

**The Government of St. Vincent & the Grenadines**

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## **Environmental & Social Management Plan**

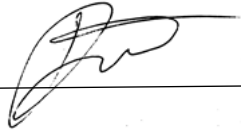
### **OECS Regional Health Project Establishment of Buccament Polyclinic Isolation Facility**

**Prepared by JV CEDCO-Coles-Amarna**

**Date; November 2023**

## DECLARATION

We hereby confirm that this Environmental and Social Management Plan (ESMP) complies with the World Bank Policies. We, JV CEDCO-Coles-Amarna, the Supervising Consultant will take full responsibility in implementing and abiding by the document.

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## DOCUMENT VERSION CONTROL

Document: Environmental and Social Management Plan

Building: Buccament Isolation Facility

Ref:

Date: 16<sup>th</sup> January 2024

Prepared by: JV CEDCO-Coles-Amarna

Reviewed by:

### Revision and Update History

Version	Revision Date	Details	Authorized	
			Name/ Position	Signature
A	14/10/2022	Original ESMP		
B	17/10/2022	Edits to figures in section 2.2		
C	22/10/2022	Inclusion of Wall Plan in section 2.2		
D	19/01/2023	Inclusion of corrections made by Project Team		
E	3/04/2023	Corrections from client applied		
F	05/07/2023	Corrections from client applied		
G	17/08/2023	Corrections applied from client		
H	14/11/2023	Corrections from WB		
I	16/1/2024	“Contractor” to “Supervising Consultant”		

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## LIST OF ACRONYMS & ABBREVIATIONS

AIDS	Acquired Immunodeficiency Syndrome
BET	Best Available Techniques
BMP	Best Management Practices
BMWM	Biomedical Waste Management
CARPHA	Caribbean Public Health Agency
CERC	Contingency Emergency Response Component
COVID-19	Corona Virus Disease 2019
CMU	Concrete Masonry Unit
CWSA	Central Water & Sewage Authority
E&S	Environmental and Social
EHS	Environmental Health and Safety
ESHS	Environmental Social Health and Safety
ESMF	Environmental and Social Management Framework
ESMP	Environmental and Social Management Plan
ESS	Environmental and Social Standards
GoSVG	Government of St. Vincent and the Grenadines
GRM	Grievance Redress Mechanism
HEPA Filter	High Efficiency Particulate Air Filter
HIV	Human Immunodeficiency Virus
HVAC	Heating Ventilation Air Conditioning
IP	Indigenous People
IPCP	Infection and Prevention Control Protocol
IPF	Investment Project Financing
MoHWE	Ministry of Health Wellness and the Environment
nCoV	novel coronavirus
OHS	Occupational Health and Safety

PAHO	Pan American Health Organisation
PIU	Project Implementation Unit
PPE	Personal Protective Equipment
PSIPMU	Public Sector Investment Program Monitoring Unit
RCCE	Risk Communication and Community Engagement
SARI	Severe Acute Respiratory Infection
SEP	Stakeholder Engagement Plan
SGBV	Sexual and Gender Based Violence
SOPs	Standard Operating Procedures
UVGI	Ultraviolet Germicidal Irradiation
WBG	World Bank Group
WHO	World Health Organisation

# Chapter 1. Introduction and Background

St. Vincent & the Grenadines is a volcanic multi-island state located in the Southern Caribbean, West of Barbados and North of Grenada. The island's population was estimated to be 110,783 as of the middle of 2021, of which 49% were females, and 51% were males<sup>1</sup>. There is a close to even distribution of males to females in the various age groups, as shown in Figure 1. The working age group (15-64 years) accounts for 66% of the total population, of which 52% are males and 48% are females, while the elderly (>64 years) account for 9% of the population.

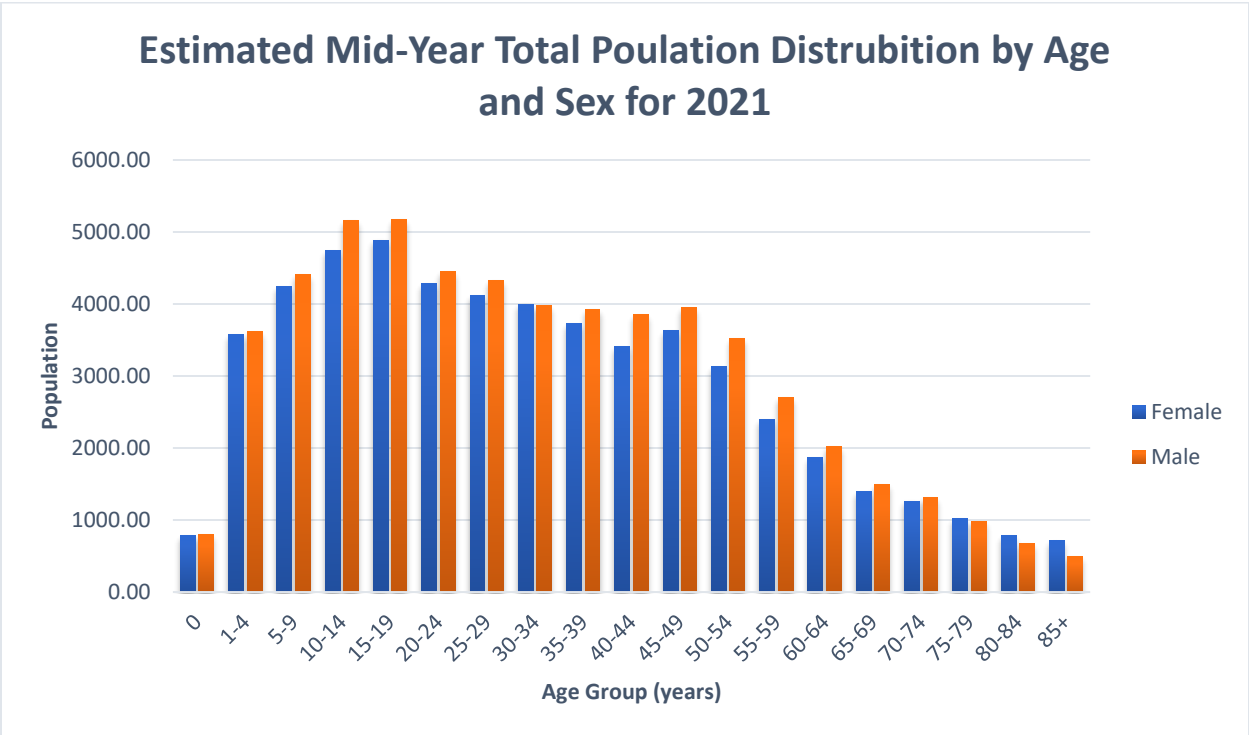


Figure 1. Estimated Mid-Year Population Distribution by Age and Sex for 2021

<sup>1</sup> Statistical Office of St. Vincent & the Grenadines. (n.d.). *Mid Year Total Population Estimates by Age and Sex, 2018 to 2022*. Statistical Office, Government of Saint Vincent and the Grenadines. Retrieved January 19, 2023, from <https://stats.gov.vc/subjects/population-and-demography/mid-year-total-population-estimates-by-age-and-sex/>



In 2020, St. Vincent and the Grenadines recorded a Crude Birth Rate (CBR) of 11.9 births per 1000 population and a Crude Death Rate (CDR) of 9.4 deaths per 1000 population. This gave a Natural Increase of 2.5 per 1000 population (St. Vincent & the Grenadines Statistical Office, 2020)<sup>2</sup>, a decrease of 1.2 from the previous year. The population has a variety of ethnic groups, with African descent being the majority making up 71.2% of the total population as of 2012, followed by a mixed ethnicity with 23.0%, Indigenous 3.0%, European 1.5%, East Indian 1.1.% and other 0.2%.<sup>3</sup>

The Government of St. Vincent & the Grenadines has received funding from the World Bank in the sum of US\$6 million towards the cost of the OECS Regional Health Project, which aims to improve the country's preparedness in dealing with Public Health Emergencies. This project consists of four components:

1. Improving Health Facilities and Laboratory Capacity
2. Strengthening Public Health Surveillance and Emergency Management
3. Institutional Capacity Building, Project Management and Coordination
4. Contingency Emergency Response Component (CERC)

In January 2020, the novel corona virus, hereinafter referred to as COVID-19, was identified as the cause for several Pneumonia related illnesses and deaths in Wuhan City, China 2019. On March 11th 2020, with the increase in cases outside of China, the COVID-19 outbreak was categorized as a pandemic by the World Health Organization (WHO). Consequently, the multi-island state was

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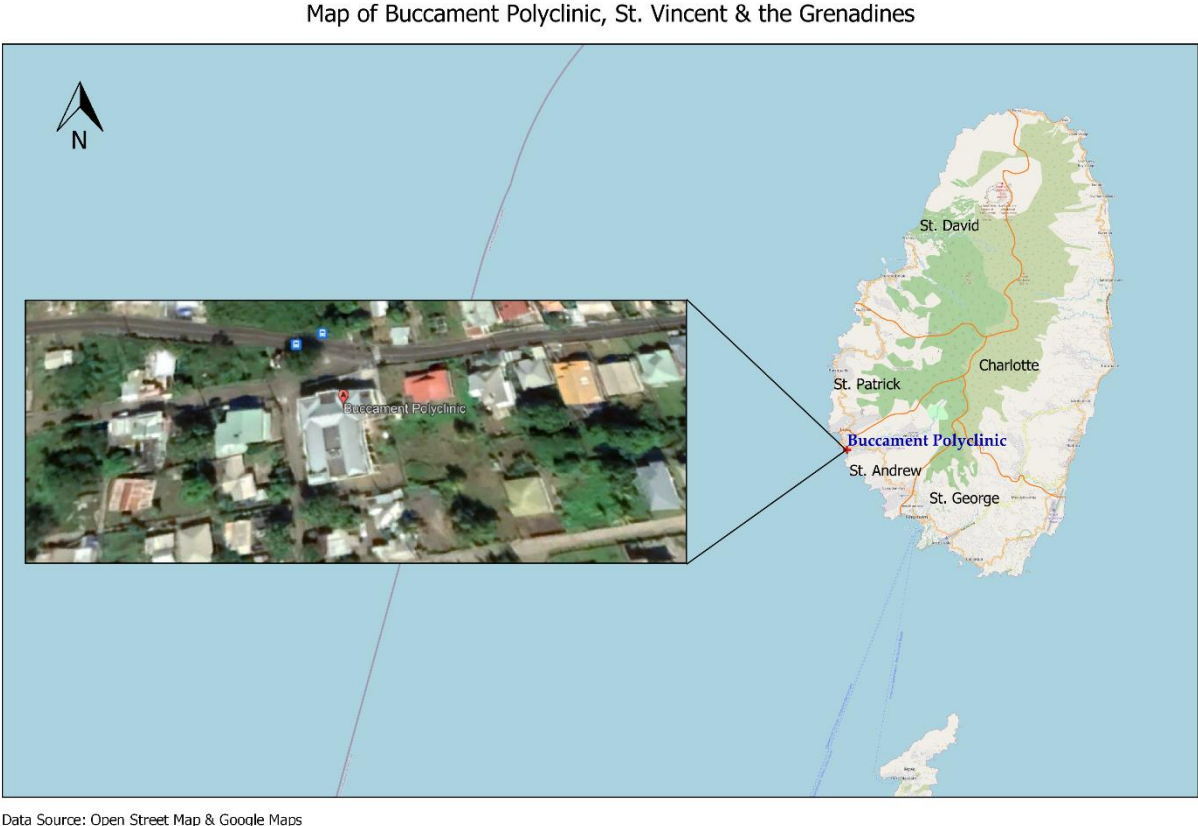
<sup>2</sup> Statistical Office of St. Vincent & the Grenadines. (2020). *STATISTICAL OFFICE Economic Planning Division Ministry of Finance Economic Planning & Information Technology*.

