EASO EUROPOL FRONTEX

# OCCUPATIONAL HEALTH AND SAFETY

## DEPLOYMENT INFORMATION

EUROPEAN BORDER AND COAST GUARD AGENCY

# OCCUPATIONAL HEALTH AND SAFETY – DEPLOYMENT INFORMATION

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## Contents

## 1. Introduction

Since the peak of the migration crisis in 2015/2016, EASO, Europol and Frontex have made significant joint efforts to support responses to the mass migration towards the EU.

To a great extent, these joint efforts and related collaboration require careful support and management of teams of highly professional personnel deployed to many land and sea locations within frontline states of the EU.

In regards to deployed personnel's safety and security, which obviously is a primary priority of the concerned agencies, the concept of Duty of Care marked by shared responsibility of all engaged actors, both at EU and national level, is central.

As a result, this common brochure, presented for the first time, has been produced to address directly Occupational Health and Safety (OSH) issues affecting deployments in shared operational settings. It covers deployment scenarios and sets out safety and security issues for deployed staff.

The aim of this brochure is therefore to inform and to raise awareness concerning OSH-topics of particular relevance to deployments to land and sea locations within frontline states of the EU.

While every deployment is affected by individual factors related to the deployed person's employment status (e.g. whether they are statutory EU staff, non-statutory EU staff, interim staff, external expert, deployed officer/civil servant, etc.), this brochure nevertheless follows a collective and preventative approach to promoting health for all staff deployed in the workplace as a fundamental principle.

## 2. Preparation

Without prejudice to the responsibilities of the competent (deploying) authorities in the Member

State, each deployed person has a duty to exercise common sense and good judgement with regards to their own safety, health and security. This includes reading all available information and participating in Pre-Deployment training and/or briefing activities related to the deployment.
The concept of *Duty of Care* is founded on good faith and builds on legal, ethical and moral obligations that apply to all those participating in the agencies' operational activities. In addition, safety, health and security standards are upheld and shared by all, including participating Member States, hosting Member States and the engaged EU Agencies.

## 3. Medical and healthcare insurance coverage

The responsibility for providing adequate medical and healthcare insurance coverage during your deployment lies with the deploying authority in your Member State. The standard way to have access to medical care is through the *European Health Insurance Card*. This gives access to state-provided healthcare in the EU Member States, Iceland, Liechtenstein, Norway and Switzerland, under the same conditions and costs (free in some countries) as citizens who live in that country. Please check with your deploying national authority and/or directly with your health care service provider whether this scheme applies to you. In the event of a deployed person needing additional health insurance (e.g. deployment to a Third Country), and subject to the specific agreed conditions of the deployed person, additional insurance costs are generally covered by the deploying authority (by daily fees/unit costs/flat rates). It is strongly recommended that your medical insurance policy include medical repatriation. Statutory and non-statutory staff of the European Union are insured by the complementary mission insurance of the European Commission,

which covers all medical and healthcare related costs (under CIGNA/AIG policy No 2.004.760, for any emergency call: +32 3 253 69 16).

## 4. Occupational health

On deployment you may have to work in different conditions to those you are used to, possibly including workspace size, time constraints and new working environments with different cultural aspects. When working, try to be flexible and make the most of your environment. Any suggestions to your superior for improvements should be as realistic as possible.
The new environment could have an impact on your mental health, and potential contact with contagious diseases may increase the threat to your physical health. To minimize these risks please read the brochure fully.

### 4.1 Migration and communicable diseases

It is commonly and mistakenly assumed that there is a connection between migration and infectious diseases. In fact there is no evidence of this. Communicable (infectious) diseases are associated primarily with poor living conditions that can be found anywhere. Migrants often come from communities affected by war, conflict or economic crises and find themselves in poor living conditions because of their long, exhausting journeys that increase their risk of exposure to food-, air- and waterborne communicable diseases.
Communicable diseases are caused by microorganisms such as bacteria, viruses, parasites and fungi that can be spread, directly or indirectly, from one person to another. Some are transmitted through insect bites while others are caused by ingesting contaminated food or water. A variety of disease-producing bacteria and viruses are carried in the

mouth, nose, throat and respiratory tract. They can be spread by coughing, sneezing or by touching saliva or mucus on unwashed hands. Please read on for more details on how to protect your health through good hygiene practices and the use of protective clothing.

### 4.2 Protection against contagious diseases

In order to protect yourself from contracting contagious diseases, it is important to take some precautions when dealing with people, as every person is potentially contagious. In addition to staying healthy, fit and being properly vaccinated, it is important to learn to recognise risks, avoid unnecessary exposure to pathogens, be scrupulous about hand hygiene and always use appropriate sanitary PPE (Personal Protective Equipment).
Four different routes of transmission of infectious diseases must be understood so that you can make an informed choice of the appropriate sanitary PPE.

- **Air and droplet transmission**. Droplet transmission occurs when infectious particles of pathogens are expelled from the respiratory system of an infected persion by breathing, sneezing, coughing or droplets. Air transmission occurs when infectious agents stay in the air for long periods of time. In both air and droplet transmission, infection spreads when the infectious particle is breathed in or when the particle comes in contact with a person's hand (most commonly) and is then transmitted through the eye or nose (e.g. in cases of flu, pneumonia, measles, etc.).
- **Contact transmission** occurs when there is physical contact between an infected and susceptible person; this can be direct contact or contact with contaminated surfaces (e.g. bacterial, viral, parasitic skin infections, sexually transmitted infections, etc.).

- **Food and waterborne diseases** are the result of ingesting food that is contaminated by microorganisms or chemicals. The contamination of food may occur at any stage in the process from food production to consumption. Or it can be the result of environmental contamination, originating from polluted water, soil or air (e.g. hepatitis A).
- **Faecal - oral transmission** occurs when pathogens are excreted from the digestive system of an infected person and enter the digestive system of another person through the mouth. The ingestion of faecal matter is related to poor water, sanitation and personal hygiene (dirty hands), and to diarrhoeal and vomiting illnesses, hepatitis A, among others.

### 4.2.1 Vaccination

Vaccination is a basic tool in the prevention of contagious and infectious diseases. The legal basis for vaccination varies widely in EU Member States. For example, vaccination against Tuberculosis (TB) is mandatory under national childhood vaccination programmes, while in other Member States there is not any recommendation because of different epidemiological situations. There is also an increasing move to the vaccination of adults against some infections, either because this is needed to maintain the effect of vaccinations given in childhood, or because the infection against which the vaccine acts is more likely to occur or to cause severe disease in adults (some infections that usually cause mild illness in children are more likely to cause severe illness in adults) or because some groups have a higher exposure to/risk of those diseases (e.g. medical staff, law enforcement etc.). Subject to the particular arrangements of persons deployed in EU Agencies' operations, vaccination costs may be covered by the deploying authorities (via daily fees/ unit costs/flat rates/contract).

Based on the epidemiological situation, international recommendations and evidence gathered

from operational areas in the EU, vaccination against the following diseases is highly recommended: *diphtheria*, *tetanus*, *pertussis*, *poliomyelitis*, *hepatitis a*, *hepatitis b*, *chickenpox (varicella)*, *measles*, *mumps*, *rubella*, *Neisseria meningitides ACWY* and *seasonal influenza*. Furthermore, your specific health conditions could require certain vaccinations.

In some EU countries there is the presence of some vaccine preventable diseases (i.e. tick born encephalitis, rabies) but the risk is limited to certain areas and linked with outdoor activities. These vaccinations in most cases are not necessary, and they should be recommended only after an evaluation of the risk by a travel medicine service.

If you are travelling outside the EU, please consult a travel medicine service for your specific destination in order to check the need for other area-specific vaccinations.

Possible contraindication to the vaccination should be evaluated with a specific anamnesis at the vaccination centre.

Before your deployment, you will need your **updated vaccination record**, which is a list of all the vaccines you have received since you were born, at least as far as possible. This document will identify diseases for which you have already been vaccinated and the need for possible boosters. An accurate record will save you from unnecessary additional vaccinations. If you do not have your vaccination record, you can request it from your general practitioner (GP or family doctor) or the centre where you received your vaccinations.

