

# OCHA Critical Incidents Guidelines



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## **PURPOSE**

The OCHA Duty of Care Framework outlines the minimum standards, roles and responsibilities of both the organization, to maintain the safety, security, physical health, and psychological well-being of all OCHA personnel. These OCHA Guideline seeks to complement and expand on the OCHA Duty of Care Framework and ensure that the organizational meets its obligations in relation to preventing and managing critical incidents and accumulated stress of personnel.

The management of a critical incident begins well before the occurrence of a critical incident. Primarily it instigates through the implementation of adequate preventative measures and continues during and after the critical incident itself, with the ultimate goal of allowing the individual to resume his or her daily activities with minimum disruption.

A critical incident is any sudden event or situation that involves actual, threatened, witnessed or perceived death, serious injury, or threat to the physical or psychological integrity of an individual or group. A critical incident may include, but are not limited to, incidents involving physical attacks, malicious acts, kidnapping, hostage taking, bombing incidents, car accidents, or any incident which leads to physical injuries or psychological trauma of an affected personnel. Determination on the impacts of a critical incident on personnel shall be made by the OCHA Staff Counsellor or UN Medical Services Division.

Particularly for personnel in high stress environments or repeated deployment to high stress environments, long term cumulative stress may also lead to critical reactions – including physical illness or psychological trauma.

## **SCOPE**

These guidelines establish procedures and responsibilities for prevention, preparedness and supporting OCHA personnel involved in critical incidents or who suffer critical reactions to cumulative workplace stress. These guidelines do not replace any existing administrative issuances pertaining to management of critical incidents, rather they complement and expand on them.

These guidelines shall apply in supporting all OCHA personnel and their eligible dependents. The term OCHA ‘personnel’ includes both staff (ie. holding a permanent, continuing or fixed term appointment) and non-staff personnel (i.e. united nations volunteers, individual contractors, consultants, interns, temporary appointees, staff administered by UNDP on behalf of OCHA, experts on mission and gratis personnel such as stand by partners. The specific options available to different categories of personnel will vary depending on applicable administrative issuances of the Organization.

## **RATIONALE**

Over the past years, some OCHA personnel have experienced critical security incidents such as physical attacks, injuries, kidnapping and detention exposure to high and persistent levels of violence. There is recognition of the need to establish guidelines to address the prevention and management of critical incidents in a systematic manner.

## **MONITORING AND COMPLIANCE**

Compliance with these guidelines will be monitored by the PSMC on the basis of information and data provided by the EO.

## **CONTACT**

The contact for these guidelines is the OCHA Chief of Human Resources.

## **HISTORY**

These guidelines have been approved in March 2019.

It is expected that these guidelines shall be reviewed and updated by 31 December 2021, or as required.

## Section 1: Overview of Prevention and Preparedness Measures

While it is not possible to prevent all critical incidents, in some instances it may be possible to reduce the likelihood or impact of critical incidents occurring. The objective of prevention and preparedness is to take all reasonable measures to: firstly, reduce the likelihood exposure to critical incidents; and secondly, help personnel develop their preparedness, resilience and coping skills in order to facilitate recovery if a critical incident does occur.

### 1. Security

#### a) Ensuring implementation of security risk management measures

- i. Measures to manage security risks that have the potential to lead to critical incidents affecting OCHA personnel are managed under the framework of the [UN Security Management System](#) (UNSMS) Policy.
- ii. All OCHA managers and personnel are expected to take measures to ensure security compliance, in line with the roles and responsibilities contained in the OCHA Duty of Care framework, and the UNSMS Policy.

### 2. Occupational Health, Safety and Wellbeing

#### a) Ensuring Active Engagement on Occupational Health, Safety and Wellbeing

- iii. In line with the OCHA Duty of Care Framework, prevention and preparedness measures taken shall include:
  - i. Regular staff wellbeing surveys.
  - ii. Regular discussions between managers and personnel on wellbeing-related issues.
  - iii. Specific discussions between managers and national staff on their unique wellbeing challenges and needs.
  - iv. Field Office Managers, Heads of Office and the Operations and Advocacy Division, with the support of Human Resources Section shall actively monitor length of service of personnel in hardship duty stations, and appropriate recommendations for temporary assignment or lateral reassignment may be made to OCHA management.
  - v. The OCHA will promote staff mobility, with a view to better supporting the wellbeing of staff through mobility.
  - vi. Prior to deployment (and/or signing a Letter of Offer), OCHA will provide an opportunity for a (potential) staff member to receive detailed information on the security and living conditions in the duty station to which they are to deploy to ensure they are aware of the conditions (including security threats). This may be through induction and briefing documents prepared and regularly updated by the Country Office, or through dedicated briefings with the hiring manager or another relevant party at the duty station.

#### b) Ensuring Accessibility to Services that Support Wellbeing

- iv. Proactive preparedness measures to be taken shall include ensuring the accessibility of psychosocial support services to all OCHA personnel, in all duty station. These measures include:
  - i. Implementation of the [UN System Workplace Mental Health and Wellbeing Strategy](#), in line with the UN Secretariat.
    - i. Ensure 24/7 availability of confidential psycho-social support services, including, but not limited to: OCHA Staff Counsellor, in-country inter-agency psychosocial support services (where they exist) and external psychosocial support services, if these are preferred by the staff.
    - ii. Flexible application of sick leave policies (particularly in association with R&R) to ensure that staff can seek psychosocial support while on leave and not lose annual leave entitlements as a result of caring for their mental health and wellbeing, to the extent possible within the rules and regulations and in accordance with OCHA's delegated authority.
    - iii. Ensure annual visits of the OCHA Staff Counsellor to duty stations with elevated risk, facing emergencies or protracted crisis, or with reported levels of high stress amongst personnel.
    - iv. Peer support networks shall be established in all OCHA duty stations, starting with large, high-risk duty stations. Peer Support Volunteers will be trained in hardship duty stations to provide readily accessible support to staff as required, such as following a critical incident, during a personal crisis, or following the sudden death of a family member.
    - v. Provision of the Headspace Application free of charge to all OCHA personnel, to provide access to guided meditation and mindfulness exercises.
    - vi. Personnel wellbeing will also be reinforced through the promotion of work-life balance, including through the use of flexible working arrangements (FWAs) under [ST/SGB/2003/4](#). While FWAs are not an entitlement, under appropriate circumstances OCHA managers may support personnel and promote work-life balance through the use of FWAs including staggered working hours, compressed work week,

scheduled break for external learning and activities, and telecommuting. All FWAs are subject to the agreement and approval of the Supervisor and Head of Office/Branch or Division.

**c) Ensuring Accountability for Wellbeing.**

Measures shall be taken to ensure that all managers are aware of their responsibilities in overseeing the wellbeing of OCHA personnel and ensuring accountability with these responsibilities. These measures include:

- i. Managers are encouraged to allocate funding for annual retreats and other welfare activities in their offices.
- ii. Ensuring the wellbeing of personnel shall be included in the work-plan of all OCHA offices and branches.
- iii. Managers will be reminded of and accountable for their duties and responsibilities in respect of personnel wellbeing, including creating an environment free from harassment, intimidation or discrimination. The performance of managers in relation to these responsibilities for wellbeing shall be recorded in the annual performance document.
- iv. Compliance with ST/SGB/2008/3 on “Prohibition of discrimination, harassment, including sexual harassment, and abuse of authority”.

**d) Supporting resilience and preparedness**

Proactive preventative measures shall be applied with the aim of reducing the possible number of cases of PTSD amongst OCHA personnel. A number of primary, universal interventions are accessible to all OCHA personnel to educate them about critical stress and support with developing resilience.

- ii. Implementation of the [UN System Workplace Mental Health and Wellbeing Strategy](#), in line with the UN Secretariat.
- iii. Mandatory completion of BSAFE security training modules for all OCHA personnel who will serve outside headquarters duty stations, which includes information about the effects of PTSD.
- iv. In appropriate OCHA induction and training programs, personnel will be educated about mechanisms and methods for the management stress, and to understand and recognize symptoms of PTSD
- v. Staff and their families are encouraged to follow the UN Secretariat’s Emergency Preparedness guidance: [Taking Care of Those Who Serve Us: Resource Guide for Staff and Families](#).
- vi. Staff are reminded that emergency contact information must be kept up to date in the ‘inspira’ platform. The system serves as a repository for updated emergency contact information that will enable the Organization to notify staff member’s emergency contact(s) in event of accident or critical incident.

**e) Promoting Road Safety**

- v. Road crashes are a leading cause of death and serious injury to United Nations personnel [The UN-wide Road Safety Strategy](#) launched in February 2019 aims to commit the Organization to the reduction of road traffic crashes involving UN personnel and vehicles in a systematic, comprehensive way. OCHA will ensure compliance with the any initiatives or policies developed through the strategy, as it is implemented across the UN System. Elements of the strategy include:
  - i. Establish a road safety policy addressing all pillars
  - ii. Establish a governance mechanism
  - iii. Improve data collection and analysis
  - iv. Review funding
  - v. Encourage investment in fleet management
  - vi. Encourage the acquisition and use of safer vehicles
  - vii. Develop standard training and awareness-raising methods and materials
  - viii. Develop driver-authorization standards
  - ix. Develop an enforcement mechanism
  - x. Increase responsiveness to post-crash emergencies
  - xi. Promote safe operation, maintenance and improvement of roads in local communities Improve driving conditions in areas under the control of the UN

## Section 2: Guidelines for Supporting the Survivor of a Critical Incident

### 1. Reporting a Critical Incident

- a) Critical incidents involving OCHA personnel must immediately be reported to the OCHA Security Focal Point, the OCHA Chief of Human Resources, and the OCHA Staff Counsellor, to trigger the appropriate response at the local, regional and HQ levels.
- b) Security incidents affecting OCHA personnel must be reported to UN Department of Safety and Security (UNDSS) who will then ensure the incident is recorded in the UN Security Management System (UNSMS) Safety and Security Incident Recording System (SSIRS). At the HQ level the SSIRS database is overseen by the OCHA Security Focal Point
- c) In some cases, such as sexual assault and rape, the survivors may not necessarily wish to have their incidents reported. It is important to ensure that the survivor is aware of and understands the consequences of a decision not to report the incident.
- d) It is important to ensure that any report is made in a sensitive manner with full respect to privacy and dignity of the survivor.