<https://stats.gov.vc/wp-content/uploads/2022/05/Population-and-Vital-Statistics-Report-2020.pdf>

<sup>3</sup> Central Intelligence Agency. (2022, June 6). *Saint Vincent and the Grenadines*. CIA.gov; Central Intelligence Agency. <https://www.cia.gov/the-world-factbook/countries/saint-vincent-and-the-grenadines/#people-and-society>

no exception to the negative impacts of the pandemic, with infected persons requiring isolation and some hospitalization as the country recorded 115 deaths as of July 19th 2022.

In response to the COVID-19 pandemic, under Component 1, the Government of St. Vincent & the Grenadines is seeking to improve the resilience and capacity of selected health facilities by constructing an isolation facility at the Buccament Polyclinic as shown in Figure 2.



*Figure 2. Location of the Buccament Polyclinic*

The OECS Regional Health Project’s goal is to treat and manage new and re-emergent infectious diseases by repurposing the Buccament Polyclinic’s carpark into a WHO Severe Acute Respiratory Infections (SARI) compliant screening and treatment centre.

The 1084 Sq. ft. isolation facility construction includes demolishing existing walls, windows, elevated walkways and railings and constructing one three-bed ward equipped with two toilets, a patient intake area, rooms for staff to don and doff, and a staff washroom. This is a response to

inadequate make-shift facilities, which sprung up during the COVID-19 pandemic which posed a high risk to other patients and staff.

Based on the screening conducted for this project (see Annex 1), an Environmental and Social Management Plan (ESMP) is required to identify and appropriately manage environmental and social risks. The Environmental and Social Management Plan (ESMP) analyses project impacts and risks and identifies appropriate mitigation measures, including who is responsible for implementation. In addition, it incorporates a Stakeholder Engagement Plan (SEP), which outlines how information about the project will be communicated with project-affected parties and other interested parties. Stakeholder engagement is a continuous process, and consultation will be implemented throughout the project life cycle. The Stakeholder Engagement Plan constitutes stakeholder identification, information disclosure and a Grievance Redress Mechanism (GRM). The ESMP will ensure that the project complies with national and regional environmental regulations and is consistent with international best practices and World Bank safeguard policies.

This ESMP will be disclosed on the GoSVG website (<https://www.gov.vc/index.php/oecs-regional-health-project>), , and the disclosure records will be documented and recorded.

## **Chapter 2. Project Description**

## 2.1. Project Scope and Context

The OECS Regional Health Project for the establishment of an isolation facility at Buccament will involve repurposing existing the carpark space Buccament Polyclinic. The Buccament Polyclinic was recently refurbished and opened in 2019 to increase the services offered which have expanded beyond the standard care to include ophthalmology and dentistry.

With the Covid-19 Pandemic, makeshift isolation centres and wards were created which were not ideal and posed a high risk to other patients and staff. This made it evident that the in order to strengthen the capacity and responsiveness of St. Vincent and the Grenadines healthcare system, isolation facilities were needed throughout the state. These facilities would be used to effectively contain and treat infectious diseases that may re-emerge and or develop which is the main goal of this project.

## 2.2. Project Details

General requirements for project details for the isolation facilities are in accordance with the guidelines for the WHO Severe Acute Respiratory Infections Treatment Centre, Practical manual to set up and manage a SARI treatment centre and a SARI screening facility in health care facilities<sup>4</sup>. Information in this section is subject to final designs.

### **Buccament Polyclinic**

The Buccament Polyclinic is a healthcare facility located in the Pembroke Health District on the leeward side of the island. The polyclinic is divided into two sections. The upper section, north of the carpark offers the following services: Accident and Emergency, Doctor Day, HbA1c (glycated haemoglobin and haemoglobin A1c) Testing for prediabetes and diabetes, Lipid profile testing and physiotherapy. The lower section on the southern side of the carpark offers dental and ophthalmology services.

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<sup>4</sup> <https://apps.who.int/iris/handle/10665/331603>

At the Buccament Polyclinic, the ground floor (1,233 Sq. ft.) which is currently used as staff parking will be used to accommodate the isolation facility. Seventy five percent (75%), that is, 923 Sq. ft. will be renovated to establish the facility. In total, the facility will occupy 1084 Sq. ft. inclusive of the open area shown in Figure 7. Demolition works include the removal of existing walls, windows, elevated walkway and railings indicated in blue on Figure 3. These areas are shown in photographs in Figures 4 to 7.

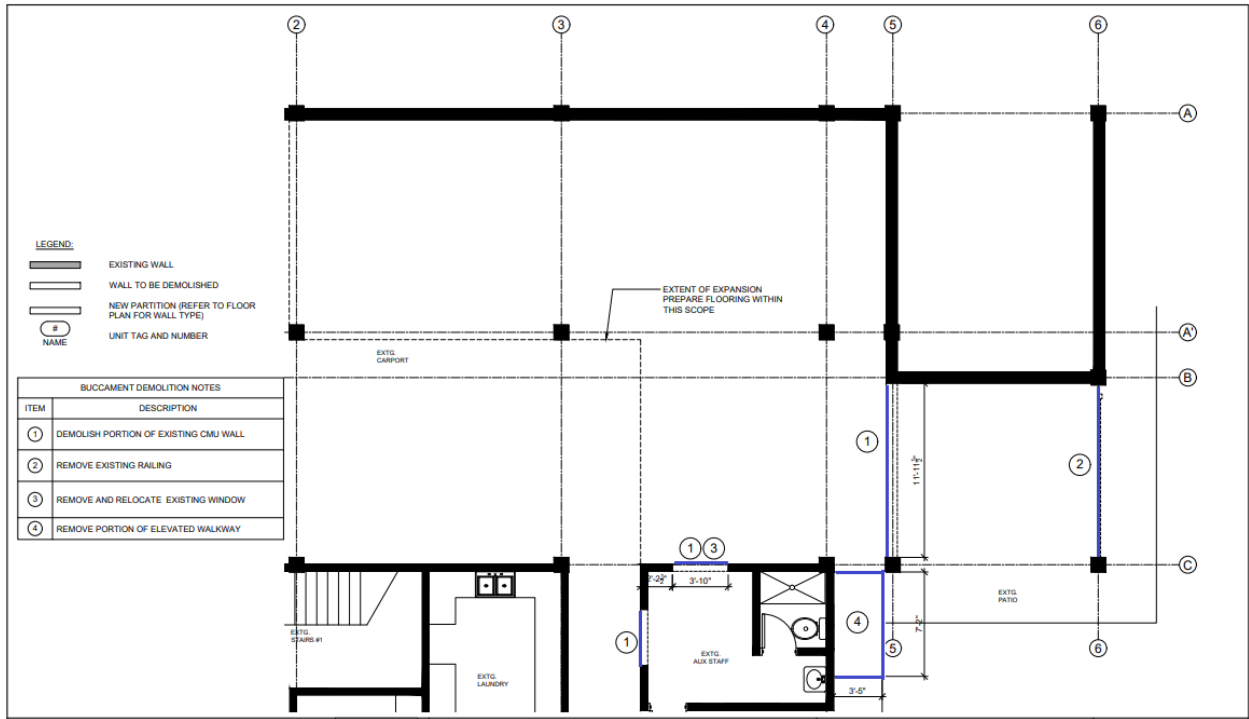


Figure 3. Demolition Floor Plan for the Isolation Facility at the Buccament Polyclinic



*Figure 4. Carport area to be renovated*



*Figure 5. Eastern end of carport showing wall with fancy blocks to be demolished*





*Figure 6. Portion of elevated walkway tiled in brown to be removed*



*Figure 7. Existing railing to be removed*

The isolation facility will consist of one ward with three beds, two washrooms one of which will have two toilets, a patient intake area, rooms for staff to don and doff, and a staff washroom as shown in Figure 8. The open area on the eastern end of the carpark as shown in Figure 9. will be converted to the donning area as indicated in the renovated plans in Figure 8. which will cause a permanent loss of open space. The ambulance will have direct access to the facility through the main entrance and the patient is then received in the patient intake area. North of this area will be the isolation ward and washrooms and south will be the staff facilities. The utilities that will be connected to the main utilities of the Polyclinic are water and electricity, no upgrading will be necessary to facilitate the additional load.