**When to be vaccinated**. It is important to be vaccinated **at least 2-6 weeks prior to travelling**. This will allow the vaccines enough time to develop and build sufficient protection for when you are abroad. Some vaccines require more than one dose to provide optimal protection, so make sure that you check the vaccination programme and allow enough time to get all your vaccines well ahead of your deployment date.

**Poliomyelitis vaccine (IPV)** - Vaccination against poliomyelitis is part of a national childhood vaccination programme. Higher-risk adults who have had three or more doses of polio vaccine in the past may receive a further booster dose of IPV. Unvaccinated adults at risk for poliovirus infection should receive two doses separated by 1 to 2 months and a third dose 6 to 12 months after the second dose.

**Diphtheria, tetanus, pertussis (Tdap) (a booster every 10 years)** - Vaccination against diphtheria, tetanus, pertussis is usually a part of a national childhood vaccination programme. Adults already vaccinated should receive a single dose of Tetanus-diphtheria (Td) every 10 years. For adults who have never received a vaccine containing pertussis, a dose of Tdap can replace one or more of the 10-year Td booster doses. Adults that never were vaccinated against diphtheria are strongly recommend to receive a complete 3 dose schedule.

**Hepatitis A vaccine** (2 doses) – The first dose should be given at least 2 weeks before travel or preferably as soon as travel is considered. It is not exactly clear for how long protection lasts from one dose of Hepatitis A vaccine, but studies show that protection can last for at least 10 years. One dose of the vaccine can provide adequate protection for most healthy individuals. A second is given after six-twelve months to provide long-term protection.

**Hepatitis B. (3 doses) -** Adults previously unvaccinated should receive a 3-dose series. There is no need of a booster after the completion of the entire series, however high-risk professionals who perform tasks that may involve exposure to blood or body fluids, could be tested to identify the need for more doses.

**Chickenpox/Varicella vaccine** (2 doses) - People who have never had chickenpox or the chickenpox vaccine should get two doses, at least 4 weeks apart. Two doses of the chickenpox vaccine are recommended for best protection. If you have

already contracted chickenpox, vaccination is not necessary.

**Measles-Mumps-Rubella (MMR) vaccine** (2 doses) - Vaccination against MMR is usually part of national childhood vaccination programmes. Adults who have not been vaccinated should receive 2 doses of the MMR vaccine at least 4 weeks apart. Adults that already received 2 doses do not need any booster.

*Neisseria meningitides* **ACWY (1 dose)** - A dose of *Neisseria meningitides* ACWY vaccine is recommended. The need for a booster dose is not well defined, however in a very high-risk situation outside the EU (i.e. Mecca Hajj), a booster every 5 years is required.

**Seasonal Influenza (flu) vaccine** (1 dose each year, during flu season) - The best way to avoid the flu is to get the flu vaccine each year, as flu viruses are constantly changing and the formulation is reviewed each year. In EU countries, it is recommended that you have the flu vaccine each year by the end of October, although being vaccinated later can still be beneficial. Note that flu in southern hemisphere has a different seasonality.

**Tuberculosis/BCG (Bacillus Calmette-Guérin) vaccine** (1 dose) – Recommendations for vaccination with the BCG vaccine vary across the EU and there is currently no European consensus on vaccination. When the vaccine is given to adults it has poor efficacy against transmission (<50%), and even in adulthood the vaccine is recommended only, in some countries, for adults under 35, or healthcare workers, who work with high-risk patients. Although the risk of transmission still exists, the vaccine efficacy is not high enough to recommend vaccination. However, caution is recommended as well as the use of sanitary PPE, as described in Annex II. For more detailed information, please contact the deploying authority in your Member State.

### 4.2.2 Personal Protective Equipment (PPE) and other protective measures

Sanitary PPE (personal protective equipment) should be used in accordance with the potential risk. When there is no physical contact and you can keep a distance of at least 1.5m from someone who sneezes and coughs, generally no sanitary PPE is needed (this is called the 'no touch policy'). If there is no triage system in place, keep a distance of 1.5m, do not touch people during initial contact or in the first interview, and wear sanitary PPE as instructed by your on-site supervisor. If there is a triage system, stick to the no touch policy where possible. Think ahead and try to anticipate when you may need sanitary PPE, as this will reduce the need for constant hand hygiene. Please read and follow the syndromic approach described in section 4.2.4.

When your skin is intact and you do not come into contact with broken skin, you can achieve the appropriate level of protection with good hand hygiene. Your arms should be bare below the elbow (no jewellery, watch etc.) and you should perform proper hand hygiene before and after touching a person, when your hands are visibly soiled and before and after putting on gloves. If your hands are not visibly soiled, use alcohol-based hand sanitizer - ABS (with a minimum of 60% alcohol, but ideally 70% if possible) by applying the correct amount on the palm of one hand (read the label) and rub the product over your hands thoroughly until the hands are dry. When your hands are visibly soiled or feel soiled (even after continuous use of ABS), for example when dealing with people with diarrhoea, after using the toilet, before and after preparing your meal, use water and soap to wash your hands thoroughly.

When people (including staff) have a respiratory infection, practice good cough etiquette. In other words, when sneezing or coughing cover your mouth/nose, preferably with a tissue or if unavailable, with your shirt sleeve (the inside part above

the elbow). Dispose of tissues correctly after use. Offer people with respiratory symptoms masks to wear so that they do not spread the infection and wear one yourself if you have symptoms.

The sanitary PPE you will use most are gloves (when used properly they will protect your hands) masks and FFP2 respirators (used to prevent the spread of droplet and airborne pathogens). You might need to wear gowns (to protect the rest of your skin and clothes) and goggles (to protect your eyes). Use gloves if you expect to come into contact with broken skin, bodily fluids or potentially infected equipment. When you are in contact with people with suspected respiratory infections, including at the time of initial contact, in addition to using gloves, use a mask that fully covers your nose and mouth. In the case of suspected infectious rash or tuberculosis, use FFP2 respirators (specially designed dust masks for fine particles) instead of masks.

When dressing (donning) sanitary PPE, put on the gown first, followed by the mask/respirator, goggles and finally the gloves. Inform yourself beforehand on how to use the protective equipment and only use equipment that fits you and is appropriate according to your risk assessment. For the correct way to wear sanitary PPE, see the diagrams in Annex II. When using sanitary PPE, try to touch as few surfaces and items as possible. Don't touch your face or any surfaces when wearing sanitary PPE. When removing sanitary PPE, try to touch as few surfaces and items as possible. Do not touch your face or any clean surfaces when wearing sanitary PPE. When removing sanitary PPE, identify which parts are potentially contaminated and only touch the 'clean' parts when removing it (e.g. insides of gloves and gowns and elastic bands on masks and respirators). When removing sanitary PPE, first remove the gloves, followed by the goggles, gowns and finally the mask/respirator. Remove sanitary PPE only after exiting the room of a potentially infected person; practice hand hygiene after re-

moving sanitary PPE. For the correct removal of sanitary PPE, see the diagrams in Annex II.
You are recommended to regularly clean the surfaces of items that you use frequently (e.g. work table/desk, keyboard, phone, pens, etc.) to reduce possible infectious sources.

**4.2.3 Medical screening of refugees and migrants**
At points of entry, health checks should be provided to ensure access to health care for all refugees and migrants who require it. Checks should be performed for both communicable and non-communicable diseases, while respecting the persons' human rights and dignity. Refugees and migrants are exposed to infectious diseases that exist in Europe as well as those related to their migration conditions. Quick routine health checks are recommended at points of entry to identify health problems of refugees and migrants soon after their arrival. Medical care professionals are in place and should be involved as necessary to ensure proper diagnoses and the correct treatment.