### 2. Immediate and Short- Term Support

#### a) Timeline

- i. Immediate support shall usually be delivered within 0-48 hours of the incident.
- ii. Short-term support shall usually be delivered from 1 to 30 days after the incident.

#### b) Support provided:

- i. The Head of Office in the field or HQ Chief of Unit or Director is responsible for ensuring the immediate evacuation, relocation and/or placement on temporary leave of personnel, as necessary and as authorized, in the immediate aftermath of the incident.

#### Relocation or Evacuation for medical or security reasons

- ii. If required, UNDSS may authorize a security evacuation (to another country) or relocation (within the country) of affected personnel, in accordance with the UN Security Management System (UNSMS).
- iii. A medical evacuation may be authorized by the UN Medical Services Division, or a treating medical officer.
- iv. For locally recruited personnel, and their eligible family, the relocation will usually be limited to another duty station or location within the country, and a Daily Subsistence Allowance (DSA) may be payable, in accordance with the UNSMS.
- v. For internationally recruited personnel and their eligible family, the relocation may either be to another location within the country which is subject to the payment of DSA, or alternatively an evacuation to another country which is subject to an evacuation allowance, in accordance with the UNSMS.

#### Advanced R&R or Special Leave

- vi. If a medical or security evacuation is not authorized, the Head of Office in the field or HQ Chief of Unit or Director should consider granting of either Special Leave with Pay of up to two weeks, or advanced Rest and Recuperation (R&R) in duty stations subject to R&R, to allow an initial period of supported recovery for the survivor. In the immediate period after a critical incident, connecting the survivor with their personal support networks, such as family and friends, may play an important role in the recovery from physical injury or psychological trauma.

#### Counselling

- vii. Survivors of a critical incident have access to staff counselling through various means, including the OCHA Staff Welfare Unit, UNDSS counsellors in various duty stations, the UN Staff Counsellors Office at headquarters, or with external providers as covered through any medical insurance coverage held by the survivor.

#### Administrative Support

- viii. The OCHA Human Resources Office will provide administrative support for any claims or compensation to which they may be eligible. **Annex 1** outlines more details, specific actions to be taken in the immediate and short term following the occurrence of the critical incidents, to provide psychological, medical and administrative support to the affected personnel. **Annex 5** outlines the different types of benefits, entitlements and compensation that may be available to a survivor of a critical incident.

**c) Assessment for next steps**

- i. Following consultation with the OCHA Staff Counsellor and/or on the medical recommendation of the UN Medical Services, and/or the security determination of UNDSS, a decision shall be made by Head of Office in the field or HQ Chief of Unit or Director made on whether the personnel should return to the official duty station, and if so, when.
- ii. In the case where a recommendation made is that the survivor cannot return immediately to the duty station, the medium-term support outlined below should be activated. In this case, the Head of Office in the field or HQ Chief of Unit or Director will be responsible for ensuring that the case is referred to the Critical Incident Committee for a medium-term deployment solution. The Terms of Reference of the Critical Incident Committee is at **Annex 4**.

**3. Medium Term Support****a) Timeline**

- i. Medium-term support shall usually be delivered in the first 12 month following the critical incident.
- ii. The specific timeframe or length of medium-term support provided will usually be determined by the recommendation of the OCHA Staff Counsellor and/or UN Medical Service regarding the time, location, and/or facilities necessary to ensure the recovery and recuperation of the survivor.

**b) Support Provided**

- i. The objective of the medium-term support is to allow an extended period of healing and recuperation, to support a transition back into duties at the survivor's official duty station.

Temporary Assignment

- ii. The members of the Critical Incident Committee will assume the collective responsibility for identifying suitable existing vacancies and ensuring a temporary placement at an appropriate duty station, in line with any medical recommendations intended to facilitate the further physical or psychological recovery of the survivor. The placement possibilities should take into consideration, to the extent possible, both the interest of the Organization and the preferences of the personnel. Consideration shall also be given to his/her suitability for the available positions.
- iii. For internationally recruited personnel, vacancies within NY, Geneva, and if appropriate, field duty stations will be considered. For locally recruited personnel, vacancies within the country of recruitment shall be considered.

Extended Leave

- iv. If the survivor is unable to report to official duties, and requires a period extended certified sick leave, a GTA position should be created to ensure the office is able to maintain continuity of service.
- v. If certified sick leave is not recommended, and the survivor does not wish to return to duty, they may request an initial period of Special Leave Without Pay (SLWOP) for up to twelve months.

Phased Return and Flexible Working Arrangements

- vi. Where part-time working arrangements are recommended and may assist with recovery or transition back into the official duty station (such as a phased-in return to active duty), a GTA position may be created to accommodate the survivor.
- vii. If telecommuting away from the duty station is feasible and may assist with recovery or transition back into the official duty station, the HR Focal Point will seek required approvals to support this arrangement for an initial period of up to six months.
- viii. Should it be necessary, the personnel will be assisted with training to retool his/her skill set to qualify for other positions.

**c) Assessment for next steps**

- i. Upon completion of the medium-term redeployment, the survivor should return to his/her official duties. Upon return to work, all reasonable efforts should be made to accommodate flexible working arrangements which may assist the return of the survivor to duties.
- ii. In circumstances where the survivor is not medically cleared to return to their official duty station, the long-term support outlined below should be initiated.

#### 4. Long Term Support

##### a) Timeline

- i. Efforts towards identifying a long-term redeployment option shall usually begin when it has been determined that the survivor will be unable to return to their previous position and duty station.

##### b) Support Provided

- i. The objective of the long-term redeployment solution is to place the survivor against an established position for which he or she is qualified, and in a duty station for which he or she is medically cleared.
- ii. Long term redeployment is only applicable to personnel who are holding a fixed-term, continuing or permanent appointment with OCHA. This includes OCHA personnel who are administered by UNDP on behalf of OCHA.

##### Reassignment

- iii. If a suitable long-term position has not been secured by the survivor within one year from the start of the medium-term solution, and they are unable to return to their official duty station, EO/HRS will bring the case to the attention of the Critical Incident Committee for a corporate solution to place the personnel in a suitable long-term position in NY, Geneva, or the field as appropriate. The Terms of Reference of the Critical Incident Committee is at **Annex 4**.
- iv. All efforts shall be taken to identify a suitable placement for the personnel as soon as possible. Notwithstanding the role of the CIC, it is possible that a placement solution may be identified at the working level following consultation among the personnel, potential hiring manager and EO/HRS.
- v. The placement possibilities should be discussed with the staff member, to take into consideration, to the extent possible, the preferences of the survivor. Consideration shall also be given to the physical and psychological needs of personnel, as well as his/her suitability for the available positions.
- vi. For internationally recruited personnel, vacancies in any duty station may be considered. For locally recruited personnel, only vacancies within the country of recruitment shall be considered.

##### d) Final steps and closure

While OCHA will continue to provide psychosocial support for as long as the survivor is engaged with the OCHA, OCHA obligation to take special measures to support and accommodate the survivor of a critical incident, as outlined in this guideline, will cease when one of the following events occur:

- i. The staff member is placed against an established position. The placement of the staff member in an established position may be achieved either through the long-term redeployment solution which is assisted by OCHA's management, or with the staff member's own efforts to find a suitable position. OCHA management acknowledge that other support efforts towards the personnel's recuperation of physical and mental well-being may require ongoing efforts.
- ii. The staff member begins to receive disability benefit;
- iii. The staff member submits a notice of resignation; or
- iv. When a period of time, normally not less than 2 years, has elapsed after the incident, and all due process and relevant intervention have been exhausted.
- v. For non-staff personnel, when all reasonable efforts to support and accommodate the personnel through the incident have been taken, and until to the expiration of their contractual relationship with OCHA.

#### 5. OCHA Responsibilities for Supporting a Survivor of a Critical Incident

##### a) Survivor

- i. Survivors are expected to actively apply for vacant posts within the UN system during the medium-term deployment stage, and to keep the HR business partner/Case Manager informed of all applications submitted.
- ii. Personnel affected by a critical incident and who are seeking long-term redeployment are expected to work to actively participate in upgrading their skills through retraining in anticipation of qualifying for a vacant post.

##### b) OCHA Heads of Office or Section Chiefs or Directors

- i. Head of Office and Section Chiefs/Directors are responsible for overseeing the duty of care and wellbeing of OCHA personnel in their teams and upholding managerial duties responsibilities in relation to promoting a safe and harmonious working environment.

- ii. Head of Office and Section Chiefs/Directors are responsible for immediately reporting any critical incidents affecting their teams
- iii. Head of Office and Section Chiefs/Directors, supported by the Staff Counsellor and HR Section/EO, are primarily responsible for the overall management of support to survivors of a critical incident, unless the survivor is reassigned to another duty station.

**c) OCHA Senior Management**

- i. OCHA's management is responsible for providing appropriate resources and opportunities for retraining and retooling of survivors of critical incidents who are seeking redeployment. This may include any of OCHA's specialized internal trainings and functional induction programs, or any general or specific training provided within the UN Secretariat.
- ii. Before approving a selection proposal for a position to which any personnel requiring redeployment after a critical incident has been found suitable, OCHA management, with the support of Human Resources, shall ensure that full and due consideration has been given to any personnel requiring redeployment after a critical incident.

**d) The OCHA Critical Incident Committee**

- i. The CIC will have the collective and corporate responsibility for the placement of affected personnel in a suitable position that best serves the personnel and meets organizational needs. The Terms of Reference of the OCHA Critical Incident Committee is at **Annex 4**.