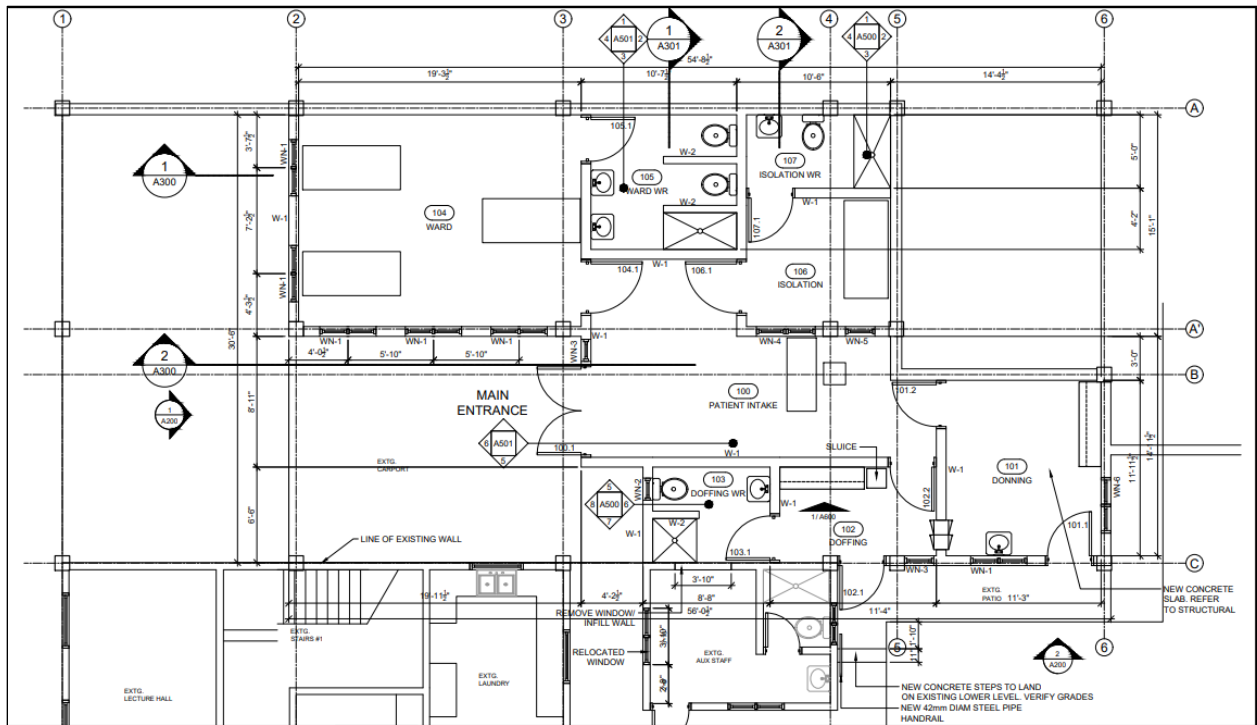


Figure 8. Renovated Carport Level Floor Plan for Isolation Facility at the Buccament Polyclinic





*Figure 9. Wall to be demolished and open space to be renovated*

## Chapter 3. The Legal and Administrative Framework

The ESMP is developed in accordance with relevant laws and regulations of St. Vincent & the Grenadines, the World Bank Safeguard policies and Environmental, Health and Safety Guidelines.

### 3.1. National Laws

#### Labour Laws

- **Accidents and Occupational Diseases (Notification) Act, 1952** - Makes the employer obligated to report any accidents that result in an employee's death or severe injury to the Labour Commission. This also applies to any occupational diseases suspected to have occurred among their employees.
- **Employers and Servants Act, 1937** - Mandates the employer to make monetary payments for services at intervals not exceeding fourteen days.
- **Equal Pay Act, 1994** - Prevents gender-based discrimination for paid employment and for all incidental matters.
- **Protection of Employment Act, 2003** - Promotes good employment relationships between employers and employees and addresses matters of severance and settlement of disputes.
- **Occupational Health and Safety Act, 2017**- This ACT establishes the right to safe and healthy work for all workers by establishing safety guidelines and requirements for employers. Specifically, the ACT mandates safe work practices, requirements for PPE, training for hazardous work and other associated safety policies and procedures

#### Health and the Environment

- **Environmental Services Act, 1991** - Regulates activities that may affect public health and the environment while ensuring conservation and maintenance of the environment and thus monitors and controls the actual and likely contamination and pollution of the environment from any source.
- **Litter Act, 1991** - Regulates and controls littering in public and private places and provides penalties for offences.

- **National Biomedical Waste Plan 2002** - Describes proposed measures and practices for the handling of wastes.
- **Waste Management Act, 2000** - Contains rules for the public management and disposal of solid waste and hazardous waste.
- **Montreal Protocol Act, 2003, and the Montreal Protocol (Substances that Deplete the Ozone Layer) (Control) regulations, 2005-** makes provisions for the control of the importation and use of refrigerant in air conditioning and refrigeration.

#### **Other**

- **Town and Country Planning Act, 1992** - Promotes the orderly development of land in the town and country areas. It involves and regulates the disclosure of documents, public consultation, signage, Environmental Impact Assessment (EIA), building codes, and standards.

### 3.2. World Bank Environmental and Social Policies

#### ***Policies***

This project was approved on the 13<sup>th</sup> of January 2020, and follows the World Bank's environmental and social assessment policies. They are designed to prevent and/ or mitigate negative externalities on third parties and the environment originating or modified by the proceeds of lending. These policies are described in the Bank's Operational Policy (OP)/Bank Procedure (BP) 4.01: Environmental Assessment.

Under OP4.01 the Bank will undertake environmental screening of each proposed project to determine the appropriate extent and type of environmental assessment required. The Buccament Polyclinic works accordingly require an ESMP to be developed (see screening form in Annex 1).

#### ***Environmental, Health and Safety (EHS) Guidelines***

The World Bank Group (WBG) has also prepared environmental, health and safety guidelines. General guidelines cover most activities related to construction projects for new facilities. Some of these general guidelines apply to the Establishment of Isolation Facilities project, particularly aspects of traffic safety, dust and noise control, worker health and safety and control of runoff from the work site.

Relevant to the Establishment of Isolation Facilities are the sector-specific WBG guidelines for Health Care Facilities, which cover waste minimization, waste segregation, handling and storage of wastes on site, transport to external facilities, and options for treatment and disposal. For more information, refer to EHS Guidelines on the WBG website.<sup>5</sup>

### 3.3. International Agreements

The Caribbean Public Health Agency (CARPHA), the Pan American Health Organization (PAHO), the World Health Organization (WHO), and the Centers for Disease Control (CDC) have issued several guidance documents specific to the health sector. Particularly relevant to the Establishment of Isolation Facilities project are the following:

- Standard Operating Procedures (SOPs) for autoclaves, incinerators, air handling and/or filtration systems. The equipment's SOPs and the necessary training should be supplied as part of its procurement.
- Guidance on Management of Solid Health-care Waste at Primary Healthcare Centres<sup>6</sup>
- Interim Infection Prevention and Control Recommendations for Patients with Suspected or Confirmed Coronavirus Disease 2019 (COVID-19) in Healthcare Settings<sup>7</sup>
- WBG guidelines for Healthcare Facilities<sup>8</sup>

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<sup>5</sup> <http://www.ifc.org/ehsguidelines>

<sup>6</sup> <https://www.who.int/publications/i/item/management-of-solid-health-care-waste-at-primary-health-care-centres>

<sup>7</sup> <https://www.cdc.gov/coronavirus/2019-ncov/hcp/infection-control-recommendations.html>

<sup>8</sup> <https://www.ifc.org/wps/wcm/connect/960ef524-1fa5-4696-8db3-82c60edf5367/Final+-+Health+Care+Facilities.pdf?MOD=AJPERES&CVID=jqeCW2Q&id=1323161961169>

For the Isolation Facilities, the following design and operational guidelines are relevant:

- Severe Acute Respiratory Infections (SARI) Manual <sup>9</sup>
- Operational Considerations for Community Isolation Centres for Covid-19 in low-resource settings<sup>10</sup>
- Operational considerations for case management of COVID-19 in health facilities and community<sup>11</sup>

## Chapter 4. Potential Environmental and Social Impacts

### 4.1. Design and Construction

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<sup>9</sup> <https://www.who.int/publications/i/item/10665-331603>

<sup>10</sup> <https://www.cdc.gov/coronavirus/2019-ncov/global-covid-19/operational-considerations-isolation-centers-H.pdf>

<sup>11</sup> <https://www.who.int/publications/i/item/10665-331492>

The general impacts associated with construction works during the design and construction phase of the isolation facility are shown below in Tables 1 and 2. The most apparent benefit is the nation's improved resilience and management capacity to deal with infectious diseases while construction work is expected to bring employment opportunities. Table 1 and 2, respectively lists the positive and negative impacts and risks inherent to construction activities at the Buccament construction site. There are no expected issues with the sourcing of aggregates for small civil works projects.

*Table 1. General Positive Impacts Affecting Construction Sites*

<b>Responsibilities</b>	<b>Positive (+) impact aspects</b>	<b>Level of impact</b>
Economic Planning, CEDCO, COLES, Amarna Consult, Ministry of Health Etc. MTW&PPU	<ol style="list-style-type: none"> <li>1. Increased employment during works and the potential for increased personnel at the new facility (+)</li> <li>2. Increased health services capacity (+)</li> <li>3. Increased levels of decentralized primary level care (+)</li> <li>4. Increased opportunities for specialization in local health care workers (+)</li> <li>5. Stimulation of the local economy, especially primary producers of aggregates (+)</li> </ol>	The project is noted as small civil works resulting in <10% addition to gross floor area. Minimal disruption to the environment if standard ESMP and planning guidelines are followed.

Table 2. lists the negative impacts and risks inherent to construction activities at the Buccament construction site. The rehabilitative works will have potential impacts requiring mitigation across both demolition and construction phases that are typical for all small civil works and some that are specific given the nature of the project. A health care setting inherently poses enhanced vulnerabilities and requires special mitigation measures both by design and management even when activities generate otherwise 'negligible' impacts directly (noxious emissions) or indirectly (unintended utility interruption). The dynamic nature of health care requires a correspondingly dynamic communication channel between management and contractor to inform works in periods of heightened sensitivity particularly for impacts with unmitigable residuals (such as demolition noise and vibrations during medical procedures). Given the high overlap of impacts and their point sources across both the demolition and construction phases the associated mitigation measures are

detailed in Chapter 5. Nonetheless primary physical impacts include, dust and noise generation, demolition debris, and discovery of medical waste.

Once the rehabilitation works begin, to avoid and/or reduce impacts, there must be attention paid to preventative measures such as controlling runoff, having safe areas for waste storage bins or receptacle storages, and placing debris in controlled areas for removal and disposal at designated landfills. Minor injury due to an accident on the construction site can be treated by the contractor’s trained personnel while injuries of a more serious nature will be referred to the Buccament Polyclinic.

