FAQ on COVID-19

Last updated 18/05/2020

A. Medical and travel-related quarantine / isolation

1. What is the difference between quarantine and isolation?

The quarantine of persons is the restriction of activities or the separation of persons who are not ill but who may have been exposed to an infectious agent or disease, with the objective of monitoring their symptoms and ensuring the early detection of cases.

Isolation is the separation of ill or infected persons from others to prevent the spread of infection or contamination.

2. What are the travel-related quarantine requirements when entering the country of my duty station?

For all duty stations, the Mechanism Medical Unit requires that staff self-quarantine for two weeks prior to coming to the office.

a. **Arusha**: All travellers entering Tanzania are required to be quarantined for a two-week period at one of several hotels assigned by the government for this specific purpose (Impala Hotel and Ngurdoto Mountain Lodge), at their own expense. Travellers must make their own arrangements with these hotels. Efforts are underway to get approval from Tanzanian authorities for returning staff to spend this quarantine period in their own houses, but this is not yet, and may not be, approved.

b. **Kigali**: All travellers entering Rwanda are required to be quarantined for a two-week period at a government-designated hotel (Hilltop Hotel and La Palisse). This stay is at no cost to the traveller. Travellers receive a COVID-19 test at the beginning and end of this period and when negative twice, may proceed. Travellers who test positive will be transferred to a local treatment facility.

c. **Sarajevo**: All travel to BiH is temporarily prohibited to foreign nationals, with exceptions, including diplomats and foreigners holding a special permit issued by the local authorities. All travellers, including BiH citizens who enter the territory of BiH will have to spend 14 days in self-quarantine at their home or hotel.

d. **The Hague**: Entry into the European Union (EU) is restricted to EU citizens and residents (for non-essential travel), with a few exceptions, including diplomats. In effect this means that UNLP-holders are expected to be granted entry. All passengers who arrive from a location (to include their place of origin as well as transfer airport) which is indicated as high risk are required to self-quarantine for a two-week period at their home or hotel.

3. For Tanzania: Is it possible to spend the travel-related quarantine period at our own home rather than at the designated hotels?

No, at the moment all travellers are required to spend the mandatory two-week quarantine period upon arrival into Tanzania at one of the hotels designated by authorities for this purpose. Efforts are underway to get approval from Tanzanian authorities for returning staff to spend this quarantine period in their own houses, but this is not yet, and may not be, approved.

4. What is the impact on entitlements when in travel-related quarantine? E.g. do I have to use my annual or uncertified sick leave? Is there something like quarantine leave?

Where possible, staff members are expected to work remotely when in isolation or quarantine (unless you are sick and thus on sick leave). When remote work is not possible, and if this was or could have been known beforehand, and the staff member travelled at will, staff will be required to use annual leave, or be placed on special leave without pay. If the travel was on behalf of the Organization and remote work is not possible, the staff member will be placed on special leave with full pay.

5. Under what circumstances would staff be required to be in isolation?

Isolation, which is the separation of ill or infected persons from others to prevent the spread of infection or contamination, would be required when it has been confirmed either through a positive test that a staff member has COVID-19, or that a suspected diagnosis is made from a combination of known exposure and presentation of COVID-19 symptoms.

6. How would isolation be implemented?

a. **Arusha**. If the patient is tested positive but asymptomatic, or where the symptoms are mild, isolation could be implemented in 2 ways. The first way, if possible, to support without exposure to other individuals, would be to remain at home. In the event that this is not feasible or desirable, the second way to implement isolation would be at a hotel designated for this purpose, with the costs covered by the organization, medical insurance or a combination. In conjunction with the Medical Unit, a doctor and nurses will be hired for medical support at the hotel. If symptoms are more severe, treatment and isolation would need to take place at a hospital. In this regard, the KCMC hospital in Moshi has been designated for this purpose.

b. **Kigali**: In case of a positive test, the Rwandan Ministry of Health will place the infected person in a specially identified clinic where they will be treated until recovery.

c. **Sarajevo**: Infected persons who are asymptomatic, or where the symptoms are mild, are isolated in their homes together with the members of their household. During the period of isolation persons in isolation are regularly contacted by local epidemiological centre, with the involvement of a UN doctor.

d. **The Hague**: If you have mild symptoms, you will remain at home. If hospitalization is required, your huisarts/GP will refer you to the hospital.

