

United Nations Medical Directors

Reducing the Risk of Acquiring Ebola Virus Disease (EVD) in Countries/Areas with the Outbreak

Recommendations for All UN Personnel

- The following occupational health recommendations are provided by the UN Medical Directors to all Organizations and UN personnel to reduce the risk of UN personnel acquiring Ebola virus disease (EVD) in countries/areas with the outbreak.
- These recommendations should be applied to all UN personnel travelling to or residing in countries/areas with an outbreak of EVD
- If this is a hard copy of the document, please be sure to check the <https://hr.un.org/page/travel-health-information> on the United Nations HR Portal for the latest version.
- Please contact dos-dhmosh-public-health@un.org if you have any questions on this document.

References:

- WHO's Ebola webpage: <http://www.who.int/ebola/en/>
- UN's Ebola webpage for staff: <https://hr.un.org/page/ebola>

UN Personnel Risk Categories

UN Medical Directors Recommendations

1 UN personnel travelling into or residing in countries / areas with an EVD outbreak

Ensure that you are **aware of, and implement, the following EVD precautionary measures:**

- Avoid contact with other people's blood or bodily fluids.
- Avoid funeral or burial rituals that require handling a dead body.
- Do not handle items that may have come in contact with an infected person's blood or bodily fluids (e.g. clothes, bedding, needles, and medical equipment).
- Avoid contact with animals or raw bush meat.
- Wash your hands often or use hand sanitizer, and avoid touching your eyes, nose or mouth.
- Follow any malaria prophylaxis treatment recommended by your UN physician.
- Ensure you get all recommended vaccines before travel (including against measles and diphtheria).
- Follow the social distancing practices recommended for the area you will be in (such as avoiding handshakes, avoiding kissing as a greeting, avoiding visits to crowded markets, etc)
- Avoid visits to hospital environments, funerals or visiting a sick person with fever. But if these activities are necessary, do strictly follow all the infection prevention guidance and avoid direct contact with the patient or items.

Know the **contact information of the local/UN medical services** or whom you should contact for health care should the need arise during your stay in the EVD-affected country/area.

**1 UN personnel
travelling to or
residing in countries
/ areas with an EVD
outbreak (cont.)**

While residing in EVD outbreak countries/areas, or after your travel there:

- Pay attention to your health during travel/residence and also for 21 days after you leave the area. (*Symptoms to be alert for are: fever, headache, body aches, sore throat, weakness, diarrhea, vomiting, stomach pain, skin rash, red eyes, internal and external bleeding.*)
- Seek medical care advice by phone **immediately** if you have traveled to/resided in affected areas and have been exposed to bodily fluids and develop any of the above symptoms. Tell the doctor about your recent travel and your symptoms over the phone before you go to his or her office or emergency room.

You should not care for EVD patients in your home. However, at any time, whilst caring for sick individuals, you must take great care to avoid contact with infected blood and body fluids. Use gloves and protected gowns to assist sick members who are vomiting or having diarrhoea. All soiled clothes should be immersed in a bleach solution (1-part bleach and 10-parts water) for 30 minutes before washing.

**2 UN personnel who
has been exposed
to EVD-infected
blood or bodily
fluids (i.e. Contacts)**

- If you think you may have been exposed to EVD, you should immediately seek advice over the phone from your medical practitioner, UN physician or your Organisation's Medical Services to assess your personal risk and evaluate the need for any treatment. You should also discuss with them your options for receiving the experimental vaccination against EVD.
- Persons with such exposure should also be monitored daily for symptoms for 21 days counting from the last day of exposure. They should also receive advice about appropriate measures they can take to protect themselves and their families from EVD.
- Do not travel until cleared by health officials.

3 UN health care workers (including doctors, nurses, hospital, lab workers) designated to clinically manage suspect/confirmed EVD patients or their lab samples

- When caring for any patient, regardless of signs and symptoms, UN health care workers should always practice universal standard precautions (<http://www.who.int/csr/resources/publications/standardprecautions/en/>). This includes hand hygiene, respiratory hygiene, use of personal protective equipment (PPE), safe injection practices and safe burial practices.
- Health care workers should be trained in EVD clinical diagnosis and management, and PPE use. The following materials are potential training resources:
 - *WHO EVD clinicians' course*: <https://openwho.org/courses/ebola-clinical-management>, and
 - *WHO materials on how to don on and off PPE* (<https://www.who.int/csr/resources/publications/ebola/ppe-steps/en/>)
- Health care workers managing suspect/confirmed EVD patients must practice proper infection control measures to prevent contact with the patient's blood, body fluids and contaminated surfaces/materials. Key EVD infection control measures in health-care settings are summarised in https://hr.un.org/sites/hr.un.org/files/Ebola%20Infection%20Control%20Summary_WHO_0.pdf
- Health care workers must strictly use PPE i.e. gloves, an impermeable long-sleeve gown, boots/closed-toe shoes with overshoes, and a mask and eye protection for splashes, when managing suspect/confirmed patients.
- Health care workers in all duty stations should maintain a high index of suspicion for EVD in febrile patients returning from EVD-outbreak areas, especially if they had visited hospitals in EVD-outbreak areas. All UN healthcare facilities should have protocols in place to receive a suspect EVD patient. In EVD-affected duty stations, a telephone EVD hotline number for staff with suspect EVD should be established and actively communicated to staff.
- Health-care workers seeing a patient suspected to have EVD should immediately isolate the patient, and contact local and national disease focal points for advice and to arrange for laboratory testing.
- For laboratory workers, lab specimens may be hazardous and must be handled with extreme care. Samples taken from humans and animals for EVD investigation should be handled only by trained staff and processed in a suitably equipped laboratory under maximum biological containment conditions.

4 Any UN personnel involved in environmental cleaning, waste and linen disposal

- Assess risk and use appropriate precautionary measures according to national guidance, as EVD can be acquired from handling clinical wastes and cleaning soiled materials.
 - When cleaning bodily fluids of infected person, cleaning personnel should wear appropriate PPE i.e. heavy duty/rubber gloves, an impermeable long-sleeve gown, boots/closed-toe shoes with overshoes, and a mask and eye protection for splashes.
 - All contaminated surfaces should be cleaned as soon as possible using clean water and detergent, followed by standard hospital disinfectant (e.g. a 0.5% strong chlorine solution)
 - Soiled linen should be placed in clearly-labelled, leak-proof bags or buckets and transported to the laundry. Solid excrement (i.e. faeces or vomit) should be washed with detergent and water, rinsed and then soaked in 0.05% chlorine for about 30 minutes.
 - For full guidelines on environmental cleaning, management of linens and waste management, see [WHO MOOC Clinical-management-of-Ebola Module2C IPC-Cleaning-and-waste-management EN.pdf](#)
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