*Table 2. General Negative Impacts Affecting Construction Sites*

<b>Responsibilities</b>	<b>Negative (-) impact aspects</b>	<b>Level of impact</b>
Economic Planning, CEDCO, COLES, Amarna Consult, MoHWE MTW&PPU	<ol style="list-style-type: none"> <li>1. Air pollution from dust and vehicular / machinery fumes (-)</li> <li>2. Increased noise pollution (-)</li> <li>3. Increased vibrations (-)</li> <li>4. Poor Solid waste management from works (-).</li> <li>5. Potential resident and worker safety issues (-).</li> <li>6. Potential disturbance of flora and fauna (-).</li> <li>7. Increased siltation of waterways from works (-)</li> <li>8. Increased risk of flooding (-)</li> <li>9. Modified mass movement risk (-)</li> <li>10. Impact from vehicular traffic through the community (-)</li> <li>11. Potential closure of road access (-)</li> <li>12. Potential utility interruption (-)</li> </ol>	The project is noted as small civil works resulting in <10% addition to gross floor area. ESMP implementation exceeds environmental protection and incorporates managing risks associated with active construction in an operational healthcare facility to mitigate impact-linked (individual or cumulative) negative healthcare outcomes.

#### 4.1.1. Construction and Demolition Waste

Construction and demolition waste includes concrete, brick, ferrous metal, non-ferrous metal, masonry, paper and cardboard, plaster, gypsum, glass, asphalt, timber and plastic.<sup>12</sup> This type of waste is typically generated from packaging, construction errors and demolition work. Impacts of construction and demolition waste which are bulky in nature are as follows:

- Hazardous to the environment and workers if toxic in nature; and
- Costly to dispose of particularly toxic wastes which require special handling and disposal
- Increase landfill waste which reduces capacity and land availability for other uses
- Decrease in soil quality at landfills
- A source of air, water and noise pollution to sensitive receptors (patients, healthcare staff, medical devices/ machinery); and
- Visitors, surrounding communities, waterways and surrounding environs
- Increase risk of flooding from clogged drains
- Fire hazard
- Increase health risks to community by attracting pests

Additional impacts of demolition works are listed in Table 3. Materials/ waste from the demolition works will be disposed of at an approved landfill such as the Belle Isle Landfill which is closer to the construction site.

*Table 3. Demolition Impacts*

Responsibilities	Impact aspects	Level of impact
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<sup>12</sup> <https://portal.ct.gov/DEEP/Waste-Management-and-Disposal/Construction-and-Demolition-Waste/What-is-CD-Waste#:~:text=What%20is%20Construction%20and%20Demolition,plaster%2C%20metal%2C%20and%20asphalt.>



Economic Planning, CEDCO, COLES, Amarna Consult	<ol style="list-style-type: none"> <li>1. Reduced landfill capacity from waste disposal</li> <li>2. Reduced soil quality at landfill</li> <li>3. Increase risk of injury from falls, falling debris, fires, electrical shock, machinery operation, removal of demolition waste</li> <li>4. Increase risk of uncontrollable and premature collapse</li> <li>5. Negative health outcomes from dust, noise, vibrations, lack of access singly or in combination of any of the afore mentioned impacts.</li> </ol>	The project is noted as small civil works resulting in <10% addition to gross floor area. ESMP implementation exceeds environmental protection and incorporates managing risks associated with active construction in a operational healthcare facility to mitigate impact-linked (individual or cumulative) negative healthcare outcomes.
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To reduce the impact of construction and demolition waste, where applicable materials should be reused and recycled, waste segregated, materials stored properly to avoid damage and loss, errors minimized with due diligence, waste properly secured until disposal, and waste regularly disposed of. As works inherently generate dust and noise, all care must be taken to reduce these impacts. Precautions include the selection of equipment and demolition techniques which generate less than 90 db at 50 feet in order to maintain ~40 db inside the facility. Likewise low dust techniques that generate a PM 2.5 and PM10 should be used and hoarding of the construction site to keep materials on site and reduce the spread of dust, other emissions, and noise. Discovered biomedical wastes will be subject to handling, waste segregation and disposal protocols as per relevant national regulations.

#### 4.2.Operation

Once in operation, the new isolation facility must operate and adhere to strict guidelines due to the possible risk of transmission of any infectious diseases to members of the community from the likelihood of interactions among staff, community members and or patients using public transportation to access these facilities. Furthermore, the generation of waste such as pathological, sharp, chemical, pharmaceutical, and non-hazardous waste will require proper treatment and disposal so as not to pose a risk to workers, patients and the public.

The Heating, Ventilation and Air Conditioning (HVAC) system must be properly operated and maintained with servicing at least once a year. The High-Efficiency Particulate Air (HEPA) Filter and any other filter used within the system must be treated as biohazardous waste because of its potential to accumulate airborne particles from coughing and sneezing. The fire alarm system should be inspected at least every six months to ensure that it is functional in a fire. Liquid waste disposal systems (septic tanks and soak ways) must be periodically checked and maintained to prevent overflow and leakages. This reduces risks associated with waste entering the environment, disrupting habitats, and becoming a health hazard to persons.

#### 4.2.1. Negative Impacts Associated with Health Care Waste

According to the WHO, waste and by-products from the health sector include 15% of hazardous wastes from a diverse range of materials, including:

- i) Infectious waste: waste contaminated with blood and other bodily fluids (e.g. from discarded diagnostic samples), cultures and stocks of infectious agents from laboratory work (e.g. waste from autopsies and infected animals from laboratories), or waste from patients with infections (e.g. swabs, bandages and disposable medical devices);
- ii) Pathological waste: human tissues, organs or fluids, body parts and contaminated animal carcasses;
- iii) Sharps waste: syringes, needles, disposable scalpels and blades, etc.;
- iv) Chemical waste: for example, solvents and reagents used for laboratory preparations, disinfectants, sterilants and heavy metals contained in medical devices (e.g. mercury in broken thermometers) and batteries;
- v) Pharmaceutical waste: expired, unused and contaminated drugs and vaccines;
- vi) Cytotoxic waste: waste containing substances with genotoxic properties (i.e. highly hazardous substances that are mutagenic, teratogenic or carcinogenic), such as cytotoxic drugs used in cancer treatment and their metabolites;
- vii) Radioactive waste: such as products contaminated by radionuclides, including radioactive diagnostic material or radiotherapeutic materials; and

viii) Non-hazardous or general waste: waste that does not pose any particular biological, chemical, radioactive or physical hazard.

Healthcare waste contains potentially harmful microorganisms that can infect hospital patients, health workers and the general public. Other potential hazards may include drug-resistant microorganisms which spread from health facilities into the environment. Adverse health outcomes associated with health care waste and by-products also include:

- i) Sharps-inflicted injuries;
- ii) Toxic exposure to pharmaceutical products, in particular, antibiotics and cytotoxic drugs released into the surrounding environment, and to substances such as mercury or dioxins, during the handling or incineration of health care wastes;
- iii) Chemical burns arising in the context of disinfection, sterilization or waste treatment activities;
- iv) Air pollution arising as a result of the release of particulate matter during medical waste incineration;
- v) Thermal injuries occurring in conjunction with open burning and the operation of medical waste incinerators; and
- vi) Radiation burns.

The added capacity at the site increases the services offered, which would contribute to a higher volume of medical waste. This volume would further increase during outbreaks and pandemics. Failures in BMWM during DIRT and comorbidities of isolation and hygiene failures present an exacerbated risk, impacting health care workers directly and turn them into vectors for the local communities. Currently, St. Vincent & the Grenadines' BMWM operational practices include waste segregation for sharps which are stored in separate container and red bags for biomedical waste which are secured and segregated from other solid waste. These are then taken by the Solid Waste Management Unit (SWMU) Personnel of the Central Water and Sewage Authority (CWSA) via skip (which is manually loaded), to the Diamond Sanitary Landfill for deep burial. Liquid wastes are sent via sanitary ducting to a typically under-ground holding tank which is sporadically pumped by the CWSA/SWMU and transported to the Diamond landfill for disposal.

### 4.3.Decommissioning

If the isolation facility is re-purposed, there may still be environmental and social risks or impacts remaining on the site. Potential health risks could arise from other use without proper disinfection. The building must therefore be adequately sanitized for its new use; all waste materials on the compound be properly disposed of, and supplies and equipment safely stored or transported to a different location.

## **Chapter 5. Mitigation Measures**

This section of the ESMP provides mitigation measures to address each potential risk and impact identified in Chapter 4. The mitigation measures examine the following:

1. Management of environmental and social issues related to the location and operation of the isolation facilities.
2. Disposal of construction waste and debris; control of noise, dust, and traffic; control of runoff, siltation and other local drainage impacts; restrictions of public or visitor access or entry; and occupational health and safety for workers.
3. Procedures for bio-medical waste management on site and transfer of liquid and solid wastes to autoclaves, incineration sites, waste pits, landfills, and/or other disposal locations.
4. Maintenance and care standards for biomedical waste treatment equipment, i.e., autoclave and incinerator, air handling and filtration equipment, wastewater collection and disposal systems.
5. Standard Operating Procedures (SOPs) and engineering options for infection control such as quarantine and voluntary self-isolation procedures, contact and airborne precautions, cleaning and disinfection procedures, and monitoring and managing exposed healthcare personnel.
6. Training on occupational health and safety (equipment operations, Personal Protective Equipment) for public health staff, visitors, and workers.
7. Reporting requirements within and between the health facility and the Ministry of Health and Wellness.
8. Public information and outreach to sensitize the public on infection control precautions within the location(s) of the isolation facilities through posters, communications via the mass media, and other means using messages designed with WHO messaging advice and tools.

The ESHS risks at each of the stages or phases of small civil works projects where COVID-19 may be of concern are described below in Table 4. The following matrix describes the associated mitigation measures and identifies the responsible entities. Additional information is provided in Annex 3 of this ESMP.

### 5.1.Design and Construction

Community concerns from the selected site to construct the isolation facility must be considered. Once construction has begun, to avoid potential risks and impacts, preventative measures must be

put in place to control run off, safely handle, and dispose of waste, manage traffic, dust, noise, and water pollution and protect the health and safety of the community, users of the institution and workers. Annex 3 contains the relevant mitigation by design aspects which have been incorporated and Table 4. outlines mitigation measures for each aspect highlighted under the potential environmental and social impacts.