**e) OCHA Human Resources**

- i. Psychosocial support services, to work toward both the prevention and response to critical incidents is provided by the OCHA Staff Welfare Unit.
- ii. Human Resources shall monitor personnel who have served for extended periods in extreme hardship duty stations, and recommend appropriate responses to OCHA Senior Management.
- iii. Upon being informed of any application submitted by the affected personnel, the HR Focal Point will flag the application to the appropriate hiring manager for posts within OCHA, to the relevant Executive Office for posts in other UN Secretariat departments, or to the relevant Human Resources Office for posts in other UN agencies, funds or programmes.
- iv. OCHA's Staff Welfare Officer, in consultation with the survivor and in collaboration with the Medical Section, will determine the colleagues' fitness to return to work, identify appropriate duty stations and/or propose possible support options to consider. If the affected personnel will be redeployed, the OCHA Staff Welfare Officer shall consult them on the support mechanism necessary to be put in place locally. For cases involving multiple personnel, the Critical Incident Stress Management Unit (CISMU) of UNDSS shall also be consulted.
- v. The Human Resources Focal Point shall assist affected personnel with facilitating, follow up or monitoring of any benefits and entitlements or claims, such as MAIP or Appendix D compensation claims. The Human Resources Focal Point shall assess any outstanding needs or related entitlements, medical or psychotherapeutic support and coordinate with relevant sections to close the gaps.



## Section 3: Annexes

### Annex 1: Checklist for Supporting Personnel following a Critical Incident

#### Roles and Responsibilities for Supporting Personnel following a Critical Incident

Checklist of Responsibilities



OCHA

#### How to use the checklists:

- ✓ These checklists are not designed to replace any rules, regulations, or administrative issuances of the Organisation, nor to replace guidance by UNDSS on security aspects of critical incident management.
- ✓ One person acts as a key focal point for the affected personnel, maintaining contact with all stakeholders to ensure prompt action and responses. This role is usually taken by the HR Officer covering the portfolio, with the support of the Staff Welfare Officer. The survivor may select a person with whom they are comfortable.
- ✓ The severity of the incident dictates a higher level of adherence to these protocols. Always follow the objectives indicated for each of the phases. However, the specific actions taken may require adjustment to the specific circumstances.
- ✓ In situations when the incident is not considered serious and the personnel involved indicate that they have no concerns or requirement for support, you may proceed to check the indications for the closure of the case.
- ✓ In the case of a sexual assault, please also refer to **Annex 3: FAQs on Supporting Survivors of Sexual Assault**
- ✓ In the case of a death in service, please also refer to **Annex 7: Actions in cases of Death in Service**

#### Checklists available:

##### Immediate Support: 0-72 hours

- Head of Office (Head of Section) Checklist
- OCHA Staff Welfare Office Checklist
- OCHA Administration and Human Resources Focal Points Checklist

##### Short-term Support: 72h -1 month

- Head of Office (Head of Section) Checklist
- OCHA Staff Welfare Office Checklist
- OCHA Administration and Human Resources Focal Points Checklist
- OCHA Senior Management

##### Medium-term Support: 1- 6 months

- Head of Office (Head of Section) Checklist
- OCHA Staff Welfare Office Checklist
- OCHA Administration and Human Resources Focal Points Checklist

#### Indications for the closure of a case:

Closure may be reached at different times and for different reasons, depending on both the critical incident and the status of the colleagues involved in the incident. It is important at that point for management and support services to inform the colleague concerned that the objectives have been achieved and that the case will be closed, although survivor(s) should always be welcomed to initiate further contact if needed.

- ✓ The colleagues concerned are declared fit to work or his/her case is presented for disability.
- ✓ In case of confirmed partial permanent impairment, reasonable accommodation under the policy of employment with disability will be supported
- ✓ No delayed signs and symptoms observed after 6 months.

In case longer-term support is needed, the redeployment of the affected staff member should be explored.

## Immediate Support: 0-72 hours

### Objectives:

- ✓ In the first 72 hours, the responders need to:
  - Ensure the physical safety of all personnel involved in the incident.
  - Take care of immediate medical needs.
  - Ensure that the personnel directly involved feel supported, guided, and cared for.

### **KEY TASKS 0-72 HOURS – Head of Office (or Head of Section)**

- Ensure that the Head of Section/Head of Division, Staff Welfare, and Human Resources and OCHA Security Focal Point are notified, so they may provide psychosocial, administrative, and security support to the survivor as required.
- In case of injuries, ensure the survivor receives immediate medical attention. If Medical Evacuation is required, requests should be submitted to the UN Medical Doctor at the UNOG Medical Services, Geneva. Medical Service quickly provides the requested authorisation, provided the MS.39 form is duly filled in by the Doctor recommending the medical evacuation.
- For cases in which the urgency of the medical evacuation leaves no time for processing paperwork, the Head of Office may authorise a medical evacuation. However, please be aware that 'urgent' in this context must be interpreted as an issue of life or death. Only then can the established procedure for medical evacuation be bypassed.
- If an OCHA Peer Support Network exists in the duty station, mobilise the Peer Support Volunteer to provide Psychological First Aid to all personnel exposed to a critical incident under the supervision of the OCHA Staff Counsellor.
- If the HR Officer, Staff Welfare Officer or UNDSS Counsellor are not available, assign a trusted colleague to be the focal point for support. Consider the preferences of the affected personnel in the choice of the focal point.
- During this immediate post incident phase, maintain daily contact to ensure that the survivor's needs are being met.
- Managers should not ask the victim to write a detailed narrative of the events. If this is needed it can be facilitated by the Staff Counsellor or other health professionals. When a detailed account does exist, it should be treated with confidentiality.
- When planning your communication with the rest of the team about the incident, keep the following objectives in mind: maintain the confidentiality of affected personnel, encourage expression of support and solidarity, contain panic, and prevent the spread of misinformation.
- In case of a group or mass emergency, with the advice and guidance of the OCHA Staff Welfare Office, initiate a rapid assessment of psychosocial needs.
- Familiarise yourself with the [Leadership in Emergencies toolkit](#)

### **Additional considerations in case of a sexual assault and rape**

- Familiarise yourself with **Annex 3: FAQs on Supporting Survivors of Sexual Assault**
- Provide maximum assistance by referring the personnel to medical support, security services, and welfare/counselling services.
- Ask the survivor whether he/she *wants* medical treatment. Explain that Post Exposure Prophylaxis (PEP) medical care can be administered within 24 hours of the incident to provide treatment for possible sexually transmitted infections, reduce the risk of contracting HIV/AIDS, and provide emergency contraception. The UN Medical Officer and the OCHA Staff Welfare Officer are available for confidential advice to the survivors and the responders if required.
  - In each field duty station where OCHA works, PEP kits are available at designated locations and can be used by trained personnel. Kits contain: HIV prophylaxis, antibiotics to treat sexually transmitted infections, emergency contraception, and a quick guide on how to administer the kit.
  - At Headquarters or Regional Offices, personnel can access PEP kits through local service providers.
- Explain that if the survivor plans to pursue legal proceedings, there are additional medical tests available for gathering evidence about the incident. Such tests can include:
  - Urine or blood tests for date rape drugs
  - Physical examination for signs of injury
  - Swabs for semen or other evidence from the perpetrator
 If the survivor wishes to pursue this, instruct them to store their clothes in a clean bag, avoid bathing or drinking, and visit a medical facility as soon as possible. The UN Medical Officer and the OCHA Staff Welfare Officer are available for confidential advice to the survivors and the responders if required.
- Discuss with the survivor his/her priorities, needs, and concerns.
- Make yourself available and accessible in case of need.
- Ensure strict confidentiality.

### **Additional considerations in case of death in service:**

- Familiarise yourself with **Annex 6: Action in cases of Death in Service**

#### **KEY TASKS -0-72 HOURS - OCHA Staff Welfare Office**

- Establish direct contact with the colleague(s) affected (in person or by phone) to assess needs for psychological first aid, psychological support, and time-off.
- Establish a support plan for the first 48 hours.
- Evaluate the quality of the local support provided.
- Make sure the survivor receives appropriate medical support, if required.
- With the consent of affected colleagues, assess the need to provide support to their family members.
- Devise a short-term case management plan and coordinate with all responders.
- Provide technical support to the Head of Office and line Managers as needed.

#### **Additional considerations in case of a sexual assault or rape:**

- Familiarise yourself with **Annex 3: FAQs on Supporting Survivors of Sexual Assault**
- Respect the survivor's right to confidentiality should they wish that this incident remain undisclosed. The Staff Welfare Officer can provide confidential advice to Management without the need to disclose the identity of the survivor.
- Review with the survivor the medical options available after a sexual assault, especially those for the prevention of sexually transmitted diseases.
- Offer to liaison with management, security, medical, Staff Welfare, and other needed functions.
- Assist the survivor in deciding on what and how to communicate: consider who the survivor would like to inform about the incident and help them plan how to do so. Assist with contacts, if needed.

#### **Additional considerations in case of death in service:**

- Familiarise yourself with **Annex 6: Action in cases of Death in Service**

#### **KEY TASKS 0-72 HOURS –Administration & Human Resources Focal Points**

- Act as case manager to support and coordinate all required administrative procedures, in collaboration with the OCHA Staff Counsellor and Medical Services Division as required.
- Process the request for medical evacuation and ticketing in Umoja, if required. Requests for Medical Evacuations should be submitted to the UN Medical Doctor the UNOG Medical Services, Geneva. Medical Service quickly provides the requested authorisation, provided the MS.39 form is duly filled in by the Doctor recommending the medical evacuation.
- Oversee the appropriate documentation and processing of the affected colleague's absence from work (compensatory time-off, sick leave, Special Leave with Full Pay, etc.).
- Maintain supportive and caring communication with the colleagues involved and ensure they are aware of relevant entitlements.
- Respect the confidentiality and privacy of colleagues concerned.

#### **Additional considerations in case of a sexual assault of rape:**

- Familiarise yourself with **Annex 3: FAQs on Supporting Survivors of Sexual Assault**
- Keep in mind that – in situations that are highly sensitive – you may not have access to all the details related to the incident.

#### **Additional considerations in case of death in service:**

- Familiarise yourself with **Annex 6: Action in cases of Death in Service**

## Short-term Support: 72 hours – 1 month

### **Objectives:**

- ✓ Establish a plan for recovery to facilitate an adaptive coping and healing.
- ✓ Ensure that the survivor has re-established a daily routine, has access to treatment, and is addressing administrative requirements.
- ✓ Ensure the survivor's concerns are being addressed promptly and properly.
- ✓ Keep the survivor informed about what to expect in the next 30 days. Whether or not they remain at the duty station, continued communication is critical to prevent a sense of abandonment and isolation.

