COVID-19
CONTINGENT DEPLOYMENT CHECKLIST
TROOP- AND POLICE-CONTRIBUTING COUNTRIES

I. PRE-DEPLOYMENT PREPARATIONS:

Seek prior agreement to deployment plans/scheduling. Seek prior agreement through UN Headquarters to deployment plans, with the dates and ports of entry of personnel, including incoming Individual Police Officers, Military Staff Officers and Military Observers. To the extent possible, do not deviate from these plans as instances of deployment without proper advance notification undermine efforts to ensure compliance with national entry requirements, quarantine measures and other precautions.

Ensure adequate preventative supplies. Ensure that new deployments are fully equipped with adequate supplies of **personal protective equipment (PPE)** and other COVID-19 preventative materials as part of soldier/police kits outlined in Annex A of the agreed MOUs, including items for hand hygiene (**soap, alcohol-based hand rub), thermometers, and face coverings** (separate from dedicated medical capabilities). Deployed personnel must arrive at the duty station with a minimum supply of these items on hand and access to sufficient reserves for the duration of deployment.

Ensure trained military medical personnel. Ensure that deploying contingents have a number of trained military medical personnel assigned to physically implement guidelines on outbreak identification, investigation and management, including isolation of cases, contact tracing and quarantine of contacts.

Ensure pre-deployment medical screening. Ensure that medical pre-deployment screening requirements, as outlined in the MS.2 document (Medical Clearance for Employment), are strictly adhered to for all deploying personnel and includes COVID19 screening. This applies to medical requirements for all aspects of the expected role and ongoing treatments, and also to specific comorbidities related to COVID-19 risks, including age over 60, diabetes, hypertension, cardiac disease, chronic lung disease, cerebrovascular disease, chronic kidney disease, immunosuppression, cancer and pregnancy.

Notification of underlying medical concerns. If deployment remains necessary, notify the mission's Chief Medical Officer of any troops, police or officers with significant underlying medical conditions of concern. Encourage units to view these conditions with importance when developing COVID-19 risk prevention measures.

Ensure pre-deployment training on COVID-19 prevention. Ensure that pre-deployment training to all military and police personnel includes dedicated COVID19 awareness, prevention and containment, including personal behaviours, operational pre-cautions, and quarantine practices.

Ensure unit/sub-unit commanders are aware of COVID-19 instructions/guidelines. Ensure that commanders of units/sub-units are aware of their responsibility to ensure all personnel strictly observe the guidelines and instructions related to discipline regarding prevention, including quarantine upon arrival (noting that the effective implementation of the transitional measures on rotations hinges on personal and collective behaviour).

Ensure compliance with quarantine. Ensure all military and police personnel complete 14 days of quarantine immediately before departure from the point of embarkation, including regular pre-departure screening for temperature and other COVID-19 symptoms.

Comply with mandatory PCR diagnostic testing. In cases where required by the host country, a pre-departure PCR diagnostic test should be completed as closely as possible to departure, but with sufficient time for results for all individuals to be available before arrival (note that under United Nations conditions, all military and police personnel must still complete a mandatory 14 days quarantine upon arrival in a United Nations field mission).

II. DURING DEPLOYMENT:

DURING WORK/OPERATIONS:

Prevent local transmission. Prevention of local transmission within the mission or the host country population, while carrying out mandated activities, is a priority of the highest order. While limiting and minimizing activities that require close contact where possible, ensure that all interaction within the local community by UN personnel involves physical distancing of 1-2 meters wherever possible, and that hand hygiene is exercised and face coverings are used. For guidance on use of appropriate PPE, or cloth masks, in non-healthcare settings, see https://www.un.org/sites/un2.un.org/files/ddcoronavirus_ppeforwardfacingstaff.pdf.

Adhere to physical distancing during work. In bases, offices and other working facilities, physical distancing measures should be applied as appropriate, including but not limited to staggered hours to reduce parallel presence, increased spacing, and hand hygiene protocol when using shared equipment.

Adhere to physical distancing in public spaces. Promote strict adherence to all physical distancing guidance, including mandatory wearing of face coverings, within all operational movements and activities at all times in public spaces.

Establish enhanced cleaning procedures. Establish enhanced cleaning procedures for all shared equipment and structures.

Provide face coverings/masks. Provide face coverings/masks to all UN personnel and visitors to UN premises as needed.

LIVING ARRANGEMENTS:

Ensure compliance with hygiene and physical distancing. Despite the challenges in some remote outposts, it is imperative that minimum hygiene and physical distancing standards be followed, including but not limited to staggered activities to reduce parallel presence, increased spacing, and hand hygiene protocol when using shared equipment and facilities.

Establish hand hygiene stations and remind about adherence. Sufficient hand hygiene stations must be positioned throughout the contingents' camp areas, especially in ablutions, outside/within dining areas, and inside/near quarantine and isolation areas. All personnel must be reminded to practice frequent hand washing with soap and water (preferred) or alcohol-based hand rub.

Regularly monitor/audit prevention measures. Conduct regular checks and audits to ensure that preventative practices are being adopted and personnel have all required commodities, at the correct locations, for COVID-19 prevention (soap and water, masks, thermometers, hand rubs etc.).

Ensure enhanced cleaning of common spaces. Establish enhanced cleaning (including frequency) for common spaces (ablutions/toilet, kitchen, dining hall), with attention to frequently touched surfaces. More information on cleaning/disinfection can be found here: https://www.who.int/publications/i/item/home-care-for-patients-with-suspected-novel-coronavirus-(ncov)-infection-presenting-with-mild-symptoms-and-management-of-contacts.