7. What support from the Mechanism is available to staff who are isolated as a result of developing symptoms of COVID-19?

The Mechanism provides medical and psycho-social support to staff through regular medical follow up and counselling.

8. What plans are in place to monitor/treat staff or to assist them in accessing other health care while in isolation?

In **Arusha:** The Medical Unit does the follow up in monitoring the progress of patients in isolation. Patients with mild symptoms are provided with home-based care without professional support or are transferred to the designated isolation facility. For patients with moderate symptoms (persistence of fever, worsening shortness of breath), the Medical Unit will organize hospitalization to a designated hospital.

In **Kigali**: The plans regarding the monitoring and treating of patients while in isolation require verification with the UNCT.

In **Sarajevo:** UN Staff Member would be in constant contact on such issues with the UN Doctor and WHO POC. Please see above "Procedure for UN staff on COVID-19"

In **The Hague:** The huisarts/GP is the medical care coordinator with access to the appropriate referral processes for treatment or onward medical care.

9. If a staff member wishes to take annual or home leave in a place where 14-day quarantine is mandatory and involves complete isolation (e.g. in a hotel) upon entry into the country, how will those 14 days be treated? What kind of leave would the staff member use for the period of quarantine? Or would the staff member instead work remotely while in quarantine and the annual/home leave commence after the 14 days?

Where such quarantine period was or could have been known beforehand and the staff member travelled at will (as is the case when travelling for annual or home leave), staff will be placed on special leave without pay or use their annual leave.

Alternatively, staff members may opt to work during this period remotely, and avail of their intended leave after being released from quarantine. This will have to have been agreed with the staff member's supervisor prior to the travel.

Kindly note that due to the travel restrictions resulting from this pandemic, the period during which home leave may be taken – either in advance or retro-actively – has been relaxed. Please contact the Human Resources Section for details. In addition, annual leave days in excess of 60 were not reduced to 60 on 31 March 2020. These days should however be used prior to 31 March 2021.

B. When feeling unwell

1. Where and when do I report feeling unwell?

- Existing Mechanism reporting procedures in case of an illness continue to apply. If you become unwell, stay at home and seek medical advice from your healthcare provider/ GP or Medical Unit over the telephone as necessary.
- If you have possible or confirmed COVID-19, call your healthcare provider/GP or the Medical Unit immediately. Do NOT visit your healthcare provider/GP or the Medical Unit, but rather seek medical advice by telephone first.
- Please use the self-reporting tool at medical.un.org.
    - If you have a diagnosis of COVID-19 that has been confirmed through testing
    - If you are suspected of having COVID-19 because of symptoms and advised by a doctor to isolate
    - If you were exposed to COVID-19 to a confirmed COVID-19 case (of an individual who had been tested and found positive).This is especially important for family contacts.
- Information will be forwarded to the relevant medical unit and they will contact you. If the staff member is incapacitated, the medical unit can report on their behalf.

2. Which local hospital(s) are designated to handle COVID-19 cases?

For Mechanism staff in **Arusha**, the Kilimanjaro Christian Medical Centre (KCMC) in Moshi and the Aga Khan Hospital in Dar es Salaam with ICU capacities are designated hospitals to handle UN COVID-19 cases.

In **Kigali:** A treatment center outside Kigali, in Kaniniya, is designated to handle COVID-19 cases.

In **Sarajevo**, for the most complicated COVID- 19 cases the Koševo Hospital in Sarajevo has been designated. For the less complicated cases, it is the General Hospital in Sarajevo.

In **The Hague**, there are several designated hospitals within both the local area and the larger area of the Netherlands. Admission to a hospital/treatment site will be on the advice of a healthcare provider who will direct the patient to the appropriate location based on their professional assessment and up to date information.

3. What if my condition has nothing to do with COVID-19?

Existing Mechanism reporting procedures in case of an illness continue to apply. If it has been determined that your condition is unrelated to COVID-19, then no specific COVID-19 measures apply.

4. If I'm hospitalized or medical evacuated, what support can the Mechanism provide to my dependents?

HR would ensure continuity of any entitlements and benefits due to the staff member through any hospitalization or medical evacuation. As well, HR and the Staff Union representatives would work together to provide any other possible support as per the specific circumstances.

HR advises any staff member who has any minor dependents with them in the duty station to prepare a plan in advance that details who would look after the child/children in the event of parents being hospitalized.

