

STANDARD OPERATING PROCEDURE

COVID 19: IRMCT THE HAGUE SECURITY & MEDICAL UNIT RESPONSE

December 2020

Background:

1. The Security & Safety Section and the Medical Unit will act in a coordinated manner in the event of a suspect case of COVID 19 in the building. **Part 1** of this document covers the immediate Security & Safety Section and Medical Unit response, as agreed with the Medical Unit, to guide the actions of Security Officers. **Part 2** relates to further activities required once the suspect case has been evacuated from the building. This will require liaison with the **Facilities Management Unit** regarding the closure and cleaning of work spaces, in coordination with the **Human Resources Section** in relation to possible contact tracing.

Assumptions:

2. The initial response to a COVID 19 incident at the IRMCT Hague Branch is a medical issue and the Medical Unit is the lead office for any response.
3. The Security & Safety Section will support the Medical Unit as per this SOP and will follow the instructions of the senior medical practitioner present in case of doubt.
4. The follow up actions are not directly medical or security issues, but are of an administrative nature.

PART 1: THE IMMEDIATE SECURITY AND MEDICAL UNIT RESPONSE TO SUSPECTED COVID 19 CASES IN THE BUILDING

Practical Procedures:

5. There are five (5) main scenarios envisaged in which the Security & Safety Section will have a major role to play. These are:
 - a. The suspect case calls the Medical Unit from their own work station/office; or
 - b. The suspect case presents themselves to the Medical Unit; or
 - c. A new staff member or intern reports illness upon arrival at the building; or
 - d. A visitor to the IRMCT reports sick; or
 - e. Security will respond in the absence of medical staff.
6. In each case the Medical Unit will need the active assistance of Security Officers to ensure the appropriate management of the situation. In all scenarios, it is the Medical Unit who will make the determination as to the response required.

7. In the event that a staff member or anyone else contacts the Security & Safety Section requesting information about issues related to their own or anyone else's COVID 19 status, or medical clearance they are to be directed to contact the Medical Unit by e-mail (**medicalunit@un.org**) for advice and instructed not to enter the building until they have done so. This includes when the Medical Unit is closed.

Scenario 1: The Suspect Case Calls from their Work Station:

8. In the event of a staff member contacting the Medical Unit the following actions will take place:
 - a. Medical staff will attend the suspect case at their office or other workplace and make a medical assessment. Either while on the way or at the scene the medical practitioner will request security assistance.
 - b. 2 x Security Officers will be dispatched to the scene to liaise with the medical personnel. The main role of these officers is to facilitate the movement of the suspect case to exit the building or a place as directed by the Medical Unit. The Security Officers are not to come into physical contact with the suspect case and should maintain a distance of >1 m from the suspect case. The principle aim of the officers is to enable the medical staff and suspect case to move through the building without touching doors etc. and to keep other personnel away.
 - c. The medical staff will ensure that the suspect case dons a face mask, apron and gloves. Security Officers will wear gloves and masks, but are not required to wear aprons unless otherwise directed by the senior medical practitioner present.
 - d. Should there be a requirement to "stage" the suspect case while awaiting transport home the suspect case should be remain in their office or in they cannot practically remain there, the lobby holding room (**086**, the co-called BBC room (**Key Track iFob key number 47**)). If the medical assessment indicates an ambulance is required, and the person involved cannot practically remain at their work station the suspect case will moved to the Medical Unit holding area or a place directed by the medical practitioner. The procedures outlined below in Scenario 2 will then be followed.
 - e. In addition to the above there may be a requirement for the Security & Safety Section to seal the office used by the suspect case. This may also involve the other users of the office being sent home. This is a Medical Unit decision and the Security& Safety Section will assist as needed.
 - f. When sealing an office or any other area a sign with the following wording is to be used:

**NO ENTRY
AREA CLOSED
UNTIL FURTHER NOTICE**

- g. Questions relating to administrative issues arising from such action are outside the scope of this SOP and should be referred Human Resources Section for consideration.