**4.2.4 Recognition of communicable diseases – syndromic approach**
At points of entry quick health assessments of migrants and refugees can be performed at any time. This is a preventive measure aimed at assessing potential health risks and containing any risks by taking precautions. For non-medical staff, the focus is on risk assessment rather than making a correct diagnosis of a disease, which is not expected. By listening to frequently described medical symptoms or complaints, non-medical staff needs to acquire sufficient knowledge to make an educated decision about the correct use of personal protective equipment (described in section 4.2.2 and Annex II).
Non-medical staff should be able to recognise the following medical conditions through the simplified descriptions of symptoms, to be able to make

informed choices about the kind of sanitray PPE that they need to wear.

| Medical condition / Syndrome | Symptoms | Sanitary Personal Protective Equipment (PPE) |
|---|---|---|
| Respiratory infection | - Temperature ≥38.0°C<br>AT LEAST ONE of the following signs/ symptoms:<br>- Breathing difficulties<br>- Cough<br>- Sore throat | Primarily keep a distance of > 1.5m from the person. Wear a mask and gloves for any physical contact. Disinfect hands before and after using sanitary PPE. Offer a mask/ tissues to the infected person. |
| Suspected tuberculosis (TB) | - Productive cough (with mucus) lasting more than 3 weeks<br>- coughing blood | If TB is suspected, isolate the person until a medical examination can be performed. Wear an FFP2 respirator before entering the room and gloves for physical contact. Remove the FFP2 respirator only when outside the room. Disinfect hands before and after using PPE.<br>Minimise time spent in the same room.<br>Offer a mask/tissues to the infected person. |
| Diarrhoea/ vomiting | Shows AT LEAST ONE of the following signs/ symptoms:<br>- 3 defecations or more of loose stools in 24 hours<br>- Vomiting<br>- Red blood in the stools | Primarily follow the 'no touch' policy.<br>For physical contact, wear gloves.<br>Disinfect hands before contact. Wash hands after contact and after removing gloves. |

| Medical condition / Syndrome | Symptoms | Sanitary Personal Protective Equipment (PPE) |
|---|---|---|
| Fever and rash | - Temperature ≥38.0°C<br>- AND a localised or generalised rash of any nature. | Isolate the person until the medical examination. Wear an FFP2 respirator before entering the room and gloves for physical contact. Remove FFP2 respirator only when outside the room. Disinfect hands before and after using PPE. Minimise time spent in the same room as the infected person. Offer a mask to the infected person. |
| Acute yellow coloration of skin/eyes | Acute onset of yellow coloration of skin/eyes<br>AND AT LEAST ONE of the following signs/ symptoms:<br>Temperature ≥38.0°C<br>General feeling of discomfort, illness or lack of well-being. | Primarily follow the 'no touch' policy. For physical contact, wear gloves. Disinfect hands before putting on sanitary PPE. Wash hands after contact and removing sanitary PPE. |
| Parasitic, bacterial or viral skin infection | Presence of visible parasites in any body part<br>Skin lesions caused by scratching or small linear burrow tracks, abscesses, boils, visible skin lesions. | Primarily follow the 'no touch' policy. For physical contact, wear gloves. Disinfect hands before putting on sanitary PPE. Wash hands after contact and after removing sanitary PPE. |

### 4.3 First aid and what to bring with you

Even though you may be able to purchase most, if not all, over-the-counter medicines at your deployment site, we still recommend that you create your own first-aid travel pack. It should include, but is not limited to, the following: your prescription medicine(s), pain and fever medication (Paracetamol, Aspirin, Ibuprofen), antihistamine, ORS (oral rehydration solution, either from a pharmacy or self-made prepared packets – for 1 packet mix 6 level teaspoons of sugar, ½ level teaspoon of salt), antacid, motion sickness medication, mild laxative, anti-diarrhoea drugs and mild sleep aid. We also recommend hand sanitizer (with a minimum of 60% alcohol), sunscreen (UVA and UVB protection, SPF 15 and higher), aloe gel, insect repellent, condoms, earplugs, digital thermometer, antiseptic wound cleanser, bandages, assorted disposable plasters and disposable gloves. Depending on your deployment location, check with your local health authorities for medical advice about whether you need any additional medical supplies, medication, repellents etc. There is first aid available on-site and professional medical assistance in local hospitals. There are steps you can take to alleviate symptoms, though if they persist you should seek professional medical advice. The table below contains a quick guide on how to deal with common symptoms that might arise during deployment and some simple remedies. They are not intended to replace professional medical help.

| Symptom | How can I help myself? |
|---|---|
| Fever>38°C, headache, pain | 1g Paracetamol, 300-600mg Aspirin or Ibuprofen 400mg every 4-6 hours, increase fluid intake (water, tea). |
| Itchy rash (an allergic reaction) | 1 antihistamine pill per day (most commonly Desloratadine 5mg or Loratadine 10mg). |

| Symptom | How can I help myself? |
|---|---|
| Diarrhoea (runny or loose stools, >3/ day), vomiting, dehydration | Over-the-counter or homemade ORS (oral rehydration solution). Mix with 1 litre bottled or boiled and cooled water: drink 3 litters per day until urine becomes clear. If you vomit, do not reduce fluid intake, keep drinking in sips/ small quantities. Observe strict diet. Use anti-diarrhoea medicine (loperamide) only when you must travel (e.g. travel by air) to stop loose stools for couple of hours. |
| Constipation (no stools>3 days) | Laxative (Bisacodyl or Glycerin suppositories). |
| Indigestion (heartburn) | Antacid (e.g. Talcid, 500mg 1 hour after eating, up to 4 times a day). |
| Sunburn | Keep skin cool with water/ dampened cloth, keep applying Aloe vera cream to burns, drink water. Alleviate pain if needed. |
| Heat stroke (prolonged exposure to heat) - dehydration, dizziness, high body temperature, vomiting, confusion, weakness | Stay in the shade away from heat, keep your body cool (especially the chest, abdomen) with water, fans, etc. Take plenty of fluids (1-2 litres over 1-2 hours) with some sugar and kitchen salt. Oral Rehydration Salts may be used Seek medical attention. Do not take ASA (Aspirin) or acetaminophen (Paracetamol). |
| Respiratory infection | Cough etiquette, drink plenty of fluids. Usually not contagious. If needed, use nasal decongestants. |
| Cuts, abrasions, wounds | Clean wound with clean running water, soap and/or antiseptic, cover with bandage/Band-Aid. If deep or bleeding heavily, stop the bleeding with a compression dressing (gauze pads and bandage) and seek medical attention. |
| Bite (dogs, cats, humans) | Immediately clean the wound rigorously with running water and soap **for 15 minutes** and after that use ABS disinfectant. Apply a sterile bandage/clean dressing, keep the body part elevated and seek medical attention. |

| Symptom | How can I help myself? |
|---|---|
| Jellyfish sting | Carefully remove any visible tentacles with a fine tweezer. Soak the affected area in tolerably hot water (not scalding). Keep in the water for 20-45 minutes. |
| Snake bite | Place a wound dressing on the bite site, do not wash venom off the skin. Apply firm pressure, to the bandage. Immobilise the body part/limb and seek medical attention. |
| Exposure of skin or eyes to bodily fluids (blood, urine, faeces, semen, saliva) | Wash under running water for at least 10 minutes. In case of eye exposure, consult a medical professional. |
| An open cut/ wound has been in contact with potentially infected material | Squeeze the blood from the wound, wash wound under running water for 10 minutes, apply ABS disinfectant and leave until dry, dress the wound. Seek medical attention. |

If you have symptoms like blood in your stools, severe fever and if symptoms persist longer than a few days or worsen, seek medical help. The same applies to other symptoms, such as chest pain, loss of consciousness, severe stomach ache, etc. It is best to consult the medics early in the case of doubt. EASO, Europol and the European Border and Coast Guard Agency have various first aid materials on-site. There is usually at least one person on-site with knowledge of first-aid. Please make sure that you know where you can get first aid and basic life support on-site.

If you find someone unconscious on the ground, check whether they are breathing. If they are breathing normally, roll them into the recovery position on their side and call for help. If they are not breathing, shout for help, start with CPR (chest compressions of 5-6 cm at a rate of 100 to 120/minute or use the BLS – basic life support – technique, if you know it). **Call 112 immediately** (emergency phone number, free of charge anywhere in Europe) and follow their instructions.