*Table 4. Design and Construction Mitigation Measures*

<b>Aspect</b>	<b>Potential Impacts</b>	<b>Proposed Mitigation Measures</b>	<b>Responsibilities</b>
Site selection for construction/ assembly	<ul style="list-style-type: none"> <li>• Possibility of anxiety and complaints from residents about the potential impacts of COVID-19 from infected persons travelling to the area to seek medical attention. Current staff using the building and others who share the external space may express their concerns</li> </ul>	<ul style="list-style-type: none"> <li>• Conduct community outreach as part of the mobilization</li> <li>• Liaise with community leaders and authorities to detect sensitive receptors and moderate site management to suit</li> <li>• Follow the level of outbreak guidance on Risk Communication and Community Engagement (RCCE) readiness and response to the 2019 novel coronavirus published by the WHO</li> </ul>	Environmental and Social Safeguards Team  MoHWE  Project Coordinator  Contractor

Table 4. (continued)

Aspect	Potential Impacts	Proposed Mitigation Measures	Responsibilities
Vibration	<ul style="list-style-type: none"> <li>• Increased vibration levels from vehicles and machinery and the associated impacts on workers, residents, staff, patients and supporting medical equipment.</li> <li>• Broader impacts include impacts to surrounding properties.</li> </ul>	<p>The contractor should:</p> <ul style="list-style-type: none"> <li>• With management inventory vibration sensitive equipment and propose isolation techniques.</li> <li>• Restrict vibration generating activities to periods on advice from health care management; and</li> <li>• On agreement issue timely warnings for management to isolate any vibration sensitive machinery and secure items which may fall</li> <li>• Phase deliveries to minimize the number of vehicles attending to the site</li> <li>• Switch off vehicle engines when idle or on-site</li> <li>• Conduct surrounding buildings reconnaissance fully documenting baseline structural conditions</li> <li>• Coordinate with Physical Planning/ MTW to review any reported instance of cracks/ damage to surrounding properties.</li> <li>• Provide a means to accept reports and forward reports of vibration-induced damage to adjacent properties.</li> </ul>	Contractor, healthcare management,



Table 4. (continued)

Aspect	Potential Impacts	Proposed Mitigation Measures	Responsibilities
Noise	<ul style="list-style-type: none"> <li>Noise generation from the use of machines and equipment and the associated impacts on workers, residents, staff and patients</li> </ul>	<ul style="list-style-type: none"> <li>Sites should be hoarded off with galvanise sheets minimum 10 feet high and backed with sound dispersing/ absorbing foam</li> <li>Restrict (&gt;90 db) activity away from high traffic periods on advice from health care management; and</li> <li>On agreement issue timely warnings for management of noisy activities.</li> <li>Where possible manage civil works with regards to working hours of surrounding community (7:00 to 18:00)</li> <li>Select quieter equipment (&lt; 90) db at 1m from source)<sup>1314</sup></li> <li>Maintain vehicles and machinery according to maintenance requirements</li> <li>The contractor shall develop a public notification and noise management plan where:</li> <li>Works are coordinated in notification with residents adjacent to project areas before construction to inform them of the possibility of temporary noise disruption and how to report noise complaints.</li> </ul>	Contractor

<sup>13</sup> <https://ncma.org/resource/sound-transmission-class-ratings-for-concrete-masonry-walls/>

<sup>14</sup> [https://www.epd.gov.hk/epd/misc/construction\\_noise/contents/index.php/en/foundation-works/49-quieter-construction-equipment.html](https://www.epd.gov.hk/epd/misc/construction_noise/contents/index.php/en/foundation-works/49-quieter-construction-equipment.html)

Table 4. (continued)

Aspect	Potential Impacts	Proposed Mitigation Measures	Responsibilities
		<ul style="list-style-type: none"> <li>• Communities will be informed at a minimum of three days before the commencement of works outside regular operating hours.</li> <li>• Noisy machinery will be located away from sensitive sites such as schools</li> <li>• Noise suppression equipment or systems supplied by manufacturers will be utilized to minimise impact on health facility and surroundings</li> <li>• A no-idling policy will be enforced</li> </ul> <p>Hearing protection for working around machinery where the noise exceeds 85 dB (according to approved procedures)</p>	Contractor

Table 4. (continued)

Aspect	Potential Impacts	Proposed Mitigation Measures	Responsibilities
Air Quality (Dust Management and Emission Controls)	<ul style="list-style-type: none"> <li>• Impaired air quality due to emissions from vehicles and dust generated; respiratory impacts on workers, residents, staff, and patients</li> </ul>	<ul style="list-style-type: none"> <li>• Water suppression shall be used to the extent that it is available and without creating run off on the following:               <ul style="list-style-type: none"> <li>• Active construction areas</li> <li>• Material/ aggregate stockpiles like sand, cement, or other fines should be adequately covered. Stockpiles must also be located away from and downwind of sensitive receptors.</li> <li>• During demolition / pneumatic drilling with the addition of dust screens and applied to demolished material</li> <li>• On construction/ periphery roads regardless of surfacing. To be done in addition to compacting where necessary</li> </ul> </li> <li>• Cement should be stored within a shed or container</li> <li>• No dumping of aggregates outside of the hoarding</li> <li>• There will be no open burning of construction/waste material at the site</li> <li>• Hard standing surfaces should be provided at entrances and exits when necessary,</li> <li>• The bins of all haulage vehicles transporting aggregate or building materials must be covered on all public roads.</li> <li>• To minimize dust, the surrounding environment (sidewalks, roads) shall be debris-free.</li> <li>• Inactive areas shall be covered or otherwise stabilized to reduce the potential for wind transporting dust</li> <li>• All vehicles and equipment should be properly operating, maintained, and equipped with appropriate emission control devices to reduce construction emissions</li> <li>• There will be no idling of no more than 15 minutes of construction vehicles at the site.</li> </ul>	Contractor

Table 4. (continued)

Aspect	Potential Impacts	Proposed Mitigation Measures	Responsibilities
Water Pollution	<ul style="list-style-type: none"> <li>• Clogging of ditches or drains with sediment or soil</li> <li>• Contamination of waterways with pollutants</li> <li>• Water wastage</li> </ul>	<ul style="list-style-type: none"> <li>• Project activities should be scheduled to avoid the heaviest rain season to reduce sediment transport into waterways to the extent possible</li> <li>• Soil disturbance should be limited to the minimum amount necessary</li> <li>• All disturbed areas should be stabilized as soon as possible. Sediments should be controlled and prevented from leaving the site</li> <li>• Water supply systems (i.e., pipes, intakes, tanks, and ditches) should be identified and marked for avoidance before initiating project activities. If water supply systems are inadvertently damaged, they should be immediately repaired</li> <li>• Prepare the ground where any equipment or waste will be placed by compacting, lining, coating, and otherwise ensuring it is impervious to water infiltration or percolation, as needed</li> <li>• Sensitize the workers to appropriately manage construction materials and wastes</li> <li>• Use berms, silt traps or silt fences, pits or other measures to ensure that any runoff from the site is controlled</li> <li>• Equipment refuelling and maintenance should not be done on site and shall be limited to designated areas at least 30 meters (100 feet) from any down gradient drainage on paved ground.</li> <li>• All fuel and chemical storage areas should be bunded or trenched to trap spills.</li> <li>• Vehicle and machinery should not be washed on site and will be washed only in designated areas where runoff will be detained and heavy sediment settled and removed.</li> </ul>	Contractor

Table 4. (continued)

Aspect	Potential Impacts	Proposed Mitigation Measures	Responsibilities
Solid and liquid waste management (General)	Improper storage and or disposal of materials; Dispersion of materials in nearby canals, ditches, rivers, streets and adjacent properties	<ul style="list-style-type: none"> <li>• Contractor to develop and implement waste management plan in consultation with the local solid waste authorities.</li> <li>• Contractor to abide by all pertinent waste management and public health laws.</li> <li>• Waste collection and disposal pathways and sites will be identified for all major waste types expected from demolition and construction activities.</li> <li>• Construction and demolition wastes will be stored in appropriate bins.</li> <li>• Liquid and chemical wastes will be stored in appropriate containers separated from the general refuse.</li> <li>• All waste will be collected and disposed of properly in approved landfills by licensed collectors.</li> <li>• The records of waste disposal will be maintained as proof for proper management as designed.</li> <li>• Whenever feasible the contractor will reuse and recycle appropriate and viable materials (except asbestos or other hazardous material).</li> <li>• Construction-related liquid wastes must not be allowed to accumulate on or off the site, flow over or from the site uncontrolled or cause a nuisance or health risk due to their contents.</li> <li>• In case of accidental waste dispersion, the appropriate authority shall be informed, and restoration measures shall be applied</li> </ul>	Contractor

Table 4. (continued)

Aspect	Potential Impacts	Proposed Mitigation Measures	Responsibilities
Solid and liquid waste management (Hazardous)	Improper storage and or disposal of materials; Dispersion of materials in nearby canals, ditches, rivers, streets and adjacent properties	<ul style="list-style-type: none"> <li>• The contractor must provide temporary storage on site for all hazardous or toxic substances in safe containers labelled with composition details, properties and handling information.</li> <li>• The containers of hazardous substances shall be placed in a leak-proof container to prevent spillage and leaching.</li> <li>• Ensure that storage facilities are provided impervious surfaces and bunds to control spill in case of accidental spillage</li> <li>• The wastes shall be transported by specially licensed carriers and disposed in a licensed facility.               <ul style="list-style-type: none"> <li>• Paints with toxic ingredients or solvents or lead-based paints will not be used.</li> <li>• Banned chemicals will not be used on any project.</li> <li>• If termite treatment is to be utilized, appropriate chemical management measures will be implemented to prevent contamination of surrounding areas and use only licensed and registered pest control professionals with training and knowledge of proper application methods and techniques.</li> <li>• Spraying (of pesticides, herbicides, fungicides) should be subject to public announcement and done during low traffic areas with a minimum of workers on site utilizing localized low misting application</li> </ul> </li> </ul>	Contractor

		<ul style="list-style-type: none"> <li>• The contractor should only dispose of materials in areas approved by the relevant authority</li> <li>• In case of accidental waste dispersion, the environmental authority shall be informed, and restoration measures shall be applied</li> </ul>	
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Table 4. (continued)

Aspect	Potential Impacts	Proposed Mitigation Measures	Responsibilities
Medical Waste Management	Poor handling of medical waste could potentially expose nearby communities or workers to infection	<ul style="list-style-type: none"> <li>• The contractor in association with the Ministry of Health and the designated waste disposal authority, develops a medical waste handling and management plan.</li> <li>• All wastes must be disposed of by licensed waste collectors and in accordance with the National Biomedical waste plan</li> </ul>	MoHWE Contractor
Hazardous materials handling, storage, use and transportation	The risk of accidental discharge of hazardous products, leakage of hydrocarbon, oils or grease from vehicles and machinery	<ul style="list-style-type: none"> <li>• Avoid the storage of hazardous substances around water bodies</li> <li>• Ensure that storage containers of hazardous substances are always in good condition and tightly closed</li> <li>• Ensure that storage facilities are provided impervious surfaces and bunds to control spill in case of accidental spillage</li> <li>• Develop spill response plan as part of the construction ESMP</li> <li>• Secondary containment for fuel to avoid spill contamination and inspection during operation</li> </ul>	Contractor

