

**EBOLA VIRUS DISEASE CONTINGENCY PLAN  
UNOWA Office- September 1<sup>st</sup> 2014**

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## **1. Introduction**

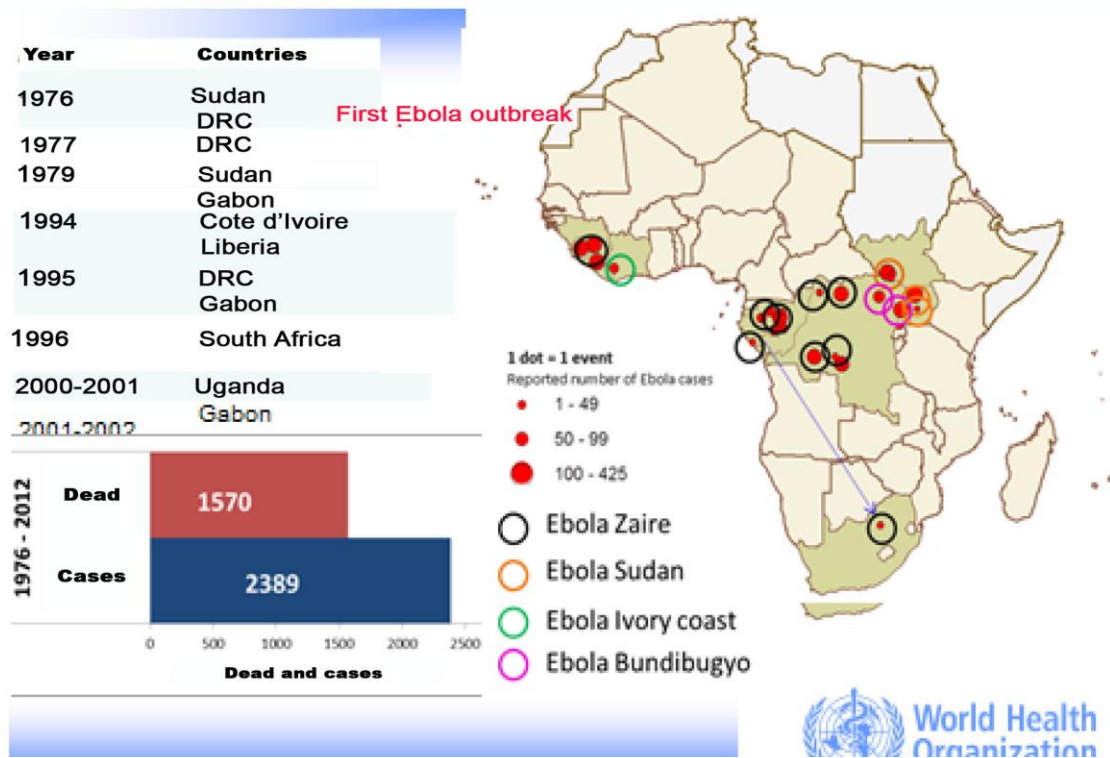
Ebola virus disease, formerly known as Ebola haemorrhagic fever is a severe, often fatal illness in humans. Its fatality rate can reach up to 90%. Viruses from the filoviridae genera are associated with this severely deadly disease which is one of the world's deadliest diseases.

Ebola is transmitted to humans via direct contact with the blood, other bodily fluids (saliva, sweat, urine...) or organs of infected people or animals. Severely infected people need intensive treatment. During Ebola outbreaks, the people most at-risk are health-care workers, their families and people who have had close contact with patients or deceased patient. However, infection control relies on observance of safety precautions recommended in dispensaries or hospitals, at home or during public gatherings.

**Therefore, UNOWA Office Contingency plan is a response to risks of Ebola infection and is meant to promote protective measures that our Staff can take individually or collectively, together with their family.**

**This is an evolving plan, as it is followed up on a weekly-basis and may be adjusted according to the disease evolution in the country.**

### Ebola outbreak History in Africa Region



### 2. Situational assessment in Senegal

On 29 August, Senegal confirmed its first case of Ebola virus disease, after three false alerts during the same month. That first case was confirmed on August 29<sup>th</sup> 2014 by the ministry of health during a press conference in Dakar. The patient, a young Guinean national, was quarantined at the Infectious Diseases Department at Fann Hospital in the Senegalese capital Dakar. He slipped through the Guinean government surveillance system after he had had contact with Ebola patients in Guinea.

The situation in Senegal is closely monitored on a daily basis by our focal point who updates information and shares it with UNOWA staffs and DPKO/DFS, the Ebola response Unit.

### 3. United Nations System Response To Ebola

Under the chairmanship of Mr Andrea ORI, OHCHR representative and Designated Official, the Security Management Team (SMT) held its first meeting on Ebola on August 5<sup>th</sup> 2014.

. SMT members agreed on the principle of conducting an appraisal of information available and current actions undertaken in Senegal before devising a response plan for the SMT meeting slated for September.