### **KEY TASKS 72 HOURS – 1 MONTH- Head of Office (or Head of Section)**

- Ensure that the response is well coordinated, fully activated, and engaged with the affected colleagues.
- Show support and care to the affected colleague by checking in with him/her even if she/he is away from the Office and by ensuring a safe, welcoming, and supportive environment if she/he has returned. Supervisory and co-worker support are mitigating factors at the workplace following a critical incident and play an important role in assisting affected personnel to recover from a critical incident.
- Keep the affected colleague informed of all actions taken on his/her case, including any findings from the investigation that you are permitted to share.
- Coordinate with host country's authorities - or UNDSS if it is acting as lead - to ensure that a proper investigation is conducted
- Be prepared to deal with specific questions from affected personnel. Always show concern, respect and empathy. To the extent allowable by the circumstances, be transparent with information and forthcoming on steps being undertaken.

### **KEY TASKS 72 HOURS – 1 MONTH- OCHA Staff Welfare**

- Maintain contact with the affected personnel (via phone, email, face-to-face). Assess the need for mental health treatment and coordinate referrals with the Medical Section, if needed.
- In consultation with the affected personnel and in collaboration with the Medical Section, determine the colleagues' fitness to return to work and identify appropriate duty stations. Propose possible work options to consider.
- If the affected colleague is starting to work in a new location, consult him/her on the support mechanism necessary to be put in place locally.
- Offer psychological support to the family of the affected colleague with his/her consent.
- Ensure that the colleagues' concerns are being addressed (i.e. they are aware of entitlements) and liaise with the HQ/local Administration, as necessary.
- Provide advice to all parties involved on how to handle the situation.
- Support the team and offer counselling to all those in need

### **KEY TASKS 72 HOURS – 1 MONTH- OCHA Senior Management**

- If return to the duty station is not feasible, comply with the Medical Service Board recommendation as to the types of duty stations that meet the survivor's needs.
- Advocate for the survivors to be appointed to be redeployed (temporarily or otherwise) to an appropriate duty station.
- Consider how a location's security status may impact the survivor's psychological functioning.
- Ensure job security, as a perception of job insecurity may significantly add to the sense of victimization.

### **KEY TASKS 72 HOURS – 1 MONTH- Administration & Human Resources Focal Points**

- Continue to act as case manager to support, facilitate, and coordinate all required administrative procedures, in collaboration with the OCHA Staff Counsellor and Medical Services Division as required.
- If required, follow up on the security or medical evacuation of the survivor from the duty station, and ensure any applicable allowances or DSA is processed.
- Inform the survivor about relevant insurance and compensation coverage, including *Appendix D* and the *Malicious Acts Insurance Policy (MAIP)*. Compile the documentation for the compensation claims and assist the survivors to complete it.
- Ensure that the colleagues concerned are aware of their administrative entitlements and benefits such as sick leave balance, special leave with or without pay, and flexible working arrangements.

- Ensure that the appropriate absence type has been recorded. If required, the survivor may be placed on Special Leave with Full Pay upon recommendation by UNDSS/FSS (Security Evacuation) or the Staff Welfare Service and authorization by the Executive Office

## Medium-Term Support: 1-6 months

### Objectives:

- ✓ Continue required physical and mental health care required for healing
- ✓ Efficiently process any administrative entitlements
- ✓ Provide required career support

Within a month after a critical incident, in most cases, traumatic reactions may have significantly reduced. During this time it is important to continuously check for the possibility of delayed on-set of trauma even if colleagues do not have any symptoms. The need for continuous physical and mental health care will be decided by the Welfare Officer or UN Medical Doctor in collaboration with the external health providers. In this phase, reducing any uncertainty to a minimum helps trauma healing. Therefore, efficient administrative and career support is of critical importance and should be dealt with within the shortest possible period.

### KEY TASKS 1-6 MONTHS – Head of Office (or Head of Section)

- Show support and care to the affected colleague and ensure a safe, welcoming and supportive environment. Supervisory and co-worker support are mitigating factors at the workplace following a critical incident and play an important role in assisting affected personnel to recover from critical incident.
- Update the security risk assessment; implement measures and procedures to ensure adequate safety for personnel.
- Update security plans and planning.
- Keep all personnel informed of changes in both threat environment and response measures.
- Provide a person-specific security risk assessment for the survivor's return to work to the same location s/he was serving at the moment of the critical incident as necessary; advise OAD NY, HR and the Staff Welfare Office of the results.

### KEY TASKS 1-6 MONTHS- OCHA Staff Welfare Office

#### 1-3 months:

- Contact the affected colleagues at months 1, 2 and 3 unless they have opted against receiving such support and assess the trauma. If necessary, increase the frequency of contacts.
- Facilitate the referral to treatment by an external trauma specialist or other medical professional if necessary, in consultation with the Medical Section.
- Check on the family/emergency contacts of the affected colleagues, with their consent, and if necessary help them manage the situation.
- Assess any outstanding issues, such as related entitlements, medical or psychotherapeutic support and coordinate with other sections to close the gaps.
- Check that any relevant compensation claim (eg. Appendix D, MAIP) has been submitted and facilitate any action necessary.
- Provide psychological preparation and ongoing support during the next assignment.
- Meet with the Head of Office, if the colleague concerned is returning to work, and ensure a clear understanding of normal post-traumatic reactions and ways in which the manager and the rest of the personnel might facilitate and support the colleague's return to work. Be transparent with the colleague about this contact.

#### 3-6 months: Monitor the healing

- Continue the contact with the survivor as necessary unless the case has been closed.
- Complete a final PTSD assessment at 6 months.
- Inform the colleagues concerned of possible delayed reactions and invite them to remain in contact should any symptoms develop.

### KEY TASKS 1 – 6 months - Administration & Human Resources Focal Points

Continue to act as case manager, and support, facilitate and coordinate all required administrative procedures, in collaboration with the OCHA Staff Counsellor and Medical Services Division as required.

## Annex 2: Tips for Managers on Prevention of Panic and Rumors following Critical Incidents

### Prevention of Panic and Rumor following a Critical Incident Tips for Managers



While it is impossible to forbid people from spreading rumors about things that worry them, it is possible to empower them to support you in protecting the information.

The spreading of rumors is a natural reaction when a sense of being out of control sets in. In addition, rumors often emerge to fill in any information gaps. Crises situations offer plenty of possibilities for such gaps. Therefore, appropriate information management will contribute to the reduction of panic and to a better control of rumors such as:

- ✓ Foster trust within your office and engage in downward communication as much as possible.
- ✓ Encourage open communication channels, discussions and allow for different views.
- ✓ Consider information management as part of your critical incident response:
  - As soon as possible after a critical incident hold a meeting with all personnel to inform them about the on-going crisis. Say what you can about the situation and acknowledge that there are certain aspects that you are not able to share or may not be aware of at the moment. Commit to keep the personnel in the loop as much as possible and on a regular basis.
  - Be sure to strictly respect confidentiality of the survivor. This is particularly critical in cases involving sexual assault or rape.
  - Judge how often you need to hold meetings with the personnel – the more severe the crisis, the more frequent meetings may be required. If you are the leader of a large team, instruct your senior managers to hold regular meeting with their teams with clear messages and objectives.
  - Acknowledge that rumors might be natural response under the circumstances but warn the personnel about the negative implications of spreading rumors. Seek their support in keeping the rumors to the possible minimum by asking them to direct any information or question to you. Set clear standards of how they should respond to queries from external parties and from within their social circles.
  - Keep a tab over what worries the personnel – that will give you information of where the gaps are and how to go about them.

## Annex 3: Responding to Critical incidents involving Sexual Assault

## Responding to Critical incidents involving Sexual Assault

## Frequently Asked Questions



The UN estimates that one in five women worldwide will be a victim of rape or attempted rape during their lifetime. While the statistics for male survivors are less well-documented, men too are victims of sexual assault. In conflict zones and humanitarian crises, these figures are even higher, making it all the more important to take steps to protect yourself, and learn how to respond if a friend, co-worker, or beneficiary reports having been a victim of sexual violence. This note is designed to assist you in that process.

**Q1. Why is there a need for a specific approach to critical incidents involving sexual violence?**

A1. Cases of sexual assault are fundamentally different to other types of security incidents and require a sensitive approach to prevention and response planning. Stigma and cultural perceptions of sexual violence are still significant issues globally, and survivors of sexual violence often experience a complex range of emotions including shame, guilt, and feeling that they will be defined by the incident. Awareness of these factors is crucial for an effective prevention and response plan.

**Q2. What should I do immediately if I receive information on an incident of sexual violence?**

A2. If a friend, co-worker, or beneficiary tells you that they have experienced sexual violence, it is important that you offer a supportive, but not intrusive response. Every survivor of sexual violence will cope differently, and particularly during the period immediately following an attack, they may still be in shock. Take your cues from the individual on how to respond. A few suggested first steps include:

1. Ensure the person is safe in their current location.
2. Listen and provide emotional support. Do not solicit details about what happened or ask questions that could be seen as judgmental. Let the person determine how much information they want to share.
3. Ask the individual what they need and what you can do to help.
4. Inform the individual that medical and mental health services are available and advise that if medical services are administered within 72 hours, risk of disease or pregnancy can be significantly reduced.
5. If the person has not accessed medical help, ask if they would like help to do so.

**Q3. Are there some guiding principles I should follow to most constructively support a survivor of sexual violence?**

A3. YES! Given that cases of sexual assault are fundamentally different to other types of security incidents, there are some basic dos and don'ts to be aware of:

**DO:**

- ✓ Let the survivor be in charge: let them decide what they want to do, what information they want to share, who they want to talk to and what help they want. Allowing the survivor to make decisions about their case empowers them
- ✓ Listen to the person.
- ✓ Ask the person what they need and what you can do to help.
- ✓ Offer to help the person access medical services or psychosocial support.
- ✓ Reassure the person that the assault was not their fault.
- ✓ Reassure the person that whatever they're feeling right now is normal.
- ✓ Keep all information strictly confidential. Survivor's information must remain private and be shared only as requested and agreed to by the survivor. NOBODY has the right to the survivor's information without their permission.