5. If following hospitalization appropriate facilities or treatments are not available at the duty station, what will the Mechanism do to obtain the necessary medical treatment for staff?

In cases where medical evacuation is warranted, the Mechanism will do its utmost to implement it. Please see the FAQ on medical evacuation below.

6. What exactly would happen if a staff member is tested positive for COVID-19?

Many people infected with COVID-19 are either asymptomatic or only experience mild symptoms. Should a staff member have a positive test result for COVID-19, if the symptoms are mild or absent, home-based care may be recommended, or the staff member may also be taken to an isolation facility. The Medical Unit and/or your local GP will continue to monitor the situation of the staff member.

If hospitalization is needed, this will be arranged in by your GP (in the Netherlands and Sarajevo) or by the UN medical staff (in Tanzania and Rwanda). In order to be considered as fully recovered, WHO recommends that 14 days after the cessation of symptoms, 2 tests taken 24 hours apart have returned negative results.

In addition, a staff member with a confirmed COVID-19 infection is required to self-report this at medical.un.org. If the staff member is unable to report due for example to having no access or to being incapacitated, the Medical Unit will report on their behalf.

In the event that it is found that the staff member who is suspected or confirmed to have COVID-19 has been in the office, the SOP on Security & Safety Services' and Medical Unit's response will be applied. This SOP is meant to ensure that the Security & Safety Service and the Medical Unit act in a coordinated manner in the event of a suspected case of COVID-19 in the building and emergency calls from home. The SOP ensures that staff are treated safely, expeditiously and that further exposure to other staff members is minimised.

C. Testing and contact tracing

1. Does the Mechanism have tests available, or will we get them?

No. The Mechanism does not have tests available, nor do other UN entities in the four countries in which we operate. UN entities are expected to follow local testing regimes. Further, testing is a highly technical matter for which we are not equipped. It is not envisaged, at the moment, that the we will develop our own testing capacity in any of our duty stations.

2. What is the testing policy in each of our duty stations?

The Mechanism follows the UN wide policy of relying on the local public health authorities to carry out COVID-19 testing.

a. **Arusha**: COVID-19 testing is conducted only by the Government through the local public health authorities. The testing of COVID-19 will only be carried out when there has been a preliminary examination carried out by a medical doctor at the hospital and a conclusion that the symptoms are those of COVID-19. Once such an assessment is made, the Tanzanian authorities will take a sample and send to Dar es Salaam, where there is the only laboratory capable of carrying out such test in Tanzania. We are informed that test results should be returned within 48 hours from when the samples were taken. However, experience has shown that it takes much longer to have the results back.

b. **Kigali**: In addition to the testing policy upon entry into the country (see question A2), tests are available at the Rwanda Biomedical Center in Remeda, with results available on your mobile phone within 24 hours. When displaying symptoms, call 114 to be escorted to a test and treatment center.

c. **Sarajevo**: There are five laboratories in BiH doing PCR tests with total capacity up to 1800-2000 tests per day. Regular tests are conducted on key and "contact" personnel, including medical workers, police officers, border police officers, kindergarten teachers, shopkeepers etc. People with reported symptoms and those in nursing homes are also tested.

d. **The Hague**: Tests are conducted by local health facilities (e.g. hospitals, GGD). However, as a matter of course, only people working in certain professions (e.g. health care, teachers, and 'contact' professions such as hairdressers) who are exhibiting symptoms are tested. Patients with symptoms will be tested if they become so ill that they require hospitalisation. People with mild symptoms who can remain at home, and their direct contacts, generally do not get tested. It is anticipated that the testing policy may be expanded to all individuals with symptoms as of June2020.

3. How is contact tracing being done in each D/S? What do local authorities do, and what does the Mechanism do?

Arusha: Contact tracing is done by the Tanzanian authorities. The Mechanism's Medical Unit and SSS will assist

Kigali: Contact tracing is done by the Ministry of Health in conjunction with the infected person or agency.

Sarajevo: There is no strict policy in place. Contact tracing will be conducted in cooperation with the (possibly) infected staff member, while other existing COVID-19 measures continue to be apply.

The Hague: In the Netherlands there is a contact tracing procedure in place, managed by government health authorities. However, the high number of cases at the moment is far exceeding the authorities' ability to implement it systematically. A tracing app is currently being developed to enable a more systematic and efficient procedure in this regard.