		<ul style="list-style-type: none"> <li>• Some training in fuel and waste handling should be part of the orientation for workers</li> <li>• Use of effective methods for the safe removal of mould based on international standards.</li> </ul>	
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Table 4. (continued)

Aspect	Potential Impacts	Proposed Mitigation Measures	Responsibilities
Worker Health & Safety (general)	Accidents to workers on the construction site; Health risks associated with improperly disposed of waste on construction site	<ul style="list-style-type: none"> <li>• Train workers in the prevention of accidents and managing incidents</li> <li>• Provide workers with induction training of an equivalent standard to WBG KGGTF Worker Induction Training</li> <li>• All relevant Labour and Occupational Health and Safety regulations must ensure worker safety</li> <li>• Workers must be provided with the necessary equipment and protective gear for their specific tasks, such as hard hats, overalls, gloves, goggles, boots, etc, and must be trained to wear/ use them.</li> <li>• Implement and police a rigorous fall prevention plan, including guard rails, harnesses and no-slip surfaces and proper ladder and scaffolding training.</li> <li>• Provide first aid kit and emergency plan for accidents or incidents</li> <li>• Ensure proper supervision of the construction workforce</li> <li>• The installation of seamless flooring on the wards and in main areas. This will prevent slips and falls and will also be easy to clean</li> </ul>	Contractor



		<ul style="list-style-type: none"> <li>• Human waste should be properly contained and disposed of. Installation of temporary toilet facilities for workers, unless the contractor can demonstrate that facilities are available for use in proximity. There should be a minimum 1 toilet for every 20 workers.</li> <li>• All food waste should be contained in covered bins and disposed of frequently to avoid attracting pests that carry diseases</li> </ul>	
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*Table 4. (continued)*

<b>Aspect</b>	<b>Potential Impacts</b>	<b>Proposed Mitigation Measures</b>	<b>Responsibilities</b>
Flora and Fauna	Loss of biodiversity and impact to natural areas	Loss of flora and fauna must be minimized by: <ul style="list-style-type: none"> <li>• There must be no unnecessary clearing of natural vegetation.</li> <li>• As far as possible, all mature trees should be maintained.</li> <li>• The use of herbicides or other chemicals must be avoided.</li> <li>• A forestry representative should survey Greenfield sites to identify advantageous species and all necessary steps to preserve them.</li> <li>• All recognized natural habitats, wetlands and protected areas in the immediate vicinity must be protected from damage or exploitation.</li> <li>• The contractor must ensure that all staff are prohibited from hunting, foraging or other damaging activities.</li> </ul>	Contractor

Table 4. (continued)

Aspect	Potential Impacts	Proposed Mitigation Measures	Responsibilities
Modified mass movement risk	Risk of erosion slippage	<ul style="list-style-type: none"> <li>• The contractor must ensure that appropriate erosion control measures such as silt screens, check dams and other soil retention techniques are utilized.</li> <li>• Comprehensive site drainage must be implemented, including drainage at the tops of the slope and beneath roadways and where necessary, detention ponds to collect sediment</li> <li>• Any drain clogged by construction material or sediment must be unclogged to prevent overflow and flooding</li> <li>• The use of retaining structures and planting with deep-rooted grasses must be considered as part of the final landscaping.</li> <li>• Overburden, excavated soil piles and aggregate stockpiles should be located away from unconsolidated slopes, and existing natural drainage paths</li> <li>• Keep the angle of slopes within the limits of soil type</li> <li>• Balance cut and fill to limit the steepness of slopes</li> </ul>	Contractor

		• All slopes and excavated areas must be monitored for movement	
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*Table 4. (continued)*

<b>Aspect</b>	<b>Potential Impacts</b>	<b>Proposed Mitigation Measures</b>	<b>Responsibilities</b>
Marine, riverine and terrestrial pollution	Increased impacts of harmful foreign matter	See provisions of Modified mass movement risk; Hazardous materials handling, storage, use and transportation and Flora and Fauna.	Contractor
Worker Health & Safety- COVID-19 and other infectious diseases	Exposure and spread of infection	<ul style="list-style-type: none"> <li>• For COVID-19 management on the construction site, follow the infection control protocol in this ESM (now defunct in 3<sup>rd</sup> quarter 2022)</li> <li>• Adherence to applicable guidelines.</li> </ul>	Contractor

Table 4. (continued)

Aspect	Potential Impacts	Proposed Mitigation Measures	Responsibilities
Community Health & Safety	<p>An increase in traffic can create unsafe situations for local motorists; Possible injury from unauthorized entry</p> <p>Possibility of road closure or restricted access</p>	<ul style="list-style-type: none"> <li>• A traffic management plan to be developed and implemented by the contractor in consultation with the Traffic Department of the Royal St. Vincent and the Grenadines Police force</li> <li>• Create exclusion zones to limit access to equipment and vehicle manoeuvre lines</li> <li>• Avoid vehicle speeds higher than 20km/hr in project sites</li> <li>• The public to be notified of all disturbances to their regular routes, including alternative routes, and these routes must be actively managed by trained and visible staff.</li> <li>• Signposting, warning signs, barriers and traffic diversions must be visible, and the public should be warned of all potential hazards.</li> <li>• Provision must be made for safe passages and crossings for all pedestrians where construction traffic interferes with their normal route.</li> </ul>	<p>Environmental and Social Safeguard Team</p> <p>Contractor</p>

		<ul style="list-style-type: none"> <li>• Adjustment of working hours to facilitate local traffic patterns, e.g. avoiding major work activities during rush hours and do temporary road closures at night.</li> <li>• Cordon off active work areas from the public and clinic staff during construction. Alternative pedestrian walkways must be provided and covered as required.</li> </ul>	
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*Table 4. (continued)*

<b>Aspect</b>	<b>Potential Impacts</b>	<b>Proposed Mitigation Measures</b>	<b>Responsibilities</b>
Polyclinic Operation continuity	Interruptions to utility supplies	<ul style="list-style-type: none"> <li>• Allw activities that may require temporary service interruptions to vital utilities (water and electricity) must be scheduled with healthcare management approval.</li> <li>• Utilise generators and water supply from storage tanks when available</li> </ul>	Environmental and Social Safeguard Team  Contractor MoHWE

## 5.2. Operations

During the operation of the isolation facility, the following mitigation measures in Table 5. will be applied, whether through a contractor or by the implementing agency.

*Table 5. Operation Mitigation Measures*

<b>Aspect</b>	<b>Potential Impacts</b>	<b>Proposed Mitigation Measures</b>	<b>Responsibilities</b>
Community Health & Safety	Exposure of visitors to the health facility to infectious diseases	<ul style="list-style-type: none"> <li>Visitors to the health facility will follow the protocols set by the health facility.</li> </ul>	MoHWE
Community Concerns on COVID-19	COVID-19 misinformation can result in the public's poor adherence to preventative	<ul style="list-style-type: none"> <li>The Ministry of Health would take the lead and implement their communication plan(s) which adherence would be given to.</li> </ul>	MoHWE

	measures which can cause an increase in the number of cases at the facilities.		
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Table 5. (continued)

Aspect	Potential Impacts	Proposed Mitigation Measures	Responsibilities
Traffic Management & Access Control	Unauthorized entry of vehicles and persons to the facility	<ul style="list-style-type: none"> <li>Control visitor access and movement into and out of the facility and surrounding areas</li> <li>Establish dedicated loading and unloading areas for supply vehicles and emergency vehicles</li> </ul>	MoHWE
Occupation Health & Safety- COVID-19 & other infectious diseases	<p>Injury and infection of healthcare workers</p> <p>Exposure and spread of infection</p>	<ul style="list-style-type: none"> <li>Train staff on how to use PPE and ensure there is adequate supply</li> <li>Regularly monitor performance and conduct maintenance of equipment</li> <li>Train staff in infection control and SOPs for equipment</li> <li>Use checklist tool from WHO "Risk assessment and management of exposure of healthcare workers in the context of COVID-19" for any instances where facility staff are exposed to a confirmed case of COVID-19</li> <li>Determine how illness among isolation facility staff will be managed in terms of required reporting, self-isolation, and workers compensation. Share this approach to all facility staff</li> </ul>	MoHWE

		<ul style="list-style-type: none"> <li>• For COVID-19 management on the construction site, follow the infection control protocol in this ESM (now defunct in 3rd quarter 2022)</li> <li>• For other infectious diseases, adherence should be given to applicable guidelines and or protocols.</li> </ul>	
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*Table 5. (continued)*

<b>Aspect</b>	<b>Potential Impacts</b>	<b>Proposed Mitigation Measures</b>	<b>Responsibilities</b>
Emergency Preparedness and Response	Inadequate or inappropriate response to an emergency	<ul style="list-style-type: none"> <li>• Develop an Emergency Preparedness and Response Plan</li> </ul>	MoHWE
Medical Waste Management	Exposure of nearby communities and workers	<ul style="list-style-type: none"> <li>• Use procedures from WHO, CDC, CARPHA and national plans to properly classify, separate, label, store, handle and dispose of wastes</li> <li>• Provide training on waste management and infectious disease management and surveillance programs</li> <li>• Disposal is subject to National Medical Waste Management Plan</li> </ul>	MoHWE
Air emissions from exhaust	Spread of airborne particles or aerosols	<ul style="list-style-type: none"> <li>• Air purifiers to be placed at strategic points around the building to reduce the infection rate</li> <li>• Manage air filters as medical waste</li> </ul>	MoHWE



or filtration systems		<ul style="list-style-type: none"> <li>• Regularly monitor and maintain the filtration system to ensure they are working properly in accordance with SOPs</li> <li>• Consider ultraviolet irradiation or other alternative disinfection methods</li> <li>• Vertical venting should be utilized as far as possible from and downwind of sensitive receptors.</li> <li>• Consider, HEPA filters, UVGI or other measures of disinfection of exhaust as necessary and appropriate, as per WHO Manual on Severe Acute Respiratory Infections (SARI) facilities</li> </ul>	
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Table 5. (continued)

Aspect	Potential Impacts	Proposed Mitigation Measures	Responsibilities
Hazardous liquid waste management	Spread of infection; Contamination of groundwater or streams	<ul style="list-style-type: none"> <li>• Liquid wastes should be stored, neutralized and disposed of so that it is no longer infectious</li> <li>• Sensitize staff to avoid spillage of wastewater on the ground surface</li> <li>• Sensitize staff and users of the facility to appropriately use the wastewater collection and disposal facilities</li> </ul>	MoHWE
Non-hazardous liquid and solid waste	Unintended mixing of wastes, vector control, waste and debris accumulation	<ul style="list-style-type: none"> <li>• Separate liquid and solid wastes where possible</li> <li>• Construct the septic tank and soak-pit according to the design specifications</li> </ul>	MoHWE

		<ul style="list-style-type: none"><li>• Construct a disinfecting septic tank containing a chlorine port to handle grey water from the facility that is currently being drained into open canals surrounding the facility</li><li>• Septic tanks and soak pit sites should be regularly monitored and serviced to prevent problems or overflow</li><li>• Ensure that wastewater disposal is adequately budgeted for maintenance</li></ul>	
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### 6.3.Decommissioning

When the facility is no longer operated as an isolation facility, the facility must be adequately sanitized, waste materials removed and disposed of, and supplies and equipment must be safely stored and maintained for future use. Table 6. summarizes the potential environmental and social impacts associated with decommissioning the facility and corresponding proposed mitigation measures.