**DON'T:**

- X Tell the survivor what they *should* do (or should have done before or during the assault).
- X Ask them questions beginning with "why."
- X Question or judge the person, or in any way imply that you don't believe them or think it was their fault.
- X Seek out details about the assault or ask questions that you don't need to know just because you are curious.
- X Suggest that if they had acted differently or made different decisions, they could have somehow avoided the assault.
- X Share any information about the individual or incident without the explicit consent of the survivor.
- X Pressure the individual to report the assault.
- X Force survivors to tell their story (especially multiple times).

**Q4. A friend/colleague has asked that I be a focal point to support them in dealing with the aftermath of a sexual assault– is this allowed?**

A4. Yes. In fact, designating a focal point can be extremely helpful to a survivor as it means that the focal point can share the necessary information (with consent and strict confidentiality) to prevent the survivor from repeating the story over and over. The focal point can also gather information to present the survivor with options.

#### **Q5. Is it required for a survivor to report an incident of sexual violence against them?**

A5. OCHA has an SOP for reporting critical security incidents. Given that cases of sexual assault are fundamentally different to other types of security incidents, here are specific guidelines for issues pertaining to reporting of sexual violence:

- Reporting incidents of sexual violence to OCHA is encouraged so that the organization can provide appropriate support, but it is not required.
- People will often tell a friend first. If the survivor agrees to report the incident to OCHA, the friend can contact HR or any member of the Country Management Team, who can assist them with arranging support if requested.
- Documentation about the incident will only be done if the individual gives their consent. The individual will also have the opportunity to review any report before it is finalized.
- Reporting to the authorities is not required by OCHA and is at the discretion of the individual.

#### **Q6. Can you help me to understand how a survivor might respond during and after an assault?**

A6. There is no right or wrong way to react during an assault. It is likely that instinct will take over, and it is best for each person to follow what feels most natural and likely to keep them safe. Reactions will likely be based on the situation and the number of attackers, who they are, and whether they are armed. **Remember: the primary objective is to survive.**

A few common types of physical defense mechanisms include:

- **Submission:** If the individual is in fear for their life or well-being, they may choose to submit to the attacker. This does not mean that they accept what is happening, but rather that they have made an assessment that giving in is the best way to minimize harm. Some people's natural instincts are to freeze, which is how they may cope with a traumatic situation.
- **Passive Resistance:** This can include doing or saying anything to "ruin" the attacker's desire to have sexual contact. An individual may tell the attacker that they have HIV or AIDS, diarrhoea, or make themselves vomit or do anything else that can be seen as distasteful or disgusting. In some cases, people may attempt to "humanize" themselves to the attacker (i.e. reminding them that you are someone's daughter, mother, brother, etc).
- **Active Resistance:** Any type of physical force one used to fight off the attacker, such as striking, kicking, biting, scratching, shouting, and running away.

There are also a number of **psychological defense mechanisms** that can occur during an assault. One of the most common is called "disassociating," where a person tries to "escape" the assault by going to a different mental place. For some people this means their mind goes somewhat blank or they imagine they are elsewhere, while for others it can feel like they are floating above their body watching the assault happen to someone else. However, a person's mind reacted, it's ok – just like the body, the brain is doing what it has to do to survive.

#### **Q7. What is involved in recovering from sexual assault?**

A7. Recovering from sexual assault is not an easy process, and it will take time. If you, a friend, co-worker, or relative is recovering from sexual assault, it can be helpful to seek support from professionals (more information can be found on this at the end). In the meantime, below is some basic information about common recovery processes.

##### Common reactions:

Every person reacts differently to sexual assault. Regardless of what they're feeling: it's normal. People may feel like they are going crazy or that they aren't in control of their own emotions. Reassure them that they are not crazy, and that these feelings are very common. Below is a list of some of the most common reactions to sexual assaults.

Fear and anxiety	Having nightmares or flashbacks
Feeling it was their fault	Not wanting to be touched
Feeling ashamed/embarrassed	Difficulty concentrating or remembering things
Feelings of panic or jumpiness	Loss of appetite or comfort eating
Social withdrawal	Self-judgement or questioning "what if"
Feeling numb or emotionless	Reduced ability to express emotions
Trouble sleeping	Feeling they will be defined by the incident



**Recovery timeline:**

Many survivors will ask how long it will take them to “get over it.” Although they may never “get over it” completely, survivors often see a significant improvement in their emotional recovery over time. Below is a breakdown of common developments:

- First two weeks after assault: The immediate aftermath of an assault is often characterized by shock, overwhelming emotions, and very intense impact on day to day functioning.
- Two to four weeks after assault: After the first two weeks, survivors may begin to grapple with the questions of “what next,” and how to move on with their lives post-assault. Significant trauma is still normal during this period, but survivors may begin to question why they are not “feeling better.”
- Four to six weeks after assault: During this time, survivors often begin to experience a reduction in symptoms of trauma. They will likely continue to experience some anger, fear, and sadness, but symptoms often become less intrusive.
- Six weeks and beyond: If after six weeks, the survivor continues to experience signs of significant trauma that interfere with their day to day life, this could be a sign of post-traumatic stress disorder, and the survivor may want to consider getting professional counselling.

**Q8. How can I support a friend/colleague to recover from sexual assault?**

A8. Remember that recovery takes time. If you are supporting a survivor of sexual assault, the best thing you can do is be there for the person and listen to their needs. Don’t push the person to do things like go out or try to “take their mind off it” – people often need time to process before they can move forward. Some people may want to talk about the incident, while others may prefer to not discuss it for some time.

As a general rule:

- Ask the survivor if they want to do something, don’t tell them they should do something.
- Find non-intrusive ways to address negative coping behaviors. For example, if you notice that the survivor isn’t eating, rather than saying that he or she should eat, drop off some food that you have cooked.
- Be there to listen, and adjust your response based on what the person says they need.

**Q9. Where can I find medical support following a sexual assault?**

A9. Access to medical support will differ depending on the type of duty station you are located in:

- In each field duty station where OCHA works, Post Exposure Prophylaxis (PEP) kits are available at designated locations and can be used by trained personnel.
  - Kits contain: HIV prophylaxis, antibiotics to treat sexually transmitted infections, and emergency contraception. Inside each kit is also a quick guide on how to administer the kit.
- At Headquarters or Regional Offices, personnel can access PEP kits through local service providers.

**Q10. Where can I find Mental Health support following a sexual assault?**

A10. All OCHA personnel have access to confidential counselling through the Staff Welfare Office in Geneva. The OCHA Staff Counsellor can be contacted on Tel: +41 22 917 1972 | Mob/ Whatsapp: +41 (0)794440053 | E-mail: [sierralta@un.org](mailto:sierralta@un.org) | Skype: counselling.ocha.

**Q11. As a manager/member of the senior leadership team, is there anything specific I should do to ensure we are prepared for incidents of sexual violence?**

A11. Yes, absolutely. Organizational preparedness for sexual violence is absolutely critical to ensuring appropriate management of a case if one arises. Steps you can take as a manager include:

- Ensuring all persons who would have access to information about sexual violence cases have been trained in sensitive critical incident care and confidentiality;
- Ensuring information has been shared on where national and international personnel can access immediate medical care for incidents of sexual assault (noting that in some contexts, medical facilities may not be trained to manage sexual assault cases - this will need to be queried and confirmed with the medical facility);
- If you are in a remote location, ensuring you have PEP kits on site and personnel trained to use them, or a plan which would enable a survivor to access medical care within 72 hours;
- Where possible, identifying and sharing information on where national personnel can access mental health care support in the local language;
- Focusing on creating an environment in which people would feel comfortable reporting incidents, rather than pressuring individuals to do so.

## Annex 4: Terms of Reference for the OCHA Critical Incident Committee (CIC)

## OCHA Critical Incident Committee

Terms of Reference

**Responsibilities of the OCHA Critical Incident Committee (CIC)**

The Critical Incident Committee is responsible for ensuring the long-term placement of personnel affected by Critical Incidents: The Committee has the collective and corporate responsibility for the placement of affected personnel in a suitable position that serves both the interest of the affected personnel and meets organizational needs. The Committee shall strive for a solution that maximizes the use of existing vacancies and minimizes the creation of new posts.

Depending on the progress of the recovery of the survivor, placement decisions made by the Committee may relate to either short term (temporary assignments), or long term (reassignment) placements. For internationally recruited personnel, vacancies within NY, Geneva, and if appropriate, the field will be considered. For locally recruited personnel, vacancies within the country of recruitment shall be considered.

Medium -term placement: The objective of the medium-term placement, which is usually a temporary assignment, is to allow an extended period of healing and recuperation, to support healing and allow a transition back into duties at the survivor's official duty station.

Long-term placement: If after a medium-term placement, the survivor is medically unfit to return to their official duty station, a long-term reassignment shall be explored. The objective of a long-term placement (reassignment) is to place the survivor against an established position for which he or she is qualified, and in a duty station for which he or she is medically cleared.

**Composition of the Committee**

The Committee will be composed of the following members:

- *Assistant Secretary-General, OCHA, Chair of Committee*
- *Director of Operations and Advocacy Division*
- *Director of Coordination Division*
- *Director of Humanitarian Financing and Resource Mobilisation Division*
- *Executive Officer, OCHA*

*Secretary of the Committee: Human Resources Section*

**Frequency and Medium of Meetings**

The Committee will meet when required, as determined by the Chair. The Committee's work may be conducted electronically through email should the situation prove difficult to convene an in-person meeting, or should a proposal require urgent attention.

## Annex 5: Overview of Entitlements, Insurance and Compensation for Personnel Affected by Critical Incidents

## Overview of Entitlements, Benefits &amp; Compensation

For Personnel affected by Critical Incidents



OCHA

**Medical Insurance**

United Nations staff members and their recognized dependents who are covered by the health insurance plans offered by the United Nations will be reimbursed for a percentage of expenses related to medical treatment, medicines and hospitalization and in certain instances an in-network provider will cover all expenses. Eligibility and services are subject to the terms and conditions of the insurance policy.