Mechanism wide, in case of a probable or confirmed case of COVID-19, the Mechanism will conduct its own internal contact tracing, in accordance with the applicable COVID-19 Response SOP by the Medical Unit and the Security Section. The process includes identifying persons that the (possibly) infected staff member may have been in contact with during the two days before

and the 14 days after the onset of symptoms, implementing precautionary quarantine as required.

4. How can you trace contacts if the name of a confirmed or suspected case is not released?

Fully effective contact tracing can be conducted without releasing individually identifying information about the infected party. The Mechanism conducts internal contact tracing in case of a confirmed case of COVID-19 among the Mechanism staff, in accordance with the developed SOP. Privacy of the affected staff member will be fully respected and no personal information will be disclosed in that process. Moreover, staff members who, through a third party or other means, become aware of the identity of a colleague infected with COVID-19 are required to respect the privacy and confidentiality of the affected staff member.

5. What psycho-social support is available to staff during this time?

Telehealth counselling is available to staff through Cigna's telehealth resources. Access to this can be found on Cigna's website. Apart of the Tanzanian UN Country Team approach, there is also support from a Stress Counsellor from the Crisis Intervention Stress Management Unit of UNDSS. A Wellness and Self-Care platform is currently under development, but this will take some time before it can be fully rolled out. In the meantime, new initiatives will be announced on the COVID-19 portal as they become available.

Furthermore, the Staff Union launched its 'SU Cares Team' initiative to provide staff, as an additional measure, with a list of staff union representatives at all locations who are volunteering to provide information and assistance to staff members in need, provided it does not involve any health or safety risk. You can contact the Staff Union for more information and the list of volunteers in your area.

D. Working remotely

1. What is the expected duration of our current remote work posture?

In light of the public health measures in place in each of our duty stations, it is likely that some form of telecommuting arrangements will remain in place for some time. It is also becoming increasingly clear that the transition from remote work back to normal office working arrangements is likely to be gradual. Although the authorities in Bosnia and Herzegovina, The Netherlands and Rwanda have announced some steps to relax the measures that were in place, we continue to monitor the situation and will decide on how best to proceed taking into account other factors beyond the position of the Government at the relevant duty station, prioritizing staff health and welfare. Colleagues are reminded to work remotely and not come to the office wherever possible.

2. I need IT support or access to applications or files. Where do I go?

When you need IT support you should contact the ITSS service desk via email.

- Arusha and Kigali– ServiceDesk_AR_KG@unmict.org
  +255 27 250 8500

- The Hague and Sarajevo - unicty-servicedesk@un.org
  +31 70 512 8500

If you need access to applications or files on the network, you can do so with a remote access token. The tokens are obtained from ITSS through a request from your Chief of Section.

3. Is an evacuation being considered for Mechanism staff from any duty station?

There is no decision at the moment to evacuate Mechanism staff in any of the duty stations.

4. What is our office posture?

Colleagues are strongly encouraged to work remotely where their job allows them to do so. Our premises are closed to visiting groups and individuals.

5. Since the office windows don't open in The Hague, will anything be done to counteract the recycling of air throughout the building as a whole?

Currently only a small percentage of air is recirculated, while the Facility Management Unit is looking into measures to further reduce this percentage. Colleagues are reminded to work remotely wherever possible.

6. Are staff in shared offices expected to observe physical distancing guidelines with respect to their office-mate(s)?

Yes, social distancing, i.e. respecting a 1,5m distance applies, including among colleagues in the court room. Facility Management Units at both branches are currently assessing how best to implement this, in accordance with UNHQ protocols. Details will be shared in due course. Colleagues are reminded that they should work remotely wherever possible.

E. Medical evacuation

1. With borders closed and commercial flights ceased, is medevac actually still possible?

WHO, DOS (the UN Department of Operational Support) and the Mechanism have pledged to do the utmost to ensure that medical evacuation, should it be required, can take place. Steps being taken to aid this are:

UNHQ has created a MEDEVAC cell within the UN Executive Committee to coordinate and facilitate global medevac efforts. It is expected that updated guidance and information will be issued during the week of 18 May. This section will then be updated accordingly.

Aero-medical evacuations (AME) for COVID-19 cases are available using aircraft from WHO or DOS. For non-COVID-19 cases, local AME providers remain available.

The UN Strategic Air Operation Service (SAOC) in Brindisi has confirmed that UN peacekeeping aircraft will be made available to the Mechanism in case of need and that the Mechanism is included when policy or practical matters are developed or rolled-out.