### 4.4 Mental health

On deployment you will have less contact with your family and friends, the work content, time schedules and organisational conditions will be different, and there will be cumulative stress that may affect you. Therefore, it is essential to learn to handle different stress factors that you may encounter. To help you with that we recommend that you learn how to recognize the risks, know some protective measures and come to the deployment in good mental shape. It is essential to find accommodation in which you are comfortable. You should be prepared to socialise with other staff members both from your home state and other Member States; this includes sharing deployment experiences both during and after deployment. We recommend regular physical exercise and keeping up a regular and healthy level of contact with your 'natural' environment, with your family and friends back home. Take time to learn how to manage stress and how to deal with anger, what relaxes you and how you can implement this during your deployment. If you need additional support, do not hesitate to ask for it from your supervisor. Alternatively, a helpline or a psychologist on-site may be available, depending on the location.

### 4.5 The 'golden rules' for basic sanitary behaviour

1. Wash your hands regularly, particularly after using the toilet, before and after preparing your meals, and when your hands are visibly soiled. Practice proper hand hygiene especially when dealing with people (alcohol-based sanitiser, washing with soap);
2. Do not share drinks, food, straws, eating utensils, or personal items such as lip balms or toothbrushes with anyone;

3. Cover your mouth while coughing and always sneeze into a tissue, then dispose of the tissue in a correct manner;
4. Use sanitary PPE appropriately, such as gloves, face masks and other protective clothing;
5. Clean used surfaces frequently (e.g. office desks and equipment) and ventilate your workspace adequately;
6. Wash your service clothes frequently;
7. Spend as little time as possible, only as necessary and for reasons of duty, in places where large numbers of people are gathered;
8. Always be fit when reporting for duty - if you feel sick, consult a doctor immediately.

## 5. Situational awareness and personal safety

For persons deployed to the EU external border areas by EU Agencies, safety and security are always a concern. Each operational site has safety and security protocols, yet each site is organised differently with regard to its registration centres, interview centres and border crossing points, etc. Therefore it is essential to participate in all safety and security briefings. Deployed staff should be aware that operational environments might differ considerably from the working conditions in your home country. Furthermore, even the general local and social conditions (e.g. road safety, traffic) might be quite different and you have to make an effort to familiarize yourself with these conditions for your own safely.

### 5.1 Situational Awareness

In terms of your advance personal preparation, you should familiarize yourself with the deployment destination and particularities of the operational area as much as possible. The following questions may orientate you about the level of awareness needed.

**Access to health care and medical infrastructure:** in remote areas especially, the availability of medical care may be different to what you have in your hometown or place of origin. If you have any pre-existing medical conditions (e.g. high blood pressure, diabetes, etc.) make sure that you have a **proper and sufficient supply** of medication for the entire duration of the deployment, including extra supplies in case of delays. Before departure always check the expiry date on your medicine and ensure that it is stored properly. Create and carry a 'medical status card' which identifies (if possible also in the local language) your blood type, chronic conditions or serious allergies, and the generic names and dosage of any medicine that you take regularly.

**Outdoor activities**: heat-related illness (such as heat stroke) can be fatal. In high temperatures, you must eat and drink regularly, wear loose and lightweight clothing, and limit physical activity during the hottest part of the day. If you have to be outside for many hours in the heat, eat salty snacks and drink water to stay hydrated and to replace salt lost through sweating. Protect yourself from UV radiation - use sunscreen, wear protective clothing and stay in the shade during the hottest time of day (10 a.m.–4 p.m.). All animal contact is a potential threat but be extra careful around dogs, bats, sea creatures such as jellyfish and snakes.

**Supply of food and drinking water:** you should always be vigilant about your own food safety, your personal food and water supply, especially in a hot climate. When in doubt about your food safety, an easy rule to remember is 'Boil it, cook it, peel it, wash it or forget it!' Always check first whether tap water is drinkable; if not, use bottled water or boil tap water for 1 minute and allow it to cool down to room temperature before drinking.

**Becoming a victim of crime:** you should always be conscious of the risk of being a victim of crime, on or off duty. Make a note of and always carry the contact details of the police and relevant security

personnel/posts in or near the operational area. Remember that there may be Post-Exposure-Prophylaxis-Kits (PEP-kits) available in the case of any duty-related HIV infection, and post-exposure prophylaxis against hepatitis B infection (whether by accident or criminal act). For further information in this respect, contact your line manager/coordinator, or the person/unit in your EU Agency.
**Evacuation routes and procedures, in the case of a security event and/or natural disasters** (e.g. earthquakes, fires, flooding): please familiarise yourself with all on-site safety and evacuation protocols and procedures. In case of doubts, do not hesitate to contact your line manager/coordinator for further information and/or advice.

### 5.2 Reporting

Please remember that deployed persons in the operational activities of EU Agencies are strongly encouraged - or are obliged in the case of deployment by the European Border and Coast Guard Agency and Europol - to report any potential occupational safety, health and/or security concerns to their line manager/coordinator. You must therefore keep in touch with your line manager/coordinator and familiarize yourself with the relevant reporting mechanisms.

### 5.3 The 'golden rules' for safety and security

1. Be aware of threats and risks. Stay informed and use common sense: If you would not take the risk in your home country do not take it at the place of your deployment.
2. Be familiar with your workplace environment, routes and safety equipment.
3. Park your vehicle in a way that you can exit easily, if needed.
4. Follow safety and security advice and request deployment briefings on local arrangements. If you feel insecure and/or uncomfortable in any

situation (e.g. arriving/leaving at your workplace, during interview situations, etc.), do not hesitate to approach your line manager/coordinator or the relevant security staff.

5. Adapt your behaviour, clothing, attitude and communication to your local working environment and culture.
6. Report incidents and security concerns.
7. Be aware of road traffic safety. Road behaviour and traffic rules may differ from those in your home country.
8. Know your neighbourhood and the location of emergency services, such as the fire department, police and hospital.
9. Acquaint yourself with any natural hazards in your new workplace and adopt responsive measures.
10. Do not divulge confidential information, either on or off duty. Do not leave sensitive documents on view, always store them in a secure location.

## 6. Checklist after reading the brochure

- ☐ Check your medical and healthcare insurance coverage – see section 3
- ☐ Check your vaccination status and start the appropriate vaccination procedures at least 2-6 weeks prior to your deployment – see section 4.2.1
- ☐ Learn how to use protective measures correctly. Learn about good hand-hygiene practices and how to use sanitary PPE (personal protective equipment) – see section 4.2.2 and Annex II;
- ☐ Prepare a first-aid kit – see section 4.3
- ☐ Create a medical status card – see section 5.1
- ☐ Familiarise yourself with the communicable diseases-syndromic approach – see section 4.2.4
- ☐ Re-read the golden rules in sections 4.5 and 5.3
- ☐ After arriving in the deployment location, become familiar with the reporting mechanisms

and with the routes and procedures in case of safety events and natural disasters. Check the location of first aid points, nearest hospitals, telephone numbers to call in case of an emergency (remember that the 112 telephone number can be dialled for an emergency anywhere in Europe) and all other services and sources of information for your safety.

## 7. Where can I get more information?

For further reading, we recommend you visit the following pages for health-related issues:

- CDC: Centers for Disease Control and Prevention https://www.cdc.gov/
- ECDC: European Centre for Disease Prevention and Control https://ecdc.europa.eu/en/home
- WHO: World Health Organization https://www.who.int/
- Competent/assigning Member State authorities on health

For more information on your deployment, please visit your deploying agency's website:

- EASO: European Asylum Support Office https://www.easo.europa.eu/
- Europol: European Union Agency for Law Enforcement Cooperation https://www.europol.europa.eu/
- Frontex: European Border and Coast Guard Agency https://frontex.europa.eu/

For further information, Europol officers can consult the Europol Platform for Experts (EPE) for Guest Officers and/or the Pre-Deployment package provided prior to in-house training at Europol HQ. In the case of deployment by the European Border and Coast Guard Agency do not hesitate to contact the Occupational Safety and Health (OSH) Officer at any time via OSH@frontex.europa.eu.

## ANNEX I - Contagious and infectious diseases

The main prevalent contagious diseases, as identified in the course of the operational activities of the EU Agencies, are presented in this annex for information purposes. This information is the fruit of years of field experience. It is both experience- and evidence-based and in accordance with the Health Risk Assessment conducted by the European Centre for Disease Prevention and Control (ECDC) during the peak of the migratory flow in 2015/2016. It is important to state that no detailed medical advice is given here. The purpose of this annex is to give a brief overview of some of the communicable diseases encountered in deployment operations.