**Medical Evacuation**

Depending on the nature of the injuries and residual security risks, staff or their dependent family members may be medically evacuated to a safer location. The local office/mission administration in conjunction with [Medical Services Division](#) will coordinate all arrangements for the evacuation and will provide specific information to you, and/or your family, if applicable. Details on the requirements and eligibility for medical evacuation can be found in [ST/AI/2010/10 on Medical Evacuation](#).

**Security Evacuation**

If authorized for security reasons, in line with the [UN Security Management System \(UNSMS\)](#), internationally recruited personnel are eligible for security evacuation outside the duty station country (safe haven, home country, third country) A security evacuation allowance may be payable to the evacuated personnel and any eligible family members.

**Security Relocation**

If authorized for security reasons, in line with the [UN Security Management System \(UNSMS\)](#), both internationally and locally recruited personnel, along with their eligible family, may be relocated within the country of duty station. Daily subsistence allowance (DSA) may be payable for the period of relocation.

**Sick Leave**

If you are injured while working for the United Nations, leave taken from work may be uncertified sick leave or certified sick leave covered by Appendix D. If injured at work, then sick leave credit might be given by ABCC if it is deemed to be a work-related injury. All certified sick leave must be approved according to [ST/AI 2005-3 on Sick Leave](#). The maximum sick leave entitlement is based on your type and duration of appointment under the Staff Rules as follows:

Appointment	Certified sick leave (days per annum) <sup>1</sup>	Uncertified sick leave (days per annum) <sup>2</sup>	Maximum entitlement for extended sick leave
Permanent	195	195	9 months full pay, and 9 months on half pay, within 12 consecutive months
Continuing	195	195	9 months full pay, and 9 months on half pay, within 12 consecutive months
Fixed Term	65	65	More than 3yrs – same as above. Less than 3 yrs: 3 months full pay, and 3 months on half pay, within 12 consecutive months
Temporary	2 days per month	Up to 7 (prorated)	Not applicable

**Special Leave Without Pay (SLWOP) and Special Leave with Pay (SLWP)**

Under [Staff Rule 5.3](#), special leave without pay may be granted at the request of a staff member holding a fixed-term or continuing appointment, including in cases of extended illness, or for other important reasons for such period of time as the Secretary-General may prescribe. Staff members holding a temporary appointment may exceptionally be granted special leave, with without pay, for compelling reasons for such period as the Secretary-General deems appropriate. Special leave is normally without pay. In exceptional circumstances, such as following a critical incident, a period of special leave with full or partial pay may be granted.

**Rest and Recuperation (R&R)**

Staff members are granted time off for rest and recuperation after serving a period of qualifying service in a duty station approved for rest and recuperation, and subject to meeting eligibility provisions in [ST/AI/2018/10 on Rest and Recuperation](#). In

<sup>1</sup> Annual cycle starts 1 April to 31 March

<sup>2</sup> Annual cycle starts 1 April to 31 March

qualifying duty stations, exceptional approval of advanced R&R may be considered to assist a survivor with recovery from a critical a critical incident.

#### ***Disability Benefits: Pension fund***

If a staff member who is a participant in the pension fund separates from the Organization following an injury due to disability, they may be entitled to disability payments through the United Nations Joint Staff Pension Fund. The rules governing disability benefits are in [Article 33 of the Regulations and Rules of the UNJSPF](#).

#### **Disability Claim Form**

[P.295 \(Request for the Award of a Disability Benefit under UNJSPF\)](#)

#### ***Compensation in the case of Death, Injury or Illness Attributable to Service (Appendix D)***

Under certain circumstances, compensation may be awarded in the event of death, injury or illness of a staff member which is attributable to the performance of official duties on behalf of the United Nations. The rules governing compensation in the event of death, injury or illness attributable to the performance of official duties on behalf of the UN are available in [Appendix D to the Staff Rules](#).

**Important:** The claim and related documentation must be submitted within **four months** from the date of the injury, or the onset of illness (see article 12 of Appendix D), unless it can be proven that exceptional circumstances prevented the staff member from taking such action within the four-month time limit.

#### **Compensation Claim Form**

[P.290-E](#) (Claim for Compensation under Appendix D to the Staff Rules)

#### **Guidelines for Filing Claims**

[Guidelines for the Advisory Board for Compensation Claims](#)

[Guidelines for the United Nations Claims Board](#)

#### ***Compensation for Loss or Damage of Personal Effects Attributable to Service***

Staff members are entitled to reasonable compensation in the event of loss of or damage to their personal effects, determined to be directly attributable to the performance of official duties on behalf of the United Nations. The rules governing compensation for loss of or damage to personal effects attributable to service are available in [ST/AI/149/Rev.4](#)

**Important:** This compensation is subject to maximum established limits; therefore, staff are strongly encouraged to obtain, at their own expense, adequate personal property insurance coverage. All claims must be submitted to the local HR services as soon as possible or **within two months** of the event, or of discovery of loss or damage.

#### ***Malicious Acts Insurance Policy (MAIP)***

If a staff member is injured in an incident which qualifies as a malicious act and they in compliance with the prevailing UN DSS security directives, guidelines and procedures, they may qualify for an MAIP compensation payment if the injury resulted in a permanent loss of function. Coverage is not extended to spouses or dependent children of the staff members. If the event is classified as a malicious act, the application process for the benefit will be initiated by the Human Resource Specialist. Among the supporting documentation required for the application is an official police report.

The rules governing compensation under MAIP are available in [ST-SG-2004-11](#)

#### **MAIP Forms**

[Death Release Form](#)

[Injury Release Form](#)

[Permanent Disability Scale](#)

#### ***Redeployment or reassignment to another duty station***

If redeployment is required following a critical incident, the OCHA Critical Incident Committee will identify suitable existing vacancies for placement of personnel affected. For internationally recruited personnel, vacancies within NY, Geneva, and if appropriate, the field will be considered. For locally recruited personnel, vacancies within the country of recruitment shall be considered.

**Annex 5a - Matrix of Critical Incident Related Support - Applicability by Staff Category:**

Support Provisions	Staff Category					
	International Professional (Permanent, Continuing, Fixed Term or Temporary <sup>3</sup> )		OCHA local staff in the Field – on UNDP appointments (GS, NPO on PA, CA, FTA or TA)		OCHA local staff at HQ – UNS Appointments (General service on PA, CA, FTA or TA ))	
	Staff Member	Eligible Family	Staff Member	Eligible Family	Staff Member	Eligible Family
UN Medical Insurance	Yes, if enrolled,	Yes, if enrolled,	Yes, if enrolled	Yes, if enrolled	Yes, if enrolled	Yes, if enrolled
UN Appendix D <sup>4</sup>	Yes	No	Yes	No	Yes	No
UN Malicious Acts Insurance Policy <sup>5</sup>	Yes	No	Yes	No	Yes	No
UN compensation for service related loss or damage to Personal Effects <sup>6</sup>	Yes	Yes	Yes	Yes	Yes	Yes
Security Evacuation (outside of country) <sup>7</sup>	Yes	Yes	No, unless exceptional circumstances exist.	No, unless exceptional circumstances exist.	No, unless exceptional circumstances exist.	No, unless exceptional circumstances exist.
Security Relocation (within country) <sup>8</sup>	Yes	Yes	Yes	Yes	Yes	Yes
Medical Evacuation <sup>9</sup>	Yes	Yes	Yes	Yes	Yes	Yes
UN Rest and Recuperation <sup>10</sup>	Yes, at eligible duty stations.	N/A	No	N/A	No	N/A
UNJSPF Disability Benefit <sup>11</sup>	Yes if a participant in the fund	A child’s benefit may be payable.	Yes if a participant in the fund	A child’s benefit may be payable.	Yes if a participant in the fund	A child’s benefit may be payable.
UN Paid Sick Leave <sup>12</sup>	Yes	N/A	Yes	N/A	Yes	N/A
UN Special Leave with Pay <sup>13</sup>						
UN Special Leave Without Pay <sup>14</sup>						
UN flexible Working Arrangements (FWAs)	Yes	N/A	Yes	N/A	Yes	N/A
OCHA redeployment or reassignment to another duty station	Yes, subject to candidate suitability and availability of post	Yes, family will be relocated with staff member or repatriated as appropriate.	Yes, within the same country, and subject to candidate suitability and availability of post	No. Family may relocate at their own expense.	No.	No.

<sup>3</sup> ST/AI/2010.4 – Administration of Temporary Appointments

<sup>4</sup> ST/SGB/Staff Rules/Appendix D

<sup>5</sup> ST/SGB/2004/11 – Payment of Insurance Proceeds under the Malicious Acts Insurance Policy

<sup>6</sup> ST/AI/149/Rev.4 – Compensation for Loss of or Damage to Personal Effects Attributable to Service

<sup>7</sup> UNDSS UN Security Management System: Chapter IV Security Management – Section D

<sup>8</sup> UNDSS UN Security Management System: Chapter IV Security Management – Section D

<sup>9</sup> ST/AI/2000/10 – Medical Evacuation

<sup>10</sup> ST/AI/2018/10 – Rest and Recuperation

<sup>11</sup> ST/AI/1999/16- Termination of Appointment for Reasons of Health ; Article 33 (a) of the Regulations of the United Nations Joint Staff Pension Fund (UNJSPF).