Consultation with Cigna, our health care insurer, is ongoing regarding available hospitals.

Efforts have commenced within the wider UN system to establish field hospitals for COVID-19 infected UN staff, among others in Nairobi and Addis Ababa. However, funding and other obstacles have not yet been cleared. These hospitals are not expected to be operational before July. Updated information when available will be provided.

Within **Tanzania**, domestic medevac is available to designated facilities in Dar es Salaam.

In **BiH**, Medevac is still possible, as determined by WHO POC, depending on the situation. There are two possible Medevac channels: one organized by WHO based on general "Procedure for Medevac" by UN Department of Operational Support and second with an assistance of EUFOR International Military Mission which is led by the Austrian troops.

2. Where would a patient be evacuated to?

For patients for whom treatment in-country is not feasible, the official medevac countries for patients coming from **Tanzania** and **Rwanda** are Kenya, South Africa, Qatar, UAE, India and Turkey. Which of these countries is selected is dependent on the respective countries' ability or willingness to provide entry to the patient (and flight/vehicle), as well as on the availability of hospital facilities.

The Mechanism is in consultation with UNON, Cigna, UNHQ, and selected national authorities to ensure the greatest level of access to countries and medical care as possible.

Within Tanzania, domestic medevac is available to designated facilities in Dar es Salaam.

Should the UN field hospitals in Nairobi and/or Addis Ababa for COVID-19 cases materialize, these will then provide additional capacity to receive patients.

3. Is evacuation by road to Kenya an option?

Yes, there may be an evacuation by road to Kenya. However, the Mechanism will need to have prior approval from the Government of Kenya to enter the country with a patient.

4. Which airlines/companies would fly a COVID-19 patient?

There are a number of local and regional aeromedical evacuation (AME) companies which might be available in case of need. WHO and DOS have committed to provide AME in the event that no dedicated AME company can be found to transport a patient.

5. Which hospital would a patient be admitted to, and how do we know the quality thereof?

In **Arusha**, a staff member suspected of COVID-19 will be admitted at the Kilimanjaro Christian Medical Centre (KCMC) in Moshi or the Agha Khan Hospital in Dar es Salaam. These facilities were assessed in coordination with WHO as being capable of treating COVID-19 cases.

In **Kigali,** a staff member suspected of COVID-19 will be admitted at the Agha Kahn Hospital, Nairobi.

In **Sarajevo** – see answer B2.

In **The Hague** – see answer B2.

6. Can the patient be escorted?

Yes, the regular medical evacuation policy allows for an escort if such is recommended by the UN doctor. It is further our understanding that while the WHO guidance on COVID-19 medical evacuation states that no escorts are allowed on their planes, this has been verbally reversed and will be amended in the next version.

7. Is there a difference in the ability to provide medevac to COVID and non-COVID patients?

There may be a difference in our ability to provide medical evacuation to COVID-19 and non-COVID-19 cases. As border restrictions have become the norm, non-COVID-19 evacuations have become more challenging and a COVID-19 negative test may be required prior to entry into the receiving country. Even so, we expect that we are able to continue to execute such evacuations. Permission to enter a country, as well as the ability to identify a hospital with suitable facilities, may be more complicated in a COVID-19-positive case. The Mechanism is in consultation with UNON, Cigna, UNHQ, and selected national authorities to ensure the greatest possible level of access to countries and medical care.

8. How about dependents, what if they test positive and need to be medevaced?

The clinical care in the Netherlands would be directed by the Huisarts/GP and the local health care system. This includes direction/instruction on isolation and, if required, hospitalization.

The medical evacuation policy provides for medical evacuation of recognized dependents of international staff. National staff and their dependents may be medevaced in case of an acute life-threatening medical emergency when the available local facilities do not offer an adequate response to the medical emergency. As medical evacuation for COVID-19 would only take place in more severe cases, National Staff and their dependents would be covered.

9. Who pays for the evacuation and subsequent medical care?

The cost of the medical evacuation itself (i.e. the transport), once recommended by the UN doctor and approved by the Registrar, is covered by the Mechanism. The cost of subsequent

hospitalization is to be borne by the patient's medical insurance. This might involve a co-pay, as per the insurance policy.

10. What if the (to be) medevac person is a minor. Can s/he be accompanied?

In the event that the person to be medically evacuated is a minor, s/he will be accompanied by an adult.