Conduct regular sensitization on prevention. Conduct regular sensitization activities to create and maintain awareness on COVID-19 transmission preventative practices (e.g. using flyers, loudspeaker announcements, posters, awareness sessions), reminding personnel to stay 1-2 meters apart from other individuals, wash their hands, and cover their cough with elbow/sleeve. Please provide this information in national/local languages.

Stop/limit all social gatherings. Do not gather in large groups, and cancel all non-essential events, including sporting events and ceremonies. Sporting activities, individual or in small groups, may continue only where outdoors and physical distancing can be observed (e.g. ping pong, tennis, cricket, jogging).

Minimize/ stop gatherings in indoor worship areas. Minimize or stop gatherings in indoor worship areas within the duty stations. If not, ensure that physical distancing in all religious worship areas, including face coverings, is mandatory and ensure adequate hand hygiene and cleaning are in place.

Stagger/ reduce gatherings for meals. Meals in the dining area should be taken in small groups, and meal times should be strictly staggered at different times with chairs at least 1-2 meters apart.

Provide good ventilation for all indoor areas and ensure distancing of all beds. Ensure indoor areas are well ventilated, with open doors and windows where possible to increase airflow, and that all beds in living quarters, including isolation and quarantine areas, are placed at least 1-2 meters apart from each other. Follow the guidance on bed placement available at https://www.un.org/sites/un2.un.org/files/coronavirus_bedplacement.pdf , including “head to toe” sleeping positions.

Separate, assess and immediately isolate suspected/sick personnel. All suspected or sick personnel should be separated from other personnel and referred for immediate assessment at designated health facilities. If personnel have signs and symptoms of COVID-19, they must be isolated immediately.

Commanders to run simulation drills. Commanders of units/sub-units should run a simulation drill by creating a scenario of a suspect COVID-19 case with fever and cough to build the unit’s capacity to manage the situation. Ensure that all uniformed personnel know how to properly put on and take off cloth face coverings (masks), and how to use them. See https://www.who.int/emergencies/diseases/novel-coronavirus-2019/advice-for-public/when-and-how-to-use-masks. If possible, organize a demonstration session to show all personnel how to don and doff PPE.

IN MEDICAL AREAS:

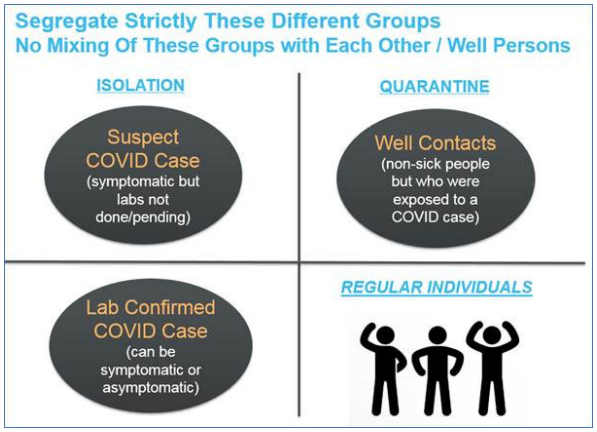
Ensure adherence of medical facilities to prevention standards. Ensure Force Medical Officers (FMOs) conduct functional inspections, assessments, surveys and exercises in T/PCC medical facilities, and report frequently to the mission Chief Medical Officer, to ensure adherence to professional and clinical standards related to prevention and treatment of COVID-19. For details on FMO responsibilities, please refer to the Medical Support Manual for United Nations Field Missions (3rd edition).

Confirm that life-saving equipment works and can be operated. In all Level 1 clinics and hospitals, check and test that all life-saving equipment is working (pulse oximeter, defibrillator, ventilator, etc.) and that medical personnel can operate them in an emergency.

Ensure separation of personnel during isolation and quarantine. In designing isolation areas (for COVID-19 cases) and quarantine areas (for "contacts" who are not sick), ensure that the following groups are separated from each other and separated from other UN personnel at large. Each group should have its own living area and ablutions, and must not mix with other cohorts. Definitions are below and see Figure 1 and 2 for more information.

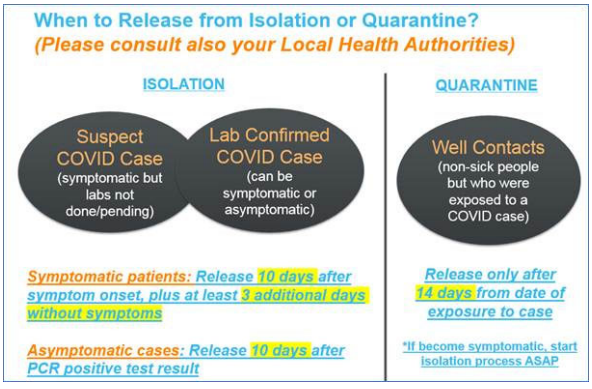
a. **Suspect COVID-19 cases** (those with COVID-19-like illness, but with testing results pending or not available)
b. **Lab-confirmed (PCR positive) COVID-19 cases** (such individuals may be symptomatic or asymptomatic)
c. **Contacts who are well** (but in 14-day quarantine due to exposure to a case)

Figure 1: Groups that should be separated (not mixed)



Follow strictly WHO (Figure 2) or local health authorities' criteria, whichever is more stringent, regarding when to release a case or contact from isolation / quarantine. A negative PCR test result should never be used to shorten the required quarantine period.

Figure 2: Criteria for when individuals should be released from isolation or quarantine



III. AFTER DEPLOYMENT:

Comply with mandatory post-deployment quarantine. Complete a mandatory quarantine period upon return to the home country. This should be a minimum of 14-days (or longer if required by national authorities). A negative PCR test result should never be a reason to shorten the designated quarantine period.