<sup>12</sup> ST/AI/3005/5 – Sick Leave

<sup>13</sup> Staff Rule 5.3: Special Leave

<sup>14</sup> Staff Rule 5.3: Special Leave

Annex 5b- Matrix of Critical Incident Related Support - Applicability by Non-Staff Personnel Category:

Support Provisions	Personnel Category					
	International United Nations Volunteers <sup>15</sup>		Interns <sup>16</sup>	UN Consultants & Contractors <sup>17</sup>	UNDP Service Contractors <sup>18</sup>	Gratis Personnel / Stand by Partners <sup>19</sup>
	UNV	Eligible Family				
UN Medical Insurance	Yes, through UNV	Yes, through UNV	No, Interns must provide their own medical insurance coverage	No, consultants must provide their own medical insurance coverage	Yes, SCs are enrolled in a CIGNA (or similar) <a href="#">medical/death/disability compensation plan</a> through UNDP	No. However, these must be provided for by donor/parent organization
UN Appendix D Insurance	Yes, subject to approval	No	No	Yes, if authorized to travel or perform services in a UN office	No. SCs are enrolled in a CIGNA (or similar) <a href="#">medical/death/disability compensation plan</a> through UNDP	
UN Malicious Acts Insurance Policy <sup>20</sup>	Yes, under certain conditions	No	No	Yes	Yes	
UN compensation for service related loss or damage to Personal Effects <sup>21</sup>	Yes, through UNV	Yes, subject to approval	No	No	No	
Security Evacuation (outside of country) <sup>22</sup>	Yes	Yes	Yes	Yes (If internationally recruited)	No	Yes
Security Relocation (within country) <sup>23</sup>	Yes	Yes	Yes	Yes	Yes	Yes
Medical Evacuation <sup>24</sup>	Yes, through UNDP	Yes, subject to approval	No	No, consultants must provide their own medical insurance coverage, including medevac.	No	Yes -via FALK Global
UN Rest and Recuperation <sup>25</sup>	Yes, at eligible duty stations.	N/A	No. Interns are only deployed to HQ/H duty stations.	No	No	No.
Disability Benefit <sup>26</sup>	Yes, subject to approval	Yes, subject to approval	No	No	Yes, SCs are enrolled in a CIGNA (or similar) <a href="#">medical/death/disability compensation plan</a> through UNDP	However, these may be provided for by donor/parent

<sup>15</sup> United Nations Volunteers - Conditions of Service

<sup>16</sup> ST/AI/2014/1 – United Nations Internship Program

<sup>17</sup> ST/AI/2013/4 – Consultants and Individual Contractors

<sup>18</sup> UNDP Policy : Service Contracts

<sup>19</sup> ST/AI/1999/6 – Gratis Personnel

<sup>20</sup> ST/SGB/2004/11 – Payment of Insurance Proceeds under the Malicious Acts Insurance Policy

<sup>21</sup> ST/AI/149/Rev.4 – Compensation for Loss of or Damage to Personal Effects Attributable to Service

<sup>22</sup> UNDSS UN Security Management System: Chapter IV Security Management – Section D

<sup>23</sup> UNDSS UN Security Management System: Chapter IV Security Management – Section D

<sup>24</sup> ST/AI/2000/10 – Medical Evacuation

<sup>25</sup> ST/AI/2018/10 – Rest and Recuperation

<sup>26</sup> ST/AI/1999/16- Termination of Appointment for Reasons of Health;

UN Paid Sick Leave	<b>Yes</b> , subject to approval and limits	N/A	<b>No</b>	<b>No</b>	<b>No</b>	organization donor/parent organization
UN Special Leave with Pay	<b>Yes</b> , subject to approval	N/A	<b>No</b>	<b>No</b>	<b>No</b>	
UN Special Leave Without Pay	<b>Yes</b> , subject to approval	N/A	<b>No</b>	<b>No</b> . However, authorized timing of contracted duties may be changed, if agreed.	<b>No</b> . However, authorized timing of contracted duties may be changed, if agreed.	
UN Flexible Working Arrangements (FWAs)	<b>Yes</b> , subject to approval	N/A	<b>Yes</b> , subject to approval.	<b>No</b> . However, authorized location or timing of contracted duties may be changed, if agreed.	<b>No</b> . However, authorized location or timing of contracted duties may be changed, if agreed.	<b>No</b>
UN Redeployment or Reassignment to another duty station	<b>Yes</b> , subject to candidate suitability and availability of position	N/A	<b>No</b> , however flexible working arrangements may be agreed if deemed appropriate.	<b>No</b> . However, authorized location of contracted duties may be changed, if agreed and deemed appropriate.	<b>No</b> . However, authorized location of contracted duties may be changed, if agreed.	<b>No</b>

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Article 33 (a) of the Regulations of the United Nations Joint Staff Pension Fund (UNJSPF).

Annex 6: Medical Evacuation Quick-Guide

# Quick Guide for Medical Evacuation



Who?	Overview of Provisions and Policy	How to Request a Medical Evacuation	Emergency Contacts	Key OCHA Contacts
<p><b>All OCHA International Staff</b> This includes all OCHA temporary appointees, and regular staff, including those on official travel, ERR or ASP deployments.</p>	<p><a href="#">ST/AI/2010/10 on Medical Evacuation</a> Staff may be evacuated in case of an acute illness or injury from the duty station at United Nation’s expense for the purpose of securing essential medical care or treatment which cannot be secured locally because of inadequate medical facilities.</p> <p>The UN Medical Services will determine if the evacuee may be accompanied by a physician, nurse or colleague. The place of medical evacuation is also determined by the UN Medical Services and is usually to the nearest regional center and DSA will be payable. DSA may be payable at reduced rates depending on the circumstances. If the staff member prefers to be evacuated to a third country, they may elect to do so and will bear the difference in cost of travel. If the staff member wishes to travel to the place of home leave, this may be processed as an advanced home leave travel using the home leave entitlement. When opting for evacuation to a third country, or the place of home leave, DSA will not be payable.</p> <p>Where transportation options are limited, each OCHA field office should have a medical contingency plan ready for any remote and isolated duty stations where staff are being deployed.</p> <p>Medical evacuation is intended to cover travel and accommodation expenses and does not cover the cost of treatment. Staff members must ensure that their medical insurance coverage is up to date and to submit any claims for the costs of treatment.</p> <p>In some exceptional cases, a non-emergency medical evacuation may be authorized by UN Medical Services to allow staff to avail themselves of essential medical care or treatment which cannot be secured locally due to lack of medical facilities for the particular illness or injury.</p>	<p><b>Step 1: Seek Medical Consultation and obtain a medevac recommendation</b> Medevac can usually be arranged by a UN Medical Officer in the location of the emergency operations, and this should be the first point of contact if the need for medevac is suspected. If there is no UN Medical Officer available at the duty station, a medevac can be coordinated in directly with the UN Medical Services Division’s on-call UN doctor.</p> <p><b>Step 2: Submit Medevac Request for Authorisation</b> The UN Medical Officer will need to complete an MS.39 form and this should be submitted to UN Medical Services, UNOG Geneva at: <a href="mailto:unogmedicalevacuations@un.org">unogmedicalevacuations@un.org</a>. Please copy the Chief of HR, the relevant HR Officer and any local UNDSS focal point on the submission, for their information and any corresponding actions or support that may be required. UN Medical Services will review request, and if appropriate, will authorize the medical evacuation and advise on permissible conditions such as the place of evacuation, any whether any accompanying nurse or colleague is approved.</p> <p><b>Step 3: Arrange Medical Evacuation Travel</b> Upon authorization of the medical evacuation, the responsible Administrative Officer in the duty station, or the assisting HR Officer will raise a travel request(s) in Umoja and facilitate the booking of the travel. If the medical evacuation cannot be done through commercial air carrier or requires any specialised means of transport or medical care during the transport, International SOS may be requested to facilitate support and logistics. International SOS is a private company and charges for each support activity they provide. If required, OCHA’s Chief of HR can authorize International SOS to provide support, after consultation with UN Medical Services. The insurance details of the staff member will be required. Additionally, for evacuations from remote and isolated duty stations, the OCHA office may be expected to ensure transportation to the exit point (e.g. international airport) by other providers, local or UN such as DPKO, WFP etc. Therefore, each OCHA field office should have a medical contingency plan ready for any remote and isolated duty stations where staff are being deployed</p> <p><b>Step 4: Notify Insurance and Submit Leave Request and Expense Report</b> The assisting HR or Administrative Officer should ensure that the evacuee’s health insurer is notified of the situation and the plan for treatment. Additionally, they should ensure that a request for certified sick leave is submitted for the appropriate dates. The staff member, or the assisting HR or Administrative Officer should also ensure to submit an expense report in Umoja, as usual, once the travel is completed.</p>	<p><b>UNOG Medical Services, Geneva</b> UNOG Medical Service is available <b>24h/7days</b> to receive emergency requests for medevac via the UNOG Center for Operations and Control at: <b>+41 22 917 29 00</b></p> <p>During regular working hours (Geneva time) UNOG Medical Services can be reached at: <b>+41 22 917 25 20</b> (Mon - Friday, 8 AM-5 PM) <a href="mailto:unogmedicalevacuations@un.org">unogmedicalevacuations@un.org</a></p> <p><b>International SOS*</b> International SOS Geneva: <b>+41 22 785 64 64</b> (Business hours) SOS Operational Centre Paris: <b>+33 (0)1 55 63 31 55</b> (After hours)</p> <p><i>*The OCHA Chief of HR can authorize International SOS to provide specialized medical or logistical support, after consultation with UN Medical Services.</i></p>	<p><b>Chief of Human Resources</b> Ms. Elfrida Hoxholli-Melendez +1 917 367 2396 (desk) +1 347 603 9263 (cell) <a href="mailto:hoxholli-melendez@un.org">hoxholli-melendez@un.org</a></p> <p><b>Human Resources Policy and Strategy Unit</b> Ms. Yan Meng +1 212 963 2223 <a href="mailto:mengy@un.org">mengy@un.org</a></p> <p>Ms. Hannah Smith +1 212 963 6981 <a href="mailto:smithh@un.org">smithh@un.org</a></p> <p><b>Staff Counsellor</b> Mr. Jorge Sierralta Tel: +41 22 917 1972 Whatsapp: +41 (0)794440053 E-mail: <a href="mailto:sierralta@un.org">sierralta@un.org</a> Skype: counselling.ocha.</p> <p><b>Senior Security Advisor</b> Mr. Simon Butt Tel: +1 917 821 4968 Email: <a href="mailto:butt2@un.org">butt2@un.org</a> Skype: simonrichardbutt</p>



