate infection prevention and control measures and should always routinely and consistently implement standard precautions regardless of the patient's diagnosis. For more information on WHO's latest COVID-19 infection control precautions, see https://www.who.int/emergencies/diseases/novel-coronavirus-2019/technical-guidance ☐ UN medical staff should train or have refresher training on Infection Prevention and Control focusing on standard and transmission based precautions.	☐ Same as Phase 1, but to have increased refresher training and exercises on such procedures.	☐ Same as Phase 2, but to have increased refresher training and exercises on such procedures.
	☐ WHO and local health authorities' recommendations for cleaning/disinfection of environment and equipment including linens and utensils should also be adhered to.	☐ Same as Phase 1, but with enhanced frequency of environmental cleaning in high touch areas.	☐ Same as Phase 2, but with enhanced frequency of environmental cleaning in high touch areas.

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	▯ UN personnel should be advised to return to work only if they are completely free from any signs and symptoms of COVID-19 and in accordance with WHO and local health authorities directives. ▯ UN personnel who are close contacts should follow WHO and local health authorities' directives on when to be released from quarantine. ▯ UN personnel should be advised to monitor their health daily for 14 days after travel to areas with local transmission and to seek medical attention should they develop any signs and symptoms. Adapt this to local health authorities / local WHO office guidance as needed. ▯ Managers should allow personnel to telecommute/work remotely while they monitor their health for 14 days. UN personnel may be subjected to reduced days of quarantine based on local risk assessment and additional testing modalities as agreed by their local UN medical services and senior management. ▯ UN duty stations should decide based on the level of risk and vulnerabilities, if certain categories of personnel should be expected to telecommute/work remotely, where feasible based on the nature of their functions.	▯ Same as Phase 1, and introduce further workplace measures for physical distancing (e.g. Increased use of telecommuting, remote working for those vulnerable, actively manage risk of visitors and meetings). ▯ Decide, based on local risk assessment, if certain categories of personnel or if all personnel should telecommute/work remotely on a mandatory basis. ▯ Leaders and managers are encouraged to exercise flexibility around remote working arrangements/ tele-working where asymptomatic personnel want to work remotely. ▯ Implement WHO and local health authorities' guidance, including quarantine and isolation, for our personnel.	▯ Same as Phase 2, except introduce further workplace measures for physical distancing depending on the evaluation of risk. This could include remote working for all UN personnel of that duty station ie physical closure of premise/parts of premise as required.
Personal Protective Equipment (PPE)	▯ UN medical staff should review, familiarize and be trained on the selection of appropriate PPE and how to don and doff the PPE needed including proper disposal of masks and other PPE used for a COVID-19 outbreak. For more information, see https://www.who.int/emergencies/diseases/novel-coronavirus-2019/technical-guidance	▯ Same as Phase 1, with addition of enhanced frequency of training for UN medical staff.	▯ Same as Phase 2, with addition of enhanced frequency of training for UN medical staff.

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	Identify high-risk UN personnel populations (e.g. security staff, cleaners) and ensure such personnel are trained on the proper use and disposal of cloth masks and other PPE used. Ensure access and availability of necessary PPE for UN personnel. For more info on provision of such masks, see https://www.un.org/sites/un2.un.org/files/ddcoronavirus_ppeforwardfacingstaff.pdf	☐ Same as Phase 1, with addition of enhanced frequency of training for such personnel.	☐ Same as Phase 2, with addition of enhanced frequency of training for such personnel.
Travel	☐ In a situation where the WHO does not recommend any travel or trade restrictions, travellers should be provided contents of travel advisories issued from WHO and DHMOSH. Follow your local health authorities' and WHO office directives in all cases.	☐ Assess criticality of travel to areas of local transmission and implement risk management measures. Follow your local health authorities' and WHO office directives in all cases.	☐ Assess criticality of travel to areas of local transmission and implement risk management measures. ☐ Defer all non-essential travel as necessary. Follow your local health authorities' and WHO office directives in all cases.
	☐ All UN personnel should be advised to check with the destination country's embassy, consulate or Ministry of Health and keep up to date with local health advice before and during their travel. They should also be advised to comply with any screening measures put in place by local authorities.	☐ Same as Phase 1	☐ Same as Phase 2

