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preparedness actions as indicated for this phase. These include awareness raising, disease-specific education and targeted communications. During this phase, duty stations should coordinate with relevant stakeholders and local health authorities to develop and establish an outbreak / health emergency contingency plan and establish plans for regular updating and testing of the plan. Duty stations should conduct simulation exercises to test their contingency plans, continuously



All offices should develop/update ar continuity plan (BCP) that will allow pe functionswith reduced number of perso	erformance of critical	All offices should test and consider partially/fully activating their BCPs.	All offices should fully activate their BCPs.
If applicable, UN health facilities sho and test their BCPs that will allow pe functions with reduced number of med	rformance of critical	UN health facility should test and consider partially/fully activating their BCPs.	UN health facility should fully activate their BCPs. Same as Phase 2, except
UN healthcare facilities should develo operations for dealing with diagnosis a quarantine of contacts, acute clinica evacuation needs.	nd isolation of cases,	Same as Phase 1, except that such plans should be updated and tested through drills and simulation exercises.	that such plans should be activated in response, and updated as needed in light of emerging new scientific information.
All UN personnel (staff and non- awareness about COVID-19 preventio hand hygiene, respiratory etiquette (c sneezes), physical distancing (minimur signs and symptoms, staying away fro home when ill and measures to take in duty stations with UN medical staff, educate and raise such awareness an For more inform https://www.un.org/en6Tf1 001 222TmCG[UN]	n strategies including overing coughs and m 3 feet or 1 meter), m ill persons, staying f a close contact. In they should actively nongst UN personnel. ation, see		



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