

Guidance

MINIMUM STANDARDS ON DUTY OF CARE IN THE CONTEXT OF COVID-19

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Endorsed by the IASC Operational Policy and Advocacy Group
(OPAG)

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The IASC duty of care minimum standards guide IASC members and standing invitees (hereinafter 'the IASC organizations') in the implementation of adequate duty of care provisions in the context of COVID-19 for all of their personnel regardless of nationality and contractual type.

Focusing on preventing and mitigating COVID-19 related risks, the standards aim to protect the health and safety of personnel, while ensuring that organizations continue to deliver on their mandates. Attention is paid to non-discrimination and ensuring that all personnel, regardless of nationality or contractual type is equally covered and protected by the minimum standards in the COVID-19 context. It is acknowledged that the implementation of such standards may entail additional costs for organizations, for which a dialogue with donors may be warranted.

These standards complement existing duty of care guidance pertaining to certain IASC organizations, including ICVA's [Call for Action on protecting humanitarian workers against COVID-19](#); the [WHO consideration in adjusting public health and social measures in the workplace in the context of COVID-19](#); the [United Nations High Level Committee on Management's \(HLCM\) Core Principles for a healthier, safer and more respectful UN workplace](#); and [the IASC Interim Guidance on Localisation and the COVID-19 Response](#).

Joint engagement in changing institutional culture and practice on duty of care is encouraged. Whenever possible, organizations are invited to share relevant expertise, information, counselling and training opportunities with other, particularly national and local humanitarian organizations.

1. Country-level occupational risk assessments are conducted, regularly updated and taking into account gender, age, disability and other pertinent considerations, to guide the development or update of a COVID-19 preparedness and response plan, as well as to develop other measures regarding occupational safety and health aspects of the work.
2. Appropriate preventive and protective measures which are gender, age, and disability inclusive, are undertaken in consultation with the persons concerned to enhance occupational safety and health and to avoid or minimize risks to the physical and mental health of personnel.
3. Information, guidance, and where offered, training are provided on occupational safety and health matters to all personnel, including in the language(s) of the national personnel.
4. To the extent possible, easy access to free or insurance-provided psychosocial and medical counselling on COVID-19 related issues is provided to personnel and their families, including in national languages.

5. Based on personnel's functions and risk assessment, appropriate Personal Protective Equipment (e.g. masks, gloves, goggles, gowns, and hand sanitizer) is provided free of charge in sufficient quantity for individual protection.
6. Personnel is advised on self-assessment, symptom reporting, staying at home when showing symptoms or ill, and quarantine, including self-isolation measures, with due regard for guidance provided by national authorities and WHO¹. When other options are not possible and as much as feasible, agencies are encouraged to provide free-of-charge assistance to self-isolate safely and/or reach the nearest hospital/health care center within the country.
7. To the extent possible, organizations ensure their personnel's access to health care services, including through their medical insurance schemes covering necessary COVID-19 related medical expenses at the country level, or via alternative arrangements made by organizations.
8. Flexible working arrangements, rest and recuperation, and/or other time-off schemes are instituted for the IASC organizations' personnel working in hazardous situations and staff at risk of complications from COVID-19, in accordance with organizations' internal policies.
9. All IASC organizations' personnel is able to report wrongful conduct, including discrimination, harassment, abuse and exploitation at the workplace, whether linked to COVID-19 or not, through access to complaint mechanisms. Such reports are promptly and duly investigated in line with organizations' policies and systems on wrongful conduct.
10. Compensation is paid to IASC organizations' personnel upon attribution of COVID-19 contraction through service-incurred occupational exposure, in accordance with IASC organizations' internal rules and procedures, and if applicable, with national labor laws.
11. In line with [WHO/ILO guidance](#), there a is system in place for health and safety surveillance and monitoring of IASC organizations' personnel covering pre-deployment to assess the medical fitness of humanitarian personnel for field operations; the duration of deployment to monitor their health during field operations for immediate effects and exposure to occupational hazards; and post-deployment where personnel cannot follow up on any physical and mental health issues resulting from the deployment.

¹ Including WHO, COVID-19 management in hotels and other entities of the accommodation sector, interim guidance, 25 August 2020, Geneva, <https://apps.who.int/iris/rest/bitstreams/1297222/retrieve>