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Medical Consultation and Advice	☐ Assess capability of both in-house (if applicable) and external medical systems to meet expected needs during an outbreak and identify actions needed to fill gaps. For pre-identified local or out-of-the-country facilities/providers who are supporting outpatient and hospital-based healthcare, prepare contractual agreements if necessary, and develop specific protocols to allow UN personnel to use these facilities, if applicable.	☐ Same as Phase 1. Ensure agreements are in place and operational.	☐ Same as Phase 2. Confirm that such agreements are in place and operational.
	☐ UN medical personnel at duty station should familiarise themselves with WHO's technical guidance including on diagnosis of cases, clinical management, contacts management and stay up to date on new developments on vaccination and therapeutics. For more information, see https://www.who.int/emergencies/diseases/novel-coronavirus-2019/technical-guidance	☐ Same as Phase 1. All UN medical staff should be trained, and exercises conducted to test procedures for management of a "suspect" case, and identification outbreaks amongst UN personnel.	☐ Same as Phase 2. All UN medical staff should be trained, and respond accordingly to "suspect" case, and identification outbreaks amongst UN personnel.
	☐ UN health facility in the duty station should develop specific SOPs to identify, triage, and manage cases of suspect COVID-19, in coordination with local health authorities and local referral hospitals. Such plans should be exercised periodically. Specific guidance from WHO on how to manage suspect cases is found at https://www.who.int/emergencies/diseases/novel-coronavirus-2019/technical-guidance/patient-management	☐ Same as Phase 1, with addition of enhanced frequency of training and exercising of such plans.	☐ Same as Phase 2, with addition of operationalising such plans in accordance with situation.
	☐ All UN medical staff should know how to administer supportive care to suspect/confirmed COVID-2019 cases if encountered, especially for cases with complications and know triggers for when to MEDEVAC patients, and know protocols for how to conduct MEDEVAC of such patients.	☐ Same as Phase 1, with addition of enhanced frequency of training and exercising of such plans.	☐ Same as Phase 2, with addition of operationalising such plans in accordance with situation.

Category	Phase 1 Actions "Readiness"	Phase 2 Actions "Active Risk Reduction"	Phase 3 Actions "Emergency"
	☐ In coordination with local health authorities, ensure there is a surveillance mechanism in place to identify, manage and report cases. See https://www.who.int/emergencies/diseases/novel-coronavirus-2019/technical-guidance for WHO case definitions. ☐ Follow instructions for reporting of cases is available here https://www.un.org/sites/un2.un.org/files/coronavirus_case reporting_requirements.pdf	☐ Same as Phase 1	☐ Same as Phase 2
	☐ In coordination with local health authorities, ensure there is protocol for how to manage potential COVID-19 cases and contacts that occur at the workplace. Keep staff informed of these protocols.	☐ Same as Phase 1, with addition of enhanced frequency of training and exercising of such plans.	☐ Same as Phase 2, with addition of operationalising such plans in accordance with situation.
Vaccines	☐ Continue to promote and facilitate an annual seasonal influenza vaccination programme and all other essential and recommended vaccination for UN personnel and their dependants.	☐ Same as Phase 1 ☐ Develop and test plan for how new COVID-19 vaccines may be accessed and administered, if available, including consideration of priority groups and logistic elements.	☐ Same as Phase 2, with addition of operationalising such plans in accordance with situation.
Personal Supplies	☐ UN personnel and their household members should be encouraged to procure their own supplies of antipyretics, over the counter medications, hand sanitizers, and surgical/medical masks, cloth masks, thermometers as needed in case they fall ill.	☐ Same as Phase 1	☐ Same as Phase 2
Communication and Training	☐ All UN personnel in duty station should be updated about the current outbreak situation and the UN country/mission's preparedness activities as necessary, including local healthcare arrangements if staffs are ill and general prevention Information for all staff.	☐ Same as Phase 1, but enhance frequency of communication with UN personnel.	☐ Same as Phase 2, but enhance frequency of communication with UN personnel.

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	☐ Develop/gather in advance presentation materials that can be used in briefings or during other communication initiatives.	☐ Same as Phase 1, but review and update materials using latest science being released.	☐ Same as Phase 2, and active distribution of materials throughout.
	☐ Provide specialised training to specific categories of UN personnel (e.g. medical staff, cleaners of health facility, security officers, etc).	☐ Same as Phase 1, but enhance frequency of training to such staff.	☐ Same as Phase 2, but enhance frequency of training to such staff.
	☐ Coordinate with necessary stakeholders to develop a psychosocial support plan for UN personnel.	☐ Begin full/partial implementation of psychosocial support plan based on assessment of the context	☐ Full Implementation of psychosocial support plan for UN personnel

Acknowledgements

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