**For general well-being, we advise you to follow standard protective measures against infectious diseases and make sensible use of personal protective equipment, as described in section 4.2.2 and Annex II.**

For additional information about vaccinations see section 4.2.1.

If any of the following diseases are suspected, please report them to the person in charge. The person in charge may consider putting people with any of the symptoms in quarantine until they have been examined by a medical professional.

### A. Hepatitis A

**What is it?**

Hepatitis A is a liver disease caused by the hepatitis A virus.

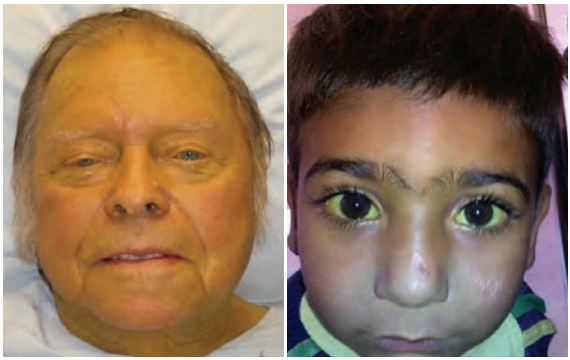
**Is it contagious?**

The virus is spread primarily via the faecal-oral route, when an uninfected and unvaccinated person consumes water or food that is contaminated with the faeces of an infected person. It is closely associated with lack of water, inadequate sanita-

tion and poor personal hygiene. The virus can survive outside the body for months, which increases its power of infection.

**How long is the incubation period?**
The average incubation period for hepatitis A is 28 days (15-50 days).

**What are the symptoms?**
Symptoms range from mild to severe. They can include fever, a general feeling of weakness/discomfort, loss of appetite, diarrhoea, nausea, stomach discomfort, dark-coloured urine and jaundice (a yellowing of the skin and whites of the eyes). Not everyone who is infected will have all of these symptoms. Adults show more signs and symptoms of the illness than children, and the severity of the disease and the mortality rate increase with age. It can take weeks or months for people recovering from the illness to resume normal daily activities such as work. Symptoms usually last less than two months.



*Presentation of jaundice [1], [2].*

**How can hepatitis A be combated?**
Vaccination with the full two-dose series of the hepatitis A vaccine is the best way to prevent infection. The initial dose provides protection from 2 to 4 weeks after vaccination (with a success rate of

approximately 95%). Given that the virus is transmitted through the faecal-oral route, good hand hygiene—including handwashing after using the bathroom, and before preparing or eating food—is essential for hepatitis A prevention.

**What are the risks for persons deployed in high-risk areas?**
Hepatitis A is not a migratory-related disease. However, the challenging conditions of the migration process make migrants vulnerable to contracting hepatitis A. The virus is endemic in most countries bordering the eastern and south-eastern countries of Europe, and therefore it poses a risk to all travellers and deployed staff in that part of Europe.

**When should I consult a medical professional?**
You should seek professional help if you develop the symptoms of hepatitis A: early treatment of the virus may stop the infection from developing.

**B. Flu/Influenza**

**What is it?**
Influenza (flu) is a contagious respiratory illness caused by influenza viruses. There are many types of viruses that may cause it. Viruses attacking humans belong to type A and B. There are 198 subtypes of type A viruses. Current subtypes of influenza A viruses that routinely circulate in people include: A(H1N1) and A(H3N2). Birds' flu outbreak in 2009 was caused by A1N1 subtype. Swine flu outbreak in 2009 was caused by a variant of subtype A(H3N2).
Influenza B viruses are not divided into subtypes, but instead are further classified into two lineages: B/Yamagata and B/Victoria. It can cause mild to severe illness. Serious outcomes of flu infection can result in hospitalisation or even death. Vulnerable groups, such as people over 65 years old, children under 5 years old, pregnant women, and people with chronic

conditions (such as asthma, diabetes, heart disease, etc.) are at high risk of serious complications.

**Is it contagious?**
Flu viruses are spread mainly by air droplets, when an infected person coughs, sneezes or talks. These particles can be breathed in, or deposited into the mouth or nose of an individual who is nearby. It is also possible for a person to get the flu by touching a surface or an object that has the flu virus on it and then touching their own mouth, nose and possibly eyes. A person with the virus can infect others from the day before symptoms develop, up to 5 to 7 days after becoming sick.

**How long is the incubation period?**
Symptoms usually start to develop 2 days after the initial exposure, but they can last from 1-4 days.

**What are the symptoms?**
Flu symptoms usually come on suddenly. People who have flu often suffer from some or all of the listed symptoms: fever, cough, sore throat, runny or stuffy nose, aching muscles and joints, headache, chills and fatigue. In some cases, it can evolve into viral pneumonia and/or be complicated by bacterial infection (see Annex I-C), ear infection or sinus infection, and it can worsen existing chronic medical conditions.

**How can flu be combated?**
The most important step in flu prevention is getting vaccinated each year. There are different types of influenza vaccines in use. Currently the most commonly used are trivalent and quadrivalent vaccines containing respectively three and four inactivated viruses. The flu vaccine reduces flu-related illnesses and the risk of serious complications. Flu vaccines do not protect against infections with other viruses attacking respiratory tract e.g. coronaviruses. However vaccination against influenza reduces the burden on health facilities during the peak season and indi-

vidual health risk for every human being since both groups of viruses may and indeed do infect people at the same time.

To minimise the risk of infection you should avoid close contact with infected people. When you are sick, keep sufficient distance from others to prevent them from getting sick and, if possible, stay away from work and public places. If you must leave home, wear a face-mask if you have one, and cover your mouth when you cough (or sneeze) so the germs in your body are not propelled into the air or across the room, which could make others sick. If available you can also use tissues when coughing or sneezing. Wash your hands often with soap and water often. If that is not possible, use an alcohol-based sanitiser. Avoid touching your eyes, nose or mouth to prevent the transmission of germs. Clean and disinfect frequently used surfaces in your workplace (e.g. keyboards, phones, pens, desks, etc.) and ventilate rooms and workspaces frequently.

**What are the risks for personnel deployed in high-risk areas?**

You are at a higher risk of contracting the disease, since respiratory infections are spread easily during migration in overcrowded, poorly ventilated spaces combined with low possibilities for good personal hygiene that facilitate the transmission of infections.

**When should I consult a medical professional?**

Most people have a mild form of the illness and do not need medical care or medication. You should seek professional help if you experience difficulty breathing or shortness of breath; persistent pain or pressure in the chest or abdomen; persistent dizziness, confusion, seizures; when you are urinating infrequently; you have fever or a cough that improves but then returns or becomes worse, or an existing chronic medical condition is present. Consult a doctor if there are any other symptoms that are severe of cause concern.

## C. SARS CoV 2 (COVID-19) and other coronavirus infections (SARS, MERS)

**What is it?**

COVID-19 infection is caused by a new mutation of an old coronavirus and may lead to Severe Acute Respiratory Syndrome (SARS) which is a highly contagious respiratory illness. The virus belongs to a large family of coronaviruses which in the past lead to spread of SARS-1 (2003) and Middle East Respiratory Syndrome - MERS (2012). It may give no symptoms or cause mild to severe illness. In COVID-19 up to 80% of cases have no or mild symptoms. Serious outcomes result in hospitalisation in 20%. Average death rate is given as 2-4%. Vulnerable groups, such as people over 65 years old, and people with chronic conditions (such as asthma, diabetes, heart disease, etc.) are at high risk of serious complications and the death rate in this group may reach 14%. The death rate of SARS-1 and MERS in general population was respectively 15% and 34%. Among vulnerable groups (advanced age, coexisting diseases of other organs) it was much higher with 50% in SARS-1 and 65% in MERS.

**Is it contagious?**

Coronaviruses are spread mainly by air droplets, when an infected person coughs, sneezes or talks. These particles can be breathed in, or deposited into the mouth or nose of an individual who is nearby. It is also possible for a person to get the flu by touching a surface or an object that has the flu virus on it and then touching their own mouth, nose or eyes. It may also spread through faecal route. Spread by sexual intercourse is also possible. Viruses were found in human semen. This is why contraception is also advised. A person carrying the virus can infect others even 2-3 days before symptoms develop, and during the entire symptomatic period.