Who	Overview of Provisions and Policy	How to Request Medical Evacuation	Emergency Contacts	Key OCHA Contacts
<p><b>ALL OCHA National Staff</b> Including all UNDP administered OCHA national field staff, including while they are on international travel status including for emergency surge deployments.</p>	<p><a href="#">Medical Evacuation Travel Policy</a> <a href="#">Chartered Medical Evacuation Travel Policy</a> <a href="#">HR Entitlement Travel MET-Medical Evacuation Travel Flowchart</a></p> <p>The authority on approving a medevac within the region is delegated to the UNDP Head of Office (RR/RR,ai). If a medevac is required to another region, or for more than 45 days, the request should be approved by the UN Medical Service (<a href="mailto:medevac@un.org">medevac@un.org</a>).</p> <p>In either case, the decision to approve a medevac will be based upon the recommendation of the UN Examining Physician.</p>	<p><b>Step 1: Seek Medical Consultation and obtain a medevac recommendation</b> Medevac can usually be arranged by a UN Medical Officer in the location of the emergency operations, and this should be the first point of contact if the need for medevac is suspected. If there is no UN Medical Officer available at the duty station, a medevac can be coordinated in directly with the UN Medical Services Division's on-call UN doctor.</p> <p><b>Step 2: Submit Medevac Request for Authorisation</b> The UN Medical Officer recommending the medevac will need to complete an MS.39 form. If the medevac destination is within the region, it can be authorized by the UNDP Resident Representative. If the medevac is outside the region or for more than 45 days, the request (Ms.39 form) should be submitted to: <a href="mailto:medevac@un.org">medevac@un.org</a>. UN Medical Services will review request, and if appropriate, will authorize the medical evacuation and advise on permissible conditions such as the place of evacuation, any whether any accompanying nurse or colleague is approved. Please copy the Chief of HR, the relevant HR Officer and any local UNDSS focal point on the submission, for their information and any corresponding actions or support that may be required</p> <p><b>Step 3: Arrange Medical Evacuation Travel</b> Upon authorization of the medical evacuation, the responsible Administrative Officer in the duty station, or the assisting HR Administrator will facilitate the booking of the travel. For evacuations from remote and isolated duty stations, the OCHA office may be expected to ensure transportation to the exit point (e.g. international airport) by other providers, local or UN such as DPKO, WFP etc. Therefore, each OCHA field office should have a medical contingency plan ready for any remote and isolated duty stations where staff are being deployed</p> <p>If the medical evacuation cannot be done through commercial air carrier or requires any specialised means of transport or medical care during the transport, International SOS may be requested to facilitate support and logistics. International SOS is a private company and charges for each support activity they provide. If required, the UNDP Resident Representative or OCHA Chief of HR can authorize International SOS to provide support, after consultation with UN Medical Services. Under UNDP's CMET Policy (annex D) additional carriers that may be used, if applicable. The insurance details of the staff member will be required.</p> <p><b>Step 4: Notify Insurance, submit Leave Request and Expense Report</b> The staff member, or the assisting HR or Administrative Officer should ensure that the evacuee's health insurer (CIGNA) is notified of the situation and the plan for treatment. Additionally, they should ensure that a leave request and travel expense report is submitted in Umoja.</p>	<p><b>UN Medical Services (NY)</b> <a href="mailto:medevac@un.org">medevac@un.org</a></p> <p><b>International SOS*</b> International SOS Geneva: <b>+41 22 785 64 64</b> (Business hours) SOS Operational Centre Paris: <b>+33 (0)1 55 63 31 55</b> (After hours)</p> <p><i>*The UNDP Resident Representative of the OCHA Chief of HR can authorize International SOS to provide specialized medical or logistical support, after consultation with UN Medical Services</i></p> <p><b>UNOG Medical Services, Geneva</b> An on-call doctor with UNOG Medical Service is available <b>24h/7days</b> with via the UNOG Center for Operations and Control at: <b>+41 22 917 29 00</b></p>	<p><b>Chief of Human Resources</b> Ms. Elfrida Hoxholli-Melendez +1 917 367 2396 (desk) +1 347 603 9263 (cell) <a href="mailto:hoxholli-melendez@un.org">hoxholli-melendez@un.org</a></p> <p><b>Human Resources Policy and Strategy Unit</b> Ms. Yan Meng +1 212 963 2223 <a href="mailto:mengy@un.org">mengy@un.org</a></p> <p>Ms. Hannah Smith +1 212 963 6981 <a href="mailto:smithh@un.org">smithh@un.org</a></p> <p><b>Staff Counsellor</b> Mr. Jorge Sierralta Tel: +41 22 917 1972 Whatsapp: +41 (0)794440053 E-mail: <a href="mailto:sierralta@un.org">sierralta@un.org</a> Skype: counselling.ocha.</p> <p><b>Senior Security Advisor</b> Mr. Simon Butt Tel: +1 917 821 4968 Email: <a href="mailto:butt2@un.org">butt2@un.org</a> Skype: simonrichardbutt</p>
<p><b>OCHA Stand By Partners</b></p>	<p>Each SBP organization will have their own medevac provisions, which may differ.</p> <p>Medevac is the responsibility of the SBP organization, in close consultation with OAD and ERSB.</p>	<p>Contact the SBP Organization and ERSB to coordinate a medevac.</p>	<p>Will vary from SBP to SBP.</p>	<p>Ms. Eleonora del Balzo Tel: +41 (0)22 917 1455 // Mob: +41 (0)79 444 3556 // <a href="mailto:delbalzo@un.org">delbalzo@un.org</a></p>
<p><b>UNDAC Personnel</b></p>	<p>All UNDAC Personnel are covered by a medical assistance program with Falk Global Services <a href="http://www.falkglobalassistance.com">www.falkglobalassistance.com</a></p>	<p>Contact FALK Global Assistance.</p>	<p>For medical assistance or advice: +45 7027 1013 Email: <a href="mailto:un@falk.com">un@falk.com</a></p>	<p>Mr. Jose Maria Garcia Tel: +41 (0) 22 917 1657 Mob: +41 (0) 76 691 0253 <a href="mailto:Garcia40@un.org">Garcia40@un.org</a></p>

## Annex 7: Action in Cases of Death in Service

## Actions in Cases of Death in Service



The unfortunate event of a death in service will require a high level of support, and several additional actions which must be handled by the organization.

The actions to be taken by the Organization in cases of death in service may include:

- Identification of remains;
- Determination of the cause of death through investigation and/or autopsy, if required;
- Obtaining the death certificate;
- Notification of the next of kin and family members;
- Identifying needs and providing administrative and psychosocial support to family members, as required
- Identifying needs and providing psychosocial support to colleagues, as required
- Transportation/repatriation of the remains;
- Returning personal effects to next of kin;
- Letters of condolence;
- Organizing a memorial service at the duty station; and
- Processing benefits and entitlements for nominated beneficiaries.

The Emergency Preparedness and Support Team (EPST) of The Department of Management Strategy, Policy and Compliance (DMSPC) has published a detailed [Handbook for Action in Cases of Death in Service](#), which outlines the procedures and responsibilities to be followed by OCHA, following the death of personnel while in service.

In the case of **Mass Casualties Incidents**, a response will be coordinated by UNDSS and/or the Emergency Preparedness and Support Team of DMSPC

## Annex 8: Key Contacts

Function	Key Contact Persons
Staff Welfare and Counselling	<p><b>OCHA Head of Staff Welfare Unit</b> Mr. Jorge Sierralta Tel: +41 22 917 1972   Mob/ Whatsapp: +41 (0)794440053   E-mail: sierralta@un.org   Skype: counselling.ocha.</p> <p><b>OCHA Staff Welfare Assistant</b> Ms. Ana Escuder Natalini Tel.:+41 22 917 1325   Email: escuder@un.org   Skype: counselling.OCHA1</p>
Executive Officer	<p><b>OCHA Executive Officer</b> Ms. Menada Wind-Andersen Office: +1 212 96 35500   Mobile: + 9173706515   E-mail: <a href="mailto:wind-andersen@un.org">wind-andersen@un.org</a></p>
Human Resources: <ul style="list-style-type: none"> <li>- Disability</li> <li>- Insurance</li> <li>- Leave</li> <li>- FWAs</li> <li>- Appendix D</li> <li>- MAIP</li> <li>- Redeployment</li> <li>- Deaths in Service</li> </ul>	<p><b>OCHA Chief of Human Resources</b> Ms. Elfrida Hoxholli-Melendez Tel: +1 917 367 2396 / Cel: +1 347 603 9263 / E-mail: hoxholli-melendez@un.org</p> <p><b>OCHA - Head of Human Resources Policy and Strategy Unit</b> Ms. Yan Meng Tel: +1 212 963 2223   E-mail: mengy@un.org</p> <p><b>OCHA - Human Resources Policy Officer</b> Ms. Hannah Smith Tel : +1 212 963 6981   E-mail: smithh@un.org</p>
Security	<p><b>OCHA Senior Security Advisor</b> Mr. Simon Butt Tel: +1 917 821 4968   Email: butt2@un.org   Skype: simonrichardbutt</p> <p><b>OCHA Security Adviser</b> Mr. Lloyd Cederstrand Mob: +1 917 345 6714   Tel: +1 917 367 3178   Email: cederstrand@un.org</p>
Medical Services	<p><b>For Field and Geneva based Staff:</b> UN Medical Doctor the UNOG Medical Services, Geneva unogmedicalevacuations@un.org Tel.: +41 22 917 25 20 (Mon - Friday, 8 AM-5 PM)</p> <p><b>For New York based Staff:</b> UN Medical Doctor the UNHQ Medical Services, New York msdreception@un.org Tel.:+1 (212) 963-7777 or ext. 3-7777 (Mon - Friday, 8:30 AM-5 PM)</p> <p><b>UN On-Call Doctor</b> UNOG Medical Service is available <b>24h/7 days</b> to receive emergency calls(e.g. for medevac) via the UNOG Center for Operations and Control at: +41 22 917 29 00</p> <p><b>For UNDAC Personnel</b> For medical assistance or advice: +45 7027 1013 Email: <a href="mailto:un@falk.com">un@falk.com</a></p>