Scenario 2: The Suspect Case Presents at the Medical Unit:

- 9. In this situation the following steps will be followed:
 - a. The Medical Unit determines whether we have a suspect case of COVID 19 on site.
 - b. If the case is a possible COVID 19 case the staff member is to remain in the corridor (in front of the nurse's office) as a holding area to prevent further contamination of the medial offices and treatment room.
 - c. 1 x Security Officer will be dispatched to the Medical Unit to assist. The role of the officer sent to the Medical Unit is to ensure that the suspect case can be moved through the escort route without either the suspect case or the medical personnel needing to touch doors etc.
 - d. Should the Medical Unit decide that an ambulance is required it will be requested via the Security Control Room.
 - e. The Security Control Room will arrange for the reception of the ambulance as per its usual procedures using the Accused Garage.
 - f. The medical staff will ensure that the suspect case dons a face mask, apron and gloves. Security Officers will wear gloves and mask, but are not required to wear aprons unless otherwise directed by the senior medical practitioner present.
 - g. Upon arrival of the ambulance the immediate tactical decision as to whether the ambulance crew will attend the Medical Unit to see the suspect case or the suspect case will be transferred directly to the ambulance is a medical one and Security will react as appropriate based on the medical decision.
 - h. Once the decision has been made to move the suspect case Security Officers will assist by opening doors etc. They are not to physically touch the suspect case and should maintain a distance of >1 m from the suspect case. The suspect case is not to be moved before being masked, gloved and aproned. The Medical Unit will confirm when the suspect case is ready.
 - i. Once the suspect case has been handed over, the ambulance will depart from the building using the usual route.
 - j. Following the departure of the ambulance the portion of the escort route from the Medical Unit to the Accused Garage is to be vented by means of opening the garage doors for a minimum of 30+ minutes or as otherwise directed by the Medical Unit.
 - k. In addition to the above there may be a requirement for the Security & Safety Section to seal the office used by the suspect case. This may also involve the other users of the

office being sent home. This is a Medical Unit decision and the Security & Safety Section will assist as needed.

- I. When sealing an office or any other area a sign as per paragraph 8.f. above will be posted.
- m. Questions relating to administrative issues arising from such action are outside the scope of this SOP and should be referred Human Resources Section for consideration.

Scenario 3: Interns or new staff reporting illness upon arriving at the IRMCT Hague Branch:

10. These categories of personnel present certain difficulties for the organisation to manage as they may not have registered with a General Practitioner. If upon initial arrival of a new staff member or intern at the IRMCT Hague Branch they indicate that they are feeling sick the following actions are to be taken.
 - a. They are not allowed to proceed further than the lobby and instructed to wait in room **086** (the so called BBC room) while the Medical Unit is informed. The key to this room is held in the Key Track system on **iFob number 47**.
 - b. Once the Medical Unit is informed, they will attend and process the individual as per Scenario 1 above.
 - c. In this case the use of the main gate should be considered for ambulance access in order to save having the suspect case being moved further through the building.
 - d. **Reporting by Telephone:** If an intern or new staff member contacts the Security Control Room by telephone and asks what to do they are to be directed to contact the Medical Unit (**medicalunit@un.org**) for advice and instructed not to enter the building until they have done so.

Scenario 4: Visitors Reporting Sick at the IRMCT Hague Branch:

11. Depending on the location of the visitor they will be processed by the Medical Unit and the Security & Safety Section as per the most appropriate scenario based upon their location.

Scenario 5: Medical Personnel Not Available in the Building:

12. If a staff member reports to the Security & Safety Section that they are symptomatic when the Medical Unit is not available, the following procedures apply:
 - a. If Security Officers suspect it may be a COVID 19 incident they should don a face mask, gloves, and apron. Be aware that if the suspect case is suffering from breathing difficulties they may not be comfortable being masked, hence the importance of Security Officers donning protective clothing. A stock of this equipment is held in the Security Control Room.
 - b. If the suspect case is well enough to make their own way home they are to be sent home and advised to contact their doctor or the Out of Hours General Practitioner

Service (SMASH **070 346 9669**) if their doctor's office is closed. They are to be instructed not to return to the building until they have been assessed by the Medical Unit and clearance has been given. The Medical Unit can be contacted by e-mail (**medicalunit@un.org**).