Coronaviruses may stay active on contaminated surfaces for a period of few hours to over one week depending on the material, its chemical and physical

composition and environmental conditions. It stays active on rough surfaces (fabrics, paper) for a shorter period and on smooth surfaces (plastic, metal) for prolonged time. The viruses are sensitive to heat (SARS-CoV were inactivated by heat treatments of 90 min at 56°C, 60 min at 67°C or 30 min 75°C). UV irradiation for 60 min of the virus in culture inactivates all coronaviruses. Coronaviruses are also inactivated by organic solvents (soap, detergents, petrol, methyl, ethyl, isopropyl alcohols, acetone etc.). Solutions containing chlorine (bleach, Clorox) are also very effective. Peroxide ($H_2O_2$) solutions were also found to be very effective and are widely used for disinfection.

**How long is the incubation period?**
Symptoms usually start to develop from 2 days to 14 days (with majority cases at 5 days) after the initial exposure (but in some cases it may take from 1 to 28 days).

**What are the symptoms?**
Infection symptoms may come on gradually (with little or no symptoms at the beginning, progressing to more severe) or suddenly, depending on the condition of body immune system. People who have coronavirus often suffer from some or all of the listed symptoms: fever (over 38.0 °C), loss of taste and smell, conjunctivitis (red eyes), cough, sore throat, runny or stuffy nose, aching muscles and joints, diarrhoea (loose stools), headache, chills and fatigue, dyspnoea (shortness of breath). In some cases, it can evolve into severe viral interstitial pneumonia, kidneys damage, severe coagulopathy (development of clots in micro vessels), multi organ damage and death. In some cases the infection with coronavirus SARS CoV2 may start with skin lesions (chilblains), with no other symptoms. Skin lesions may also appear together with other symptoms. In children symptoms may be different than in adults and present Multi-System Inflammatory Syndrome (fever, rashes, swollen glands and, in severe cases,

heart inflammation). Even with mild symptoms it can worsen existing chronic medical conditions both in adults and children.

**How can infection with coronaviruses be combated?**

As for today there is no vaccine available against coronavirus infections. There is an ongoing world-wide research to develop effective vaccine against SARS CoV-2 (and other coronaviruses). There is a number of promising candidates. Some of this research entered phase 2 and 3 of clinical studies.

At this stage the best approach/strategy to minimise the risk of infection is to avoid close contact with infected people (physical distancing), complemented by hygiene rules and environmental cleaning. When you feel sick, keep sufficient distance from others to prevent them from getting sick and, if possible, stay away from work and public places. If you must leave home, wear a face-mask. Cough and sneeze into a disposable tissue. Then throw the tissue away and wash your hands. If you don't have a tissue, turn away from people and cough into your shoulder/sleeve/elbow so that possible germs from your body are not propelled into the air or across the room. In any case avoid covering your coughs and sneezes with your hands. Wash your hands often with soap and water often. If that is not possible, use an alcohol-based sanitiser (65% plus). Avoid touching your eyes, nose or mouth to prevent the transmission of germs. Clean and disinfect frequently used surfaces in your workplace (e.g. door knobs, keyboards, phones, pens, desks, etc.), and ventilate rooms/offices/workspaces frequently. Avoid touching with bare hands objects in public places that may be contaminated with coronaviruses (door knobs, fuel distributors at petrol stations, keyboards at ATM machines, terminals when paying in the shops); consider making payments with contactless cards. Use rubber or plastic gloves when you cannot avoid touching potentially contaminated objects.

**What are the risks for personnel deployed in high-risk areas?**
Similar as in case of influenza, you are at a higher risk of contracting the disease, since all respiratory infections are spread easily during migration in overcrowded, poorly ventilated spaces combined with low possibilities for good personal hygiene that facilitate the transmission of infections.

**When should I consult a medical professional?**
Most people have a mild form of the illness and do not need medical care or medication in hospital settings, however if you think that you may have acquired infection with coronaviruses you should contact by phone local sanitary authorities and follow their advice. Do not visit a nearby medical clinic or a general hospital because you will endanger other not infected people visiting those facilities. When calling 112 for emergency services you must honestly inform them about the symptoms and possibility of coronavirus infection. If you experience more severe symptoms like difficulty breathing or shortness of breath; persistent pain or pressure in the chest or abdomen; persistent dizziness, confusion, seizures; when you are urinating infrequently; you have fever or a cough, and/or existing chronic medical condition is present you should seek professional help reporting to local sanitary authorities by phone, or if it is available, reporting to specialised contagious diseases department / hospital in the area. Consult a doctor by phone if there are any other symptoms that are severe or cause concern. Do not use public transportation and make every effort to minimise direct contact with other people.

**D. Pneumonia**

**What is it?**
Pneumonia is an infection of the lungs. It can occur on its own or develop from an existing respiratory infection (e.g. common cold). Pneumonia can be caused

by bacteria (including mycoplasma), viruses (Seasonal Influenza viruses, Birds Flu, Swine Flu, COVID-19, SARS, and MERS), fungi, and/or various chemicals. It can affect anyone at any age. Vulnerable adults over 65 years old, children and people with chronic diseases, including chronic obstructive pulmonary disease and asthma, are at a higher risk of contracting pneumonia and developing severe symptoms.

**Is it contagious?**

Microorganisms that cause pneumonia are contagious and can spread in the form of air droplets (by coughing and sneezing without using tissues or covering your mouth), and direct/indirect contact (by sharing cups or eating utensils, touching items after an infected person has used them including tissues, keyboards, etc., not washing your hands regularly). The illness is closely associated with poor personal hygiene.

It is impossible to determine the type of pneumonia based on symptoms alone. In mild cases, treatment consists of relieving symptoms (plenty of rest, fluids and fever medication in case of high fever). In severe cases, or if you are in a high-risk group, you should contact your doctor. In case of bacterial pneumonia, you will be prescribed antibiotics that will reduce the risk of contagion about 24-48 hours after starting the treatment. For viral pneumonia the treatment is symptomatic and the person becomes less contagious as the symptoms recede, especially when the fever goes down. This can occur one to two days after the person has no fever. However, the person may still be infectious for a week or so in the case of some types of viral pneumonia.

**How long is the incubation period?**

The incubation period is determined by the type of bacteria or virus causing the pneumonia, and the age and overall health of the person. The incubation period for most common viruses and bacteria which cause pneumonia range from 1 day to 1 week.

**What are the symptoms?**
The symptoms of pneumonia can vary from being like a mild flu or a cold (see Annex I-B above on Flu/Influenza) to severe. They depend on the type of microorganism causing the infection, age and overall health of the patient. The most common symptoms of pneumonia are: a cough (with greenish or yellow mucus), fever (which may be mild or high), shivering, profound sweating, shortness of breath, rapid, shallow breathing, sharp or stabbing chest pains that feels worse when breathing deeply or coughing, loss of appetite, low energy, fatigue and confusion (especially in older people).

**How can pneumonia be combated?**
You can help prevent pneumonia and other respiratory infections by following good hygiene practices, such as washing your hands regularly, particularly after touching your mouth and nose; disinfecting frequently touched surfaces, throwing tissues away immediately after coughing or sneezing into them and not sharing cups or kitchen utensils with others.

**What are the risks for personnel deployed in high-risk areas?**
The risk is the same as described in the section on Flu/Influenza (see Annex I-B).

**When should I consult a medical professional?**
You should seek medical help if you develop a high fever (≥38.0°C) and have a cough (especially a productive cough with green/yellow/brown mucus), similar to flu-like symptoms. Symptoms of concern include chest pain, shortness of breath, shallow/fast breathing, confusion or any other sudden or serious symptoms. If you are in a high-risk group (see first paragraph), you should seek medical help even when only mild symptoms are present.

## E. Tuberculosis (TB)

**What is it?**
TB is caused by bacteria (Mycobacterium tuberculosis) that mostly affect the lungs. TB is curable and preventable. People infected with TB bacteria have only a 10% lifetime risk of contracting TB. However, persons with compromised immune systems, such as people with HIV, malnutrition or diabetes, young children or smokers, have a much higher risk of contracting it. Tobacco use greatly increases the risk of TB disease and death.
Over 95% of TB cases and deaths caused by TB are in developing countries.