*Table 6. Decommissioning Potential Impacts and Proposed Mitigation Measures*

<b>Aspect</b>	<b>Potential Impacts</b>	<b>Proposed Mitigation Measures</b>	<b>Responsibilities</b>
Site clean-up	Risk of infection from contaminated runoff, dust or soil	<ul style="list-style-type: none"> <li>• Incinerate or bury contaminated solid waste and dispose ash in approved sites</li> <li>• Remove or seal and encapsulate any wastewater system elements</li> <li>• Ensure that the ground surface is disinfected</li> </ul>	MoHWE
Contaminated equipment	Risk of infection from contaminated equipment	<ul style="list-style-type: none"> <li>• Provide appropriate PPE for staff for cleaning equipment used in all areas</li> <li>• Clean all equipment used following standards provided by the Ministry of Health, Wellness, and the Environment, CARPHA, PAHO and WHO</li> </ul>	MoWHE

## Chapter 6. Project and Institutional Arrangements

### 6.1.ESMP Implementation Responsibilities

The overall responsibility of ensuring that the mitigation measures under this ESMP are implemented is with the Project Coordinator, the Safeguards Team and the contractor.

The Ministry of Finance, Economic Planning, and Information Technology will be responsible for project implementation, which will be conducted within the existing PSIPMU and the timely payments to the consultant in accordance with the provisions of the contract. The contractor will provide environmental and social safeguard functions in collaboration with the PSIPMU and the Ministry of Health Wellness and the Environment (MoHWE). A summary of the responsibilities is listed below in Table 7.

*Table 7. Summary of Implementation Responsibilities*

<b>Aspect</b>	<b>Responsibilities</b>
Project Implementation Timely Payments	Ministry of Finance, Economic Planning & Information Technology
ESMP Implementation	Project Coordinator Environmental and Social Safeguards Team Contractor

## 6.2. Contractor Responsibilities

The general responsibilities of the contractor are described in the contract. Responsibilities are related to the following aspects:

- Permits and Approvals
- Site Security
- Discovery of Antiquities (Chance Find Procedure)
- Worker Occupational Health and Safety
- Noise Control
- Use and Management of Hazardous Materials, fuels, solvents, and petroleum products
- Use and Management of Pesticides
- Use of Preservatives and Paint Substances
- Site Stabilization and Erosion Control
- Traffic Management
- Management of Standing Water
- Management of Solid Wastes, trash and debris
- Management of Liquid Wastes
- Management of Medical Waste during construction

Therefore, the Contractor will be responsible for preparing a Contractor's environmental and Social Management Plan (C-ESMP) and for ensuring compliance with all relevant legislation and with environmental controls and mitigation measures as well as the management of social safeguards issues as it pertains to those set out in the list of Standard Environmental Impact and Mitigative Measures for Works. Before work commences, the Contractor is to present the C-ESMP with method statements outlining how the environmental impacts of the project will be managed and mitigated.

Method statements are to be produced on the following topics:

- Site layout which includes the location of the site office, workers station/common area, bathroom, change room and locker room/storage areas, drinking water station and muster points, construction material storage area, settling ponds, designated loading and offloading areas and designated heavy equipment parking area (for refuelling and maintenance repairs)
- Heavy and construction equipment lists
- Soil erosion prevention and sediment control
- Landscaping/Biodiversity Management
- Waste Management Plan
- Water/Wastewater Management
- Management of noise and vibration;
- Air quality/Dust nuisance monitoring/management
- Dealing with chance archaeological finds
- Traffic management
- Handling/Management of hazardous substances
- Site Security
- Covid 19 Management/Infectious Disease Plan
- Emergency Management Plan
- Occupational Health and Safety Plan

The Contractor will be responsible for liaising with sub-contractors and the supervisory consultant for emergency planning. The Contractor is to identify the principal person among its site staff who has overall responsibility for both ensuring and recording compliance with the Environmental and Social Management Plan and a deputy who will act in that capacity when the principal person is not on site. This person will be designated as the site's Environmental and Social Safeguards Manager. The Contractor is to also ensure that all their staff members are familiar with the relevant parts of this ESMP. Moreover, the Contractor is to liaise with the management of the Polyclinic, and Safeguards Team for scheduling of aggravating works for maximum impact mitigation.

The Contractor's performance in complying with the Environmental and Social Management Plan will be supervised by a member of the consultancy team who will report to the client. The Competent Person will maintain a certified record of compliance with specified methodologies, working practices, hours of work and the results of environmental monitoring. The certified record will be held at the Contractor's site office and will be made available for inspection by

representatives of the Client, Consultant, and the public. The Environmental and Social Responsibilities also extend to all subcontractors on the subproject.

For purposes of cost estimation and budgeting, the contractors should be aware of the existence of the environmental mitigation measures and associated ESMP requirements and include cost items or such purposes in its proposals. In addition, the contractor should make provisions for ESHS management strategies, implementation plans and ESHS reporting.

### 6.3. Supervision, Monitoring and Reporting

The Project Coordinator and Safeguard team must ensure that ensure that the E&S requirements of the Contract are properly prepared, and the Supervisory consultant will ensure that the Contractor complies with the Contractual responsibilities. The Team will perform independent checks which includes site visits to ensure conformance to the appropriate and necessary environmental management practices. They will review any documentation made by the contractor to ensure compliance to what was stipulated in this ESMP and in accordance with licenses, policies, legislative and institutional framework, interview the contractor's Environmental and Social Safeguards Manager(s) and other staff as required, consult with relevant statutory authorities where appropriate and visually examine the site, its working practices, environmental effects, mitigation measures and monitoring activities to determine conformance.

During the construction phase of the project, the contractor and the supervisory consultant will provide monthly reports on environmental management compliance and all ESMP related activities which will be maintained by the contractor. In addition to providing written reports, the Supervisory consultant and contractor are to attend meetings, frequency at the discretion of the client and provide reports.

The contractor is required to provide within the register, information inclusive of photographs where applicable pertaining to:

- Grievances and complaints

- Accidents and Incidents
- Health and safety monitoring
- Environmental and Social issues and corrective actions taken
- Activity rescheduling as per healthcare management requests

The Occupational Health and Safety personnel will monitor and report on issues as often as deemed necessary as they relate to:

- Use of Personal Protective Equipment
- Fall Protection
- Scaffolds
- Ladders
- Electrical Hazards
- Machine Hazards
- Chemical Hazards
- Emergency Response
- Accidents and Incidents
- Toolbox meetings
- Worker Orientations

The register is to be made available upon the request of the Client and the Client's representatives

The incident report format is included in Annex 9.



## Chapter 7. Stakeholder Engagement

Stakeholder engagement and information disclosure is required under World Bank Safeguards. It establishes a systematic approach to help the borrowers identify stakeholders, assess their level of interest and support for the project, promote and provide means for effective and inclusive engagement and opportunities to raise issues and grievances, maintain constructive relationships and disclose information in a timely, understandable, accessible, and appropriate manner. Stakeholder engagement is an ongoing process from project preparation and continues through project implementation.<sup>15</sup>

The objectives of the Consultation Plan are to:

- Identify all stakeholders that are directly or indirectly affected by the project and interested parties
- Identify methods of engagement and timelines for sharing information
- Develop a strategy for stakeholder participation (submission of concerns and reporting on final decisions)

The project in the planning phase conducted a site visit with representatives from the MoHWE and the PSIPMU on June 17<sup>th</sup> 2022, to gather input on the layout of the isolation facility within the existing health facility infrastructure.

Project-affected and other interested parties were identified, and a list was developed as shown in Table 8. which can be updated as the project progresses.

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<sup>15</sup> <https://documents1.worldbank.org/curated/en/476161530217390609/ESF-Guidance-Note-10-Stakeholder-Engagement-and-Information-Disclosure-English.pdf>

Table 8. Stakeholder Identification

Stakeholder Group	Project Stakeholders
<b>Project-affected Parties</b>	<ul style="list-style-type: none"> <li>• Community members/ residents</li> <li>• Pedestrians and motorists</li> <li>• Medical staff of the health facilities</li> <li>• Patients/ visitors of the health facilities</li> <li>• Staff, students and parents of Buccament Bay Secondary School</li> <li>• Users of the playing field</li> </ul>
<b>Interested Parties</b>	<ul style="list-style-type: none"> <li>• Ministry of Health and the Environment</li> <li>• Ministry of Finance, Economic Planning, and Information Technology</li> <li>• PSIPMU</li> <li>• Medical Professionals (Doctors, Nurses)</li> <li>• General Public</li> </ul>

### 7.1. Disclosure of ESMP

Project-related information should be made available as early as possible to all stakeholders so that they can understand the risks and impacts of the project and potential opportunities such as employment. Meaningful consultation with stakeholders on project design should include:

- (a) The purpose, nature, and scale of the project
- (b) The duration of proposed project activities
- (c) Potential risks and impacts of the project and the proposals for mitigation
- (d) The proposed stakeholder engagement process highlighting how stakeholders can participate
- (e) The time and venue of any proposed public consultation meetings and the process by which meetings will be notified, summarized and reported
- (f) The process by which grievances can be raised and will be addressed

A copy of the Environmental and Social Management Plan (ESMP) will be made available on the Government website and the World Bank's website; relevant sections will be discussed at community meetings.

The following stakeholder engagement methods in Table 9. can be used to disclose project-related information. Media announcements will be designated to the National Broadcasting Corporation and print media advertisements to the three local newspaper agencies.