- c. If the suspect case is not registered with a local doctor (interns and new staff should easily fall into this category), they should be instructed to call the Out of Hours General Practitioner Service (SMASH **070 346 9669**).
- d. If the suspect case is so unwell they cannot make their own way home they should contact a household member to transport them home.
- e. If the suspect case is not physically able to depart or obtain assistance from a household contact they are to contact their doctor directly from the office or the Out of Hours General Practitioner Service (SMASH **070 346 9669**) if their doctor's office is closed. If an ambulance is being sent, based on the location of the suspect case, the use of the main gate should be considered for ambulance access in order to save having the suspect case being moved further through the building.
- f. If the suspect case is experiencing respiratory distress or in any other ways incapacitated they are to be treated as per any other medical emergency on site and the Security & Safety Section should summon an ambulance using the **112** emergency number. In this case the use of the main gate should be considered for ambulance access in order to save having the suspect case being moved further through the building
- g. Note that in cases c, d and e there will be a time delay pending the arrival of professional medical assistance. In such cases, the suspect case should be kept in their office or in the lobby holding room (**086**). Try not move the suspect case around the building unnecessarily until medical assistance arrives and follow their guidance.
- h. Any other personnel who were in the same work space as the suspect case at the time should be instructed to leave the building and contact the Medical Unit (**medicalunit@un.org**) by e-mail for further instructions.
- i. In addition, these personnel are to be informed that they are not to return to the building until they have contacted the Medical Unit by email (**medicalunit@un.org**) in order that an assessment can be made whether they can be medically cleared to return to the office.
- j. It is important that the names of those sent home are recorded and passed to the Medical Unit to enable them to prepare contact tracing and the provision of medical advice.
- k. Following the suspect case's departure, pending further instructions from the Medical Unit and cleaning requirements, the work space should be sealed by the Security & Safety Section using a sign as per paragraph 8.f. above.

PART 2: FOLLOW UP ACTIONS AFTER A SUSPECT COVID 19 CASE HAS LEFT THE BUILDING

13. Following the departure of any personnel, the situation is no longer a strictly medical and security issue, but rather an administrative issue requiring the involvement of the Facilities Management Unit for cleaning, the Human Resources Section in relation to any possible contact tracing requirements in support of the Medical Unit and/or the local health authorities, and other Managers and Supervisors in relation to addressing staff who may have concerns about their own safety following any of the scenarios described above.

Cleaning of Sealed Offices:

14. In the event that there is a requirement for the Security & Safety Section to seal an office or any other space due to a possible COVID 19 situation, the Security & Safety Section will inform Facilities Management Unit in order that appropriate clearing can be initiated. It will be left to the Facilities Management Unit to coordinate directly with the Medical Unit and cleaning company regarding when and how cleaning should be carried out. The Security & Safety Section will only un-seal offices or other sealed areas for cleaning upon instruction from the Facilities Management Unit.

Contact Tracing:

15. In general, contact tracing is a host government responsibility. The Mechanism however, shares a responsibility for workplace contact tracing. This is a Human Resources Section led activity supported by the Medical Unit along with Managers and Supervisors. The Security & Safety Section may be required to produce a list of all those in the building at the relevant time. Such lists will only be released to the Human Resources Section or the Medical Unit.

Lastly:

16. This document cannot address every possible eventuality but it provides enough guidance to enable personnel to understand the principles to be applied if they find themselves confronted with a scenario not covered above.
17. The Medical Unit shall keep the staff member's supervisor abreast of the (approximate) duration of the staff member's absence, and/or the (approximate) date of the Medical Unit's next review of the staff member's status. It is, however, understood that staff's medical situation in cases of COVID-19 might be fluid, and that consequently timelines previously provided to supervisors might need to be revised as the situation demands, or that it may not be possible to provide a specific timeline.
18. The follow up of any COVID-19 event is not led by the Medical Unit but a coordinated response by senior management and may involve liaison with the Host Nation medical authorities by the Human Resources Section as required.