Participants concurred on the following action points (see minutes in annexes):

- Keeping constant vigil on the situation within the region: a taskforce consisting of WHO, ICAO, UNICEF and Senegalese authorities will convene on a regular basis and will send its report to UNDSS for larger distribution among the Dakar-based UN agencies.
- Conducting an assessment of Fann Hospital, a reference hospital for the treatment of infectious diseases in Dakar (WHO)
- UNDSS is the UN focal point for Ebola and in charge of managing Ebola-related security issues
- The list of personnel must be updated
- Contacting UN Medical Services Division in New York for possible SOP in case of medical evacuation.

The contingency plan developed by the SMT is the mainstay of the response mechanism put in place by UNOWA.

#### **4. UNOWA'S response to the threat**

Ebola being a life-threatening disease, a good response relies on close collaboration between health-care professionals and the Ebola response unit in order to ensure that the contingency plan or response plan reflects the current and potential security requirements for the Ebola virus.

However, some measures can be taken at UNOWA level as part of the office-specific response mechanism.

##### **A- Objectives of UNOWA response plan**

One salient lesson learnt from UNMIL experience is that early-stage prevention measures are key to successful case management. After a first case is reported, the disease may quickly spread if appropriate prevention and isolation measures are not promptly taken to stem it.

The overall objective of the contingency plan is to:

- (1) Reinforce pre-emptive measures against Ebola to protect the staffs and their families from any risk of infection

- (2) To devise stringent measures to handle any case that may occur within UNOWA environment: staff, family members, domestic staff, external service providers, visitors.

Specific objectives:

- to inform, educate and raise awareness of staff, family members and implementing partners on appropriate prevention measures;
- to build the Office's capacity by supplying personal protective equipment, medicines and hygiene products;
- to ensure coordination and monitoring of interventions in tandem with other UN agencies;
- to develop a preparedness plan to handle any case that may occur within the premises of UNOWA;
- To contribute to national Ebola response efforts.

In order to adequately meet the above-mentioned objectives, all the different components must be thoroughly taken into consideration.

#### **B- Communications**

A communication strategy has been prepared, including risk reduction messaging targeting internal public:

- Office staff and their family members
- Maintenance staff and their family members
- Security staff and their family members
- External staff and their family members
- Visitors

Communication to external targets is covered by UNCT response plan.

It is important to keep the staff regularly abreast of recent developments and adequate response measures taken.

Below is the list of documents transmitted to UNOWA/CNMC/OSES staff as of August 31<sup>st</sup> (see annex).

- Frequently asked questions on Ebola virus disease prepared by the Medical Services Division (25<sup>th</sup> August 2014);
- Latest travel advisory(25<sup>th</sup> August 2014)
- Briefing note on Ebola virus infection(30<sup>th</sup> August 2014)
- Ebola emergency meeting report(30<sup>th</sup> August 2014)

Daily situational reports prepared by the Ebola response Unit DPKO/DFS are also shared with colleagues on a daily basis, as well as special media monitoring on Senegal, and the minutes of key meetings(internal and external).

Townhall meetings will be held where needed to ensure available information is shared.

Awareness cards (pocket format) containing the lists of useful contact phone numbers to call for medical assistance are being distributed to staffs, consultants and external service providers. UNOWA staff list and consultants' list have been updated.

Ebola awareness posters have been pasted at the entry gates of UNOWA/UNESCO offices and in strategic spots of the UNOWA building. The poster campaign will be conducted in tandem with UNESCO with which we share the premises.

### **C- Coordination**

A crisis management group was created on September 1<sup>st</sup> 2014 and meets on a weekly basis or whenever necessary under the chairmanship of the chief of staff.

The Crisis Management Group is composed as follows:

- Chief of staff
- Mission support
- General services
- Security Officer who is UNOWA's focal point for UNDSS and security-related issues
- Senior legal advisor/CNMC
- Ebola information gathering and sharing focal point

The crisis management group works in collaboration with the following existing mechanisms:

- National Task force and SMT for Senegal
- Daily SitRep( DPKO/DSF)(for the region)
- Weekly VTC with MSD and duty stations(for the region)
- Daily report of the focal point

### **D- Security**

UNOWA's security plan encompasses 4 levels of crisis management and builds on United Nations' contingency plan and the contingency plan of UNESCO which shares the facilities with UNOWA (premises and security staff).

1. *Preparation and prevention*
2. *Increased risks*
3. *Multiple members affected and risks of social tensions*

#### **1) Preparation and prevention**

##### **Information and awareness**

At this level of crisis management, information and awareness activities target 4 major categories of people:

- The staff,

- Maintenance staff
- Security staff
- Visitors

For overall staff, information and awareness messaging must cover the following areas:

- Information on the disease, symptoms;
- Measures to be respected/appropriate behaviors: at this stage, basic hygiene practices and consultation of appropriate health center when in doubt, useful phone numbers and reference hospitals

**i. For the staff**

- Information on communication tools [cf.4) B.]
- Travel advisory:
  - o Basic procedures

As part of UNOWA mandate, its staff are required to travel to Ebola-affected countries.