**Is it contagious?**
TB is spread through the air. The bacteria are released into the air when a person with pulmonary TB coughs, sneezes or speaks. People nearby breathe in these bacteria and become infected. TB air contagion is closely linked to the duration and proximity of contact with infected persons (at home, at work, in school, in a hospital, etc.) and to the strength or weakness of the immune system of the exposed person. TB is NOT spread by: hand-shaking, sharing food or drink, touching bed linens or toilet seats. TB is spread most commonly among people who are in regular everyday contact (through family members, friends, co-workers, schoolmates, etc.).

**How long is the incubation period?**
Some people develop active TB soon after becoming infected (within weeks), before their immune system can fight the TB bacteria. Others may get sick only years later when their immune system becomes weak for a different reason. Many people infected with TB never develop the disease (latent TB).

**What are the symptoms?**
The signs and symptoms of active TB include: **coughing that lasts for three or more weeks,** chest pain or pain when breathing or coughing, coughing up blood, unintentional weight loss, fatigue, fever, night sweats, chills **and** loss of appetite. TB can also affect other parts of the body, including the kidneys, spine and brain. When TB occurs outside the lungs, the signs and symptoms vary according to the organs involved. For example, TB of the spine may give you back pain, and TB in your kidneys might cause blood in your urine.

**How can TB be combated?**
To prevent the disease spreading, deployed persons and other staff should use appropriate PPE. When in a space with a person with symptoms that indicate TB, use an FFP2 respirator (especially when they cough blood). Thorough and consistent hand hygiene is warranted. The patient should wear a mask at all times, to prevent spreading the disease. If you contract TB, a prolonged antibiotic treatment (of at least 6-9 months) is necessary and depends on the characteristics of the bacteria. The issue of vaccinations varies considerably in Europe. Some European countries do not recommend vaccination against TB because of its low incidence in those countries (for example Austria, Belgium, Denmark, Germany, Iceland and Spain); some countries recommend it for people at risk, such as healthcare workers (in Cyprus, Finland, Italy, Luxembourg, the Netherlands, Norway, Slovenia, Sweden and the United Kingdom). In other states vaccination is mandatory for the entire population (in Bulgaria, Hungary, Latvia, Poland, Romania and Slovakia).

**What should you do when you come into contact with someone with TB?**
You should contact your doctor or local health. Be sure to tell the doctor or nurse that you have been in contact with a person who has TB.

**What are the risks for persons deployed in high-risk areas?**
You may be in contact with people from high-risk countries or in deployment areas where individual cases of TB have been confirmed. The transmission of TB is related to the amount of time spent with the infected person, and to the effective and consistent use of protective measures (especially where there are good clinical grounds to suspect TB). If you reduce the time spent and use PPE, the risk of contagion is reduced accordingly. TB tends to be more serious for people with compromised immune systems.

**F. Scabies**

**What is it?**
Scabies is an infestation of the skin by the human itch mite. Microscopic scabies mites burrow into the upper layer of the skin, where they live and lay eggs. This human itch mite affects persons; animals have a different scabies mite and animals with scabies cannot infect humans.

**How does it spread?**
Scabies is usually spread by direct, prolonged, skin-to-skin contact with a person who has the disease. A quick handshake or hug will not spread scabies usually. It spreads easily among sexual partners and household members. It can be spread indirectly by sharing infested articles such as clothing, towels or bedding that were used by an infected person. Indirect spreading of the disease occurs more easily when the infested person has the more severe form of scabies, known as crusted scabies.

**Is it contagious?**
Yes. Infected persons can take 4-6 weeks to develop symptoms and during this time, even before they show symptoms, they can be contagious. On a person, scabies mites can live for as long as 1-2 months. Off the human body, scabies mites usually do not survive for more than 48-72 hours. Items such as bedding, clothing and towels used by a person with scabies can be decontaminated by machine washing them in hot water and drying them using the hot cycle, or by dry cleaning them. Items that cannot be washed or dry cleaned can be decontaminated by removing them from any physical contact for at least 72 hours.

**How long is the incubation period?**
If a person has not had scabies before, symptoms may take as long as 6 weeks to develop.

**What are the symptoms?**
The most common symptoms of scabies (itching and skin rash) are caused by sensitisation (a type of 'allergic' reaction) to the proteins and faeces of the parasite. Severe itching, especially at night, is the earliest and most common symptom of scabies. A pimple-like itchy 'scabies rash' is also common. Itching and a rash may affect much of the body or be limited to common sites such as: **between the fingers or on the wrist, elbow, armpit, penis, nipples, waist, buttocks and shoulder blades.**
Tiny burrows can sometimes be seen on the skin; these are caused by the female scabies mite tunnelling just beneath the surface of the skin. These burrows appear as tiny raised and crooked greyish-whitish or skin-coloured lines on the skin surface. Because mites are often few in number (only 10-15 mites per person), these burrows may be difficult to detect.

**How can scabies be combated?**
The only way to prevent getting scabies is to avoid prolonged skin-to-skin contact with a person who has them. Anyone who is diagnosed with scabies, as well as other people who have had prolonged skin-to- skin contact with an infected person, should be treated. Treatment is recommended for members of the same household as a person with scabies, particularly those who have had prolonged skin-to-skin contact with the infested person. All persons should be treated at the same time to prevent reinfections. Permethrin cream is the most effective treatment for scabies and remains the treatment of choice. Options for controlling itchiness include antihistamines and anti-inflammatory agents.

**What are the risks for personnel deployed in high-risk areas?**
Scabies is endemic in many developing countries, where it tends to be particularly problematic in rural and remote areas. Given the currently identified countries of origin, scabies can be prevalent at first reception areas at the external borders of the EU. There are no specific indications that scabies infections are on the rise. However, the following general recommendations should be followed: avoid direct skin-to-skin contact with any person who has or is suspected of having scabies; use gloves when shaking hands with any person who is suspected of having or has confirmed scabies; wash your hands and office clothes frequently.

**G. Chickenpox**

**What is it?**
Chickenpox (varicella) is a highly contagious viral disease caused by the varicella-zoster virus (VZV). The main symptom is a blistering, itchy skin rash.

**Is it contagious?**
Chickenpox is spread mainly by breathing in airborne droplets from the upper respiratory tract of an infected person. Contamination can occur (although it is less common) by coming into contact with the fluid from blisters on the skin of a person with chickenpox. Outbreaks are more common in winter and early spring. An infected person is contagious for 1 to possibly 5 days before the onset of the rash, and remains infectious until the blisters form scabs.

**How long is the incubation period?**
The incubation period is 7-21 days from exposure to the virus until the development of symptoms.

**What are the symptoms?**
For most healthy people, chickenpox is mild and the person fully recovers without specific treatment. As a common childhood disease, chickenpox is more severe in adults and in anyone with impaired immunity. Vaccination is the best way to prevent chickenpox.
The symptoms of chickenpox include: an intensely itchy skin rash or inflamed skin; blisters first form on the body and later on the head and limbs, and usually erupt and develop crusts after about 5 days, low-grade fever and general discomfort, and a feeling of being unwell (malaise).
The disease can be fatal for neonates (very young babies) and immuno-compromised individuals. Complications may include other serious illnesses such as pneumonitis, encephalitis or streptococcal infections. The virus may cause zoster (shingles), a disease mainly affecting immuno-compromised individuals and elderly people. Most people gain lifelong immunity after having chickenpox.

*Presentation of chickenpox*

**How can chickenpox be combated?**
The best way of tackling chickenpox is to be vaccinated and avoid any airborne or droplet transmission by wearing a mask. The medical treatment is aimed mainly at relieving the symptoms and reducing the risk of complications. Anyone who has had chickenpox once in their lifetime and anyone who is vaccinated is already protected. The immunisation of adults requires two doses of the vaccine.

**What are the risks for personnel deployed in high-risk areas?**
Chickenpox tends to be more serious for new-born babies, pregnant women and people with a weakened immune system. In most cases, chickenpox is mild and heals itself without the need for specific treatment.

