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Standard Operating Procedures (SOP) On the access to UN premises in Ebola-affected environments in Democratic Republic of Congo

1. Background information

- In DRC, the World Health Organization announced several times that Ebola virus disease (EVD) meets the conditions for a Public Health Emergency of International Concern.
- WHO is the lead UN entity for the emergency response in Ebola-related crises, working with the local government, international agencies and the international health community to mobilize and coordinate the required large-scale response.

2. Objective of the SOP

- This SOP is based on the document issued jointly by UN Medical Services Division (MSD) and UNDSS "Access to UN premises in Ebola-affected countries. General principles and minimum standards".
- The SOP document outlines general health principles and provides a checklist of measures that are recommended at all entry points of UN premises 1 in duty stations within DR Congo, where there is ongoing transmission of Ebola virus disease (EVD), in addition to the existing security risk management measures.
- The objective of this document is to provide guidance to security personnel operating in Ebola affected areas, with a view to minimize the risk of persons with symptoms compatible with EVD entering UN premises and potentially placing themselves and others at risk.

¹ In accordance with Security Policy Manual, Chapter IV, Section E ("Security of United Nations Premises"), paragraph 9: "United Nations premises means all categories of land and physical structures occupied by personnel of one or more organizations of the United Nations Security Management System, including structures occupied by personnel of one or more organizations of the UNSMS, including structures such as building offices, warehouses stores, dwellings, containers, prefabs and tents."

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 The document is intended for the use of the UN Integrated Security Section (MONUSCO / UNDSS) but it will also be shared with all UN personnel working/living in areas with EVD in DR Congo.

3. Roles and responsibilities

- In accordance with the "Framework of accountability for the United Nations Security management System", the United Nations Security Management System is to reinforce and supplement the capacity of the Host Government to fulfil their responsibility for the security and safety of United Nations personnel and premises.
- The personnel of the UN Integrated Security Section, as well as UN Agencies security professionals, are responsible for reviewing the already existing SOPs to incorporate parts of the recommendations contained in this document, as required, in consultation with the local UN medical services.
- All security personnel in DR Congo are responsible for ensuring that these general principles and measures contained in this SOP are enforced locally.
- All staff and visitors are responsible for abiding by the approved SOP for access to UN premises.
- All UN employers are responsible for ensuring that their staff are fit for duty.

4. Recommended measures at Entry Points

• There are four most critical measures that should be in place at all entry points of UN premises in duty stations within DRC, where there is ongoing transmission of EVD. Supporting information for each of the four areas is further detailed in the accompanying Annexes.

4.1 Monitor Health of Security Personnel

- Security personnel should self-monitor daily for EVD signs and symptoms. If they should become ill, they should stay at home and follow the local duty station's protocol for sick staff.
- All security personnel should become familiar with, and strictly follow any protocols established by the national health authorities and UN medical services, including identifying cases and contacts (exposed persons) among security personnel population.

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4.2 Ensure Proper Set-Up of Entry Points to UN Premises

- All entry points into UN premises should be properly equipped and set-up, based on the local situations and with advice from the local UN Medical Services. Annex 1 provides a checklist of the equipment and measures that should be put in place at these check points. The already existing SOPs should ensure covering these points, at a minimum.
- Duty station in the areas with ongoing EVD may opt to conduct temperature screening for incoming staff and visitors at the entry check points.
- Additionally, the respective duty stations may also opt to have visitors complete a short screening assessment form (Annex 2), prior to granting permission to enter premises. Depending on the answers found, security personnel can use the workflow described in Annex 2 to further manage the situation.

4.3 Ensure Secondary Medical Assessment Available

- The overall aim of establishing secondary medical assessment is to minimize the risk of Ebola virus transmission to those already in the facility and assist in the early identification of suspected cases.
- Any security personnel who identifies a staff/visitors as having an exposure risk or any signs and symptoms of EVD, should immediately notify their supervisor, as well as UN medical personnel, in order to conduct further secondary health assessment of the patient.
- If the individual cannot be immediately transported to a medical center for evaluation, a specific area or room that is within close proximity to the security entrance should be designated for "holding" the patient temporarily until transport. Please refer to Annex 3 for more details on how to set up this room/area.