For travellers:

- Observance of one of the most rigorous precautions and stringent compliance with protective measures, look for information.
- Consulting a doctor in a health facility promptly after suspected signs emerge.
- Security or medical clearance to be delivered to those returning from a mission to an Ebola-affected country, maintaining constant contact with: WHO (Tel: +221 33 869 59 30); Chief Medical Officer for high-risk operations (Email: [schmitzi@un.org](mailto:schmitzi@un.org)); and UNOWA Security Officer.
  - o Travel Advisory(25 August 2014)(See annex)

**ii. For maintenance staff**

- Coordinating training/awareness-raising of maintenance staff in collaboration with the service company Alizés
- Insist on basic hygiene rules: using chlorine, disinfecting the hands, restrooms, etc.

**Action- Mission support**

**iii. For security staff**

- Coordinating training/ awareness-raising of maintenance staff in collaboration with the service company Vigassistance
- Screening visitors at the entry gate

**ACTION- security Officer**

**iv. For visitors**

A briefing note will be prepared for foreign participants in meetings organised by UNOWA in order to give them an update on the situation.

### **Protective equipment**

Medical and protective equipment needs assessment must be conducted for a quick provision of basic materials.

Materials needed:

- Thermoflashes
- Hand sanitizer dispenser
- 2 hand cleaner dispensers in the restrooms
- Prepare a place for ablutions, in order to dedicate sanitation facilities to hand hygiene
- Gloves

### ***2) Increased risks***

#### **Refer to scenario 1 and consider the following additional measures:**

This second scenario is to be taken seriously, owing to new infection risks in Senegal and due to the lack of certainty so far.

### **Information/awareness**

At this level of crisis management, information and awareness activities target 4 major categories of people:

- The staff,
- Maintenance staff
- Security staff
- Visitors

-

For general staff, information and awareness messaging dwells on the best behaviours to adopt in case symptoms appear in the immediate circle of people:

- Send the suspected case to see a doctor soon after appearance of first symptoms;
  - Measures to be taken during funerals which turned out to be Ebola spread factors in affected countries
- i. For security staffs
- Vigilance when receiving visitors at the main entry gate. Hand washing at the entry gate (with chlorine/hand sanitizer) and body temperature scan when in doubt.

### **Protective equipment**

Additional equipment needed:

- Gloves/medical mask
- Gowns?



**Rules of conduct upon report of an Ebola case within UNOWA premises.**

- **Case of infection of an external service provider or social circles outside UNOWA premises**

If the service provider has been identified as a contact case by Senegalese authorities, they will be requested to stay home, in accordance with quarantine mechanism in place.

- **Case of infection of a staff member, consultant, family member, outside UNOWA premises**

In case of isolation, health-care will be provided by appropriate public facilities (Fann Hospital).

Should symptoms appear, the staff member or their family member is requested to promptly see a doctor.

Medical evacuation procedure: refer to UN system's contingency plan

In case of evacuation to the hospital, please contact the security officer: M. Maman Biga

In case of infection of a relative, if the staff member is identified as a contact case by Senegalese authorities, they will be requested to stay home, in accordance with the quarantine mechanism in place.

Evacuation procedure: see WHO SOP

- **Case of infection in a building**

Normally there is reduced in this case, as long as access to the building is done in conformity with the contingency plan.

When a person seeking to enter the building develops signs of fever, please call the government-supplied toll-free number and the security officer.

If one person displays infection symptoms within the premises of UNOWA, a space must be reserved to isolate them till they are evacuated.

Medical evacuation procedure: refer to UN system contingency plan.

***3) Multiple staff members affected and risks of social tensions***

**Refer to scenario 1&2 and consider the following additional measures:**

**Demonstrations and assault on UN staffs**

The neighbourhood where one UNOWA staff lives may be quarantined and we may seek to exfiltrate the said staff member; and the population may refuse that (case happened in Liberia)? In collaboration with UNDSS, request the assistance of police and gendarmerie.

**Potential UN support**

- armed forces/polices-Gendarmerie-military-fire brigade
- UNDSS

**Means of communication:**

If the communication system fails, use Motorola Radios. All the staffs have a radio.

**Generalised epidemic and direct risks for UN staffs**

In this case, the Senegal Contingency Plan and the WHO SOP shall be rolled out.

**Annex 1: useful numbers:**

Toll-free number Senegal: 800 00 50 50

SAMU: 1515

Fire brigade: 1818

Security Officer: Maman Soumana Biga: +221 77 569 18 43

Information Focal Point: Guilaine Thebault Diagne: +221 77 430 99 46

Website:

<http://www.who.int/csr/disease/ebola/fr/>

**Annex 2: Briefing Note, FAQs on Ebola, Travel Advisory**

**Annex 3: Meeting Reports**

**Annex 4: Budget of preparedness and response plan**

**a. Budget details**

<b>Item</b>	<b>quantities</b>
<b>Production of posters(big format) on preventive measures</b>	
<b>Production of posters(small format) on preventive measures</b>	
<b>Contribute to messaging</b>	
<b>Prepare protective kits</b>	
<b>Prepare disinfection materials</b>	
<b>Hand sanitization materials</b>	
<b>Premises sanitation materials</b>	
<b>Single-use hand tissues</b>	