**When should I consult a medical professional?**
You should seek medical advice if: the rash spreads to one or both eyes; the rash gets warm, red or sensitive (bacterial skin infection is possible); in the event of confusion, altered mental status, fast heartbeat, shortness of breath, tremors, loss of coordination, worsening cough, vomiting, a stiff neck or high fever is present; if the person has compromised immune system or is younger than 6-months.

Adults with chickenpox should stay isolated until all the spots have crusted over.

**H. Measles**

**What is it?**
Measles is a highly contagious viral disease with a distinctive rash and fever, caused by the Measles morbillivirus virus, which remains a significant cause of death among children worldwide.

**Is it contagious?**
Measles is a highly contagious viral disease. Up to 90% of people who are not immune and come in contact with an infected person, will become infected. It spreads by air droplets when an infected person coughs or sneezes. The virus can survive in the air or on a surface for up to two hours. Infected persons are contagious four days before and four days after the appearance of the rash. It is very important that people with measles alert all those with whom they have been in contact about their infection, to prevent it spreading.

**How long is the incubation period?**
Symptoms usually appear between 7-14 days after the infection.

**What are the symptoms?**
The disease usually starts with a high fever, a cough, a runny nose and red, watery eyes. Two to three days after the first symptoms appear, tiny white spots may appear inside the mouth. Three to five days after the initial symptoms a rash breaks out (flat red spots that usually develop first on the face and then spread down to the neck, arms, trunk of the body, legs and feet). With the appearance of the rash, the temperature may rise to more than 40ºC.

*Presentation of measles*

**How can measles be combated?**
There is a safe and effective vaccine for measles, which is part of many mandatory childhood vaccination programmes such as the MMR vaccine. To prevent the spread of the disease, the appropriate PPE must be used. If you are in a space with a person showing symptoms of measles, always use an FFP2 respirator. Consistent and thorough hand hygiene is essential. The patient should wear a mask at all times to avoid spreading the disease.

**What to do when in contact with someone with measles?**
The medical staff should be alerted immediately by phone as special arrangements are in place to determine whether you are immune to measles based on your vaccination record, age and laboratory evidence. Do not go into public spaces, and stay away from vulnerable people, because the measles virus is highly contagious.

**What are the risks for personnel deployed in relevant areas?**
Anyone who is not protected (not vaccinated) against measles is at risk of being infected when travelling to other countries.

## ANNEX II – Practical use of personal protective equipment

This annex provides a description of how to use the most commonly used PPE (i.e. masks, respirators and gloves). If you are going to use any other PPE, please consult your line manager/coordinator for correct instructions.

**Using a mask/respirator**

When using a mask, it should fit snugly on your face. The coloured part faces outwards with the metallic strip on the upper side on your nose. Position the mask on your face and put the elastic bands around your ears. The mask should cover your nose, mouth and chin. Press and adjust the metallic strip around your nose to make the mask as airtight as possible. When removing the mask **do not touch the front part** of the mask. Take hold of the elastic band around one ear and remove it from that ear, by pulling away from you towards the other ear. This way your contact with the potentially contaminated front of the mask is reduced.

Similarly with the respirator, put it on and check that it fits. When it is properly in place, check that the respirator collapses when you inhale and check for leaks when you exhale.

When removing the respirator, first remove the lower elastic over your head, followed by the upper one, and remove the respirator from your face. **Do not touch the front of the respirator**.


HOW TO WEAR A MEDICAL MASK SAFELY
who.int/epi-win
Do's
Wash your hands before touching the mask
Inspect the mask for tears or holes
Find the top side, where the metal piece or stiff edge is
Ensure the colored-side faces outwards
Place the metal piece or stiff edge over your nose
Cover your mouth, nose, and chin
Adjust the mask to your face without leaving gaps on the sides
Avoid touching the mask
Remove the mask from behind the ears or head
Keep the mask away from you and surfaces while removing it
Discard the mask immediately after use preferably into a closed bin
Wash your hands after discarding the mask
Don'ts
Do not Use a ripped or damp mask
Do not wear the mask only over mouth or nose
Do not wear a loose mask
Do not touch the front of the mask
Do not remove the mask to talk to someone or do other things that would require touching the mask
Do not leave your used mask within the reach of others
Do not re-use the mask
Remember that masks alone cannot protect you from COVID-19. Maintain at least 1 metre distance from others and wash your hands frequently and thoroughly, even while wearing a mask.
EPI·WiN
World Health Organization

## Donning and removing of non-sterile examination gloves

When the hand hygiene indication occurs before a contact requiring glove use, perform hand hygiene by rubbing with an alcohol-based handrub or by washing with soap and water.

**I. HOW TO DON GLOVES:**

1. Take out a glove from its original box

2. Touch only a restricted surface of the glove corresponding to the wrist (at the top edge of the cuff)

3. Don the first glove

4. Take the second glove with the bare hand and touch only a restricted surface of glove corresponding to the wrist

5. To avoid touching the skin of the forearm with the gloved hand, turn the external surface of the glove to be donned on the folded fingers of the gloved hand, thus permitting to glove the second hand

6. Once gloved, hands should not touch anything else that is not defined by indications and conditions for glove use

**II. HOW TO REMOVE GLOVES:**

1. Pinch one glove at the wrist level to remove it, without touching the skin of the forearm, and peel away from the hand, thus allowing the glove to turn inside out

2. Hold the removed glove in the gloved hand and slide the fingers of the ungloved hand inside between the glove and the wrist. Remove the second glove by rolling it down the hand and fold into the first glove

3. Discard the removed gloves

4. Then, perform hand hygiene by rubbing with an alcohol-based handrub or by washing with soap and water

## ANNEX III - Demographic background and associated diseases

### 1. Eastern Mediterranean route

At present, the principal countries of origin of migrants and refugees are mainly in the Middle East and Central Asia. Although the medical and healthcare systems in these countries of origin differ considerably, the state of health of these migrants is generally significantly better than those coming via other routes involving much longer journeys (e.g. via the Central Mediterranean and/or Western Mediterranean route). The most commonly identified grounds for medical treatment are chronic illnesses or accidents that take place during their journey. In addition, there are general medical risks and hazards associated with large gatherings of people and housing large numbers of people in overcrowded places such as hepatitis A infections and pneumonia infections. Bear in mind that in the Mediterranean and especially on the Aegean islands, summer means being exposed to the sun for more than 8-hours per day. Please do not underestimate the risk of sunstroke, sunburn and dehydration. Always ensure that you have an adequate supply of water and make sure to use high-factor sunscreen.

### 2. Central Mediterranean and Western Mediterranean route

The principal countries of origins of migrants and refugees from these routes to date are sub-Saharan countries. Due to the long, exhausting journey across the African continent and the sea voyage, most frequently from the coast of Libya, the state of health of migrants travelling this route is significantly worse than those travelling via other routes (e.g. the Eastern Mediterranean route). Given the

limitations of the healthcare systems in Africa, with limited facilities for tackling endemic diseases (e.g. *chickenpox*), and the exhaustion (e.g. marked by *TB*) and the length of time during which migrants are huddled together, dermatological diseases that spread readily (such as *scabies*) can pose a threat to the deployed staff of EU Agencies. Even if there are no specific risks and no indication that such infections are on the rise, you are advised to follow very closely the sanitary advice given in this brochure. Remember that being in the Mediterranean, especially in southern areas such as Sicily or the island of Lampedusa means being exposed to the sun for up to 9 hours per day. Do not underestimate the risk of sunstroke, sunburn and dehydration. Equip yourself with an adequate supply of water and make sure to use high-factor sunscreen.

**3. (Western) Balkan route**

Because migratory flows are quite reduced on this route, the sanitary and health-related situation mainly concerns the housing conditions provided to migrants. In November 2016, in the Harmanli facility located near the Bulgarian-Turkish border, the detection of serious illnesses such as skin diseases and viral infections (including *chickenpox*) led to a total lockdown of this reception centre. This had a knock-on impact on security and safety at the centre. Generally, the continental climate with its normally hard winters means that flu viruses are most common during the autumn and winter (*seasonal Influenza*). The best way to avoid catching the flu is to be vaccinated every year. It is worth remembering that *hepatitis A* is more prevalent in eastern and south-eastern European countries, as well as in the Mediterranean (areas with a moderate to high risk).

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