4.4 Ensure Availability and Training of PPE Use

• For the purpose of this SOP, Personal Protective Equipment (PPE) refers to specialized clothing or equipment used to provide protection against direct and indirect contact with body fluids of an infectious person who has EVD and is therefore most often used by healthcare oersonnel when providing direct care to patients.

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- At present, PPE is not generally recommended for use outside healthcare settings. However specific components of PPE such as gloves may be used as an additional precautions when security personnel touch potentially contaminated items.
- Staff who, by the very nature of their work, may be at risk of exposure to the virus should contact their UN Medical Services to request a risk assessment. Medical Services will also provide/coordinate the provision of the specialized training required for the safe and removal of PPE items; even gloves need to be removed and discarded in the correct manner in order to avoid contamination and be followed immediately by hand washing.

Table 1: PPE requirements in accordance with the activities undertaken

Activity	Suggested PPE requirements (risk assessment required)
Security activities with no physical contact (e.g. interviewing people)	No additional PPE required
Security activities with physical contact (e.g. restraint)	Standard universal precautions apply. Hand hygiene,
Staff/visitor has no symptoms	double gloves
Security activities with physical contact (e.g. arrest/restraint) Staff / visitor has only symptoms of fever – no vomiting or diarrhea	Standard universal precautions apply. Hand hygiene, double gloves
Security activities with physical contact (e.g. arrest/restraint) Staff/visitor has symptoms such as fever with active vomiting, diarrhea, bleeding. Occurrence of this scenario is considered remote, but could occur if a visitor becomes unwell and requires first aid or support while awaiting medical attention or evacuation	Standard precautions apply: hand hygiene, double gloves, plastic apron PLUS Fluid repellent surgical facemask.N95, eye protection

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Annex 1: Minimum Elements To Be Put In Place For UN Entry Points

The below checklist provides examples of elements that could be in place at UN entry points, in areas where there is ongoing and intense transmission of EVD.

All security check points should have clearly posted and readily accessible emergency and medical contact numbers (e.g. for the UN medical services, Head of Security, local/UN treatment centres and ambulance and other local emergency services). Signage that clearly describes the signs and symptoms of Ebola virus disease, with local emergency contact numbers, should be displayed at all entrances, egresses and other strategic locations around the premises. Signage that displays that shaking hands and other greetings involving bodily contact should be avoided, should be posted in strategic locations. A stock of alcohol-based handrub solutions (at least 70%), accompanied with instructions to appropriately perform hand hygiene, should be made available at all security checkpoints and entry points. A distance of at least one metre (3 feet) should be maintained between all security staff and staff/visitors at access points. Information and signage that describes the need to avoid close contact should be posted. Sharing of commonly touched objects with visitors such as pens and pencils should be discouraged. Specific pens should be designated for visitors to use. Visitor passes should be made available in materials that are easy to disinfect. Securing with clips rather than lanyards is preferable as they can be readily disinfected. A cleaning log for frequently touched objects/surfaces should be maintained. Commonly touched objects should be cleaned frequently with disinfectant (such as bleach and water solution 1:1000 ppm or other agents known to deactivate the virus) and at least three times a shift. Based on a risk assessment and in consultation with local UN Medical Services, visitors may be advised to complete a short screening assessement (Annex 2), and have their temperature taken. Offices may choose to keep a record of visitors for contact tracing purposes, should it be required. Non-touch thermometers should be made available at all check points. They should be tested to ensure that they are working correctly at the beginning of each shift. Whereever possible, non-touch methods of temperature-taking should be employed (e.g. thermo scanning devices and typmanic thermometers). Provision of gloves in various sizes, appropriate waste disposal bins and hand washing facilities should be made available. A dedicated space for further in-depth medical assessment needs to be established close to the entrance area. The room should have dedicated toilet facilities. Please see Annex 3 for more details on the requirements of this dedicated room or area.

Appropriate PPE should be provided for all those responsible for cleaning of the entrance areas.





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Annex 2: Example of an EVD Risk Assessment Form and Flowchart (Optional)

	, security personnel may wish to make the following form itors being given access to the premises or being referred
	an be adapted to your local situation in your duty station. nd other UN partners, for advice in adapting this to your
Instructions: 1. Please complete by reading each question carefull	
2. Once complete please pass it to security personnel	at entrance office.
Name:	Organisation:
Date and time:	
Quastions to	Assess Exposure
Have you traveled to or worked in an EVD-aff (this will be checked for all offices in affected)	fected country or region within the previous 21 days? countries) ⁴ \Box YES \Box NO
□ Have you had contact with anyone suspecte body fluids? □ YES □ NO	d or known to have had Ebola virus disease or their
☐ Have you attended participation in a funeral	in the past 21 days? YES NO
☐ Have you handled sick animals or eaten bush	meat in the past 21 days? YES NO
Questions to	Assess Symptoms
Do you have, or have you had, in the past 3 days Fever (have you felt warmer than usual)	s any of these symptoms? Please check all that applies.
☐ Tired and lethargic	☐ Diarrhoea
□ Vomiting	☐ Stomach pain
☐ Unexplained bleeding or bruising	☐ Muscle pain
Please record the temperature reading as taken	by the security personnel today:
Is this reading equals or more than 37.5 °C? 6	YES NO
[Please note that Ebola can only be spread to other:	s <u>after</u> symptoms appear]

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If "YES" to any of the above exposure and/or symptom screening questions

Immediately notify your supervisor.

Inform person that they cannot proceed unless they are assessed by a UN healthcare worker.

[You should also assess the situation -- do you feel that it is safe to proceed? What is the risk (see No and Low Risk details below)? Are medical staff available on-site at that time? Do you believe the person to be a risk to others if you were to proceed?]

If unsure, please seek further advice from Senior Security Officer on Duty, and local UN Medical Services.

If safe to proceed

Put on items of PPE as appropriate, e.g. gloves, maintain distance from individual of at least 1 metre. Isolate the patient and keep them away from others.

Escort person to the designated area and inform them of the procedure.

Orientate them to the area – toilet, water, how to call for assistance.

Remove items of PPE, e.g. gloves, correctly following WHO guidance.

Dispose of them properly and wash hands.

Call local UN Medical Services and Chief Security Officer
Provide details of risk assessment and what actions have been taken to manage situation.

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Annex 3: Establishing an Area for Further Medical Assessment at the Entrance of UN **Premises**

	П	A medical assessment area is a designated area or room within close proximity to the security entrance of a facility. It allows a place for staff and/or visitors with an identified EVD exposure risk or symptoms to undergo further health assessment prior to entering UN premises. It can also serve as a holding area for individuals to stay and wait for transfer to a health facility.	
		The below checklist describes the elements needed for establishment of such a dedicated area or room.	
		It should be noted that these areas are not treatment areas, and all suspected cases would be referred for further assessment at an appropriate facility based on the assessment and recommendations of the attending medical officer or healthcare worker. It is not envisaged that any invasive procedures ould be undertaken in this area due to the risk of exposure to medical staff. This will be assessed by the medical officer on a case by case bases.	
D	This should be a single room with a dedicated toilet facilty. Alcohol based hand rub and/or hand washing facilities should be readily available for both the person inside the room and staff who enter the health assessment room.		
	Separate PPE donning and removal areas should be identified, refer to WHO guidelines for further details. ⁷		
	An adequate supply of PPE, cleaning and disinfecting agents and supplies, and appropriate waste disposable bins must be available inside and outside of the room. Please consult with your local UN medical services on types of supplies and arrangements.		
		copies of health assessment forms (as supplied by local UN Medical Services) and clip board and pens made vailable.	
D	Rub	Rubbish bags and appropriate recepticles for waste for both inside and outside the room.	
U	Con	sider providing a chair or examination bench that can be easily disinfected and cleaned, for inside the n.	
	Bott	led water made available for the patient.	
	A re	ceptacle for a person to vomit into in case they are feeling nauseated.	
		her assessment of individuals to exclude other causes, and the need for immediate medical attention be assessed by the attending medical officer.	
	All n	ecessary PPE should be made available.	
	App	ropriate PPE should be provided for all those responsible for cleaning of the entrance areas.	