*Table 9. Methods of Stakeholder Engagement*

<b>Engagement Technique</b>		<b>Description and Use</b>	<b>Target Audience</b>
1	Websites	The Project ESMP and GRM will be published on official websites of partnering and implementing Ministries and Agencies and the World Bank and GOVSVG's website	All stakeholders
2	Media Announcements	Advanced announcements of commencements of major project activities, community meetings, traffic impacts, Grievance Redress Mechanism, and other outreach needs of the project	Project-affected stakeholders and communities
3	Correspondence by phone, email or written letter	Distribute project information to government officials, organizations, agencies and companies and invite stakeholders to meetings	Government officials
4	Print media Advertisement	This will be used to disseminate and disclose project documents intended for general readers and audience; Advertise project procurements, as applicable	General Public

## 7.2. Community Engagement

Community Engagement in the form of Community meetings provides an interactive platform to disclose information about the project, discuss environmental and social risks and impacts, job opportunities, mitigation measures and provide updates to stakeholders. External works would require community engagement, while works within the building would require adequate dissemination of information.

Community meetings or public gatherings should be conducted near the project's site so as not to inconvenience persons with regards to travelling and at a time outside of general working hours to facilitate maximum audience attendance. Community Engagement will be held in accordance with the Public Health (Covid-19) Gathering Rules, 2021.<sup>16</sup> Table 10. shows the suggested schedule for Community Engagement at the Buccament Polyclinic.

*Table 10. Schedule for Community Engagement*

<b>Project Stage</b>	<b>Location</b>	<b>Date &amp; Time</b>	<b>List of information to be disclosed</b>	<b>Target Audience</b>
Pre-Construction	Buccament Polyclinic	24.03.2023 8:30am	<ul style="list-style-type: none"> <li>• Purpose, nature and scale of project</li> <li>• Risks, Impacts and Opportunities</li> <li>• Mitigation measures</li> <li>• Grievance Redress Mechanism</li> <li>• Contact information for Project Coordinator</li> </ul>	Healthcare staff, auxiliary staff, general public

Communication and engagement activities under the Isolation Facilities Project will also follow the publication from the WHO Risk Communication and Community Engagement (RCCE)

<sup>16</sup> [http://health.gov.vc/health/images/PDF/stories/PUBLIC\\_HEALTH\\_COVID-19\\_GATHERING\\_RULES\\_2021\\_.pdf](http://health.gov.vc/health/images/PDF/stories/PUBLIC_HEALTH_COVID-19_GATHERING_RULES_2021_.pdf)

readiness and response to the 2019 novel coronavirus (2019-nCoV). The RCCE will guide messaging about the COVID - 19 preparedness and response measures under the CERC and gives broader guidance and checklists for national-level communication during different phases of a disease outbreak. Additional communication guidelines under the conditions of a disease outbreak can be found in the Communications Protocol of Annex 4.

Should any significant changes in the project result in additional risks and impacts, subsequent community meetings will be scheduled to inform the project-affected communities and interested parties. The ESMP will be updated accordingly, and a record of all stakeholder engagements will be maintained and disclosed on the Government website.

### 7.3. Grievance and Redress Mechanism

The Grievance Redress Mechanism (GRM) effectively addresses grievances from the people impacted by the World Bank projects. It can be an effective tool for early identification, assessment, and resolution of project complaints. The GRM for the Establishment of the Isolation Facilities Project will follow the GRM for the OECS Regional Health Project and is summarized below.

- 1) After the final demarcation of the project site, signage on the GRM will be strategically placed at the site of the Isolation Facility Project. A sample of the notification to the public on how to submit a grievance would state:

**Notification to the Public**

All grievances relating to the development of this project are to be directed to:

Project Coordinator  
OECS Regional Health Project  
Ministry of Finance, Economic Planning, and  
Information Technology  
First Floor, Administrative Building

- 2) The affected person should file his/her grievance in writing (**see Annex 5 for Grievance Registration Form**), via telephone or email. The grievance note should be signed and dated by the aggrieved person when possible.
- 3) Screening for SEA/SH (sexual exploitation and abuse/ sexual harassment) related complaints will be conducted and confidential channels will be made available.
- 4) All grievance must be registered in the grievance log. Contact with the aggrieved must be within 10 days (please see GRM for Health Project for further detail).

### **Grievance Redress Mechanism (GRM) for Labor (Employees)**

Grievances that relate to project workers will be handled by a separate grievance redress mechanism from that of other project-related grievances. The grievance redress mechanism (GRM) will provide all direct workers and contracted workers (and, where relevant, their organizations) with channels to raise workplace concerns. Such workers, including community workers, will be informed of the grievance redress mechanism at the time of recruitment and the measures put in place to protect them against reprisal for its use. Measures will be put in place to make the grievance redress mechanism easily accessible to all such project workers. Community workers can access the GRM via local NGOs, project officers, or the Environmental and Social Safeguards Team.

The Grievance Redress Mechanism (GRM) i makes clear procedures for the handling of Sexual Exploitation and Abuse (SEA) and Sexual Harassment (SH) grievances. Complaints can be made in person, in writing, verbally over the phone, by fax, email or any other media. Concerns can be raised anonymously and/or to a person other than an immediate supervisor.

The Project Coordinator and Social Safeguards Specialist assigned to the project will be designated as the key officers in charge of labor grievances resolution. Contact information to submit grievances is shown in **Table 4**.

*Table 11. Contact information for submitting Labour related grievance*

<b>Name</b>	<b>Title</b>	<b>Telephone</b>	<b>Email address</b>	<b>Physical location</b>
Roxanne John	Project Coordinator	457-1746	<a href="mailto:rjohn@svgcpd.com">rjohn@svgcpd.com</a> <a href="mailto:cenplan@svgcpd.com">cenplan@svgcpd.com</a>	Administrative Building, Kingstown
Nyasha Hamilton	Social Safeguards Specialist	457-1746	<a href="mailto:nhamilton@svgcpd.com">nhamilton@svgcpd.com</a> <a href="mailto:cenplan@svgcpd.com">cenplan@svgcpd.com</a>	Administrative Building Kingstown

A sample of the form used to register grievances is shown in **Annex 9**., a separate log of other project-related grievances must be kept for labor grievances. Grievances must be treated with the utmost confidentiality and if they are registered on the project site should be forwarded immediately to the Project Coordinator, who receives all grievances.

The processing and classification of labor-related grievances and notification to the public on mediums through which grievances can be submitted is the same procedure as shown in **Section 7.3**.

## **Annex 1. Screening Tool for E&S Risks**

The forms below identify the potential risks and impacts associated with the proposed activities envisioned under CERC actions. Many of the actions or activities have low or negligible potential adverse impacts, such as purchase of equipment or supplies. Some may have impacts typical for small construction or rehabilitation projects, such as repairing damaged infrastructure, buildings, or clinics. Others, particularly those dealing with managing infectious disease control such as COVID-19, may have moderate to high risk.

The forms below are intended to be used as guidance by the Implementing Agency to screen potential environmental and social E&S risk levels of a proposed sub-project or activity, determine the relevance of environmental and social safeguards, propose its environmental and social risk level, and whether or not an ESMP needs to be prepared for the sub-project.

Activities and actions with low potential E&S risk require no further safeguards actions. Those with moderate and moderate to substantial potential risks will be managed using the general ESMF for the OECS Regional Health Project along with the additional safety guidance and information provided in this ESMP.



<b>Subproject Name:</b>		Establishment of Buccament Isolation Facility	
<b>Subproject Locations:</b>		Buccament- St. Vincent & the Grenadines	
<b>Subproject Proponent:</b>		Ministry of Health, Wellness, and the Environment	
<b>Estimated Investment:</b>			
<b>Start/ Completion Date:</b>			
<b>Subprojects/ Activities</b>		<b>Potential E&amp;S Risks or Impacts</b>	<b>E&amp;S Risk Level</b>
1	Purchase of medical equipment and supplies	None	Low
2	Repair of damaged infrastructure including, but not limited to: water supply and sanitation systems, dams, reservoirs, canals, roads, bridges and transportation systems, energy and power supply, telecommunication, and other infrastructure damaged by the event	Increased dust, noise, water pollution, solid/hazardous/toxic wastes, waste oil/fuels, public health and safety; possible use of asbestos-contaminated construction materials and land acquisition; and impacts on ethnic and vulnerable groups	Moderate
3	Re-establishment of urban and rural solid waste system, water supply and sanitation (including urban drainage)	Same as 2 above	Moderate
4	Repair of damaged public buildings, including schools, hospitals, and administrative buildings	Same as 2 above	Moderate
5	Repair, restoration, rehabilitation, retrofitting schools, clinics, or hospitals	Same as 2 above	Moderate
6	Rehabilitation of hospital rooms to establish isolation and quarantine facilities	Risks associated with spread of infectious disease(s), community concerns and, occupation health and safety	Moderate to substantial
7	Removal and disposal of debris associated with any eligible activity	Waste management and disposal	Moderate to substantial
8	Disposal of medical wastes (at camp site, small clinics/hospitals), asbestos-based materials, other toxic/hazardous wastes	Increased health risks, need management of medical waste, toxic materials, asbestos-contaminated debris	Moderate to substantial
9	Temporary toilets for emergency facilities	Hygiene, waste management	Moderate to substantial

## **Annex 2. Infection and Prevention Control Protocol (IPCP)**

The following information was adapted from the CDC Interim Infection Prevention and Control Recommendations for patients with confirmed COVID-19 or persons under investigation for COVID-19 in Healthcare Settings. The original reference should be consulted for any updates.

### **DURING CONSTRUCTION**

#### **1. Minimize Chance of Exposure**

- Any worker showing symptoms of respiratory illness (fever and cold or cough) and has potentially been exposed to COVID-19 should be immediately removed from the site and tested for the virus at the nearest local hospital.
- Close co-workers and those sharing accommodations with such a worker should also be removed from the site and tested.
- Project management must identify the closest hospital that has testing facilities in place, refer workers, and pay for the test if it is not free.
- Persons under investigation for COVID-19 should not return to work at the project site until cleared by test results. During this time, they should continue to be paid daily wages.
- If a worker is found to have COVID-19, wages should continue to be paid during the worker's convalescence (whether at home or in a hospital).
- If project workers live at home, any worker with a family member who has a confirmed or suspected case of COVID-19 should be quarantined from the project site for 14 days, and continued to be paid daily wages, even if they have no symptoms.

#### **2. Training of Staff and Precautions**

- Train all staff in the signs and symptoms of COVID-19, how it is spread, how to protect themselves and the need to be tested if they have symptoms. Allow questions and answers and dispel any myths.
- Use existing grievance procedures to encourage reporting of co-workers if they show outward symptoms, such as ongoing and severe coughing with fever, and do not voluntarily submit to testing.

- Supply face masks and other relevant PPE to all project workers at the entrance to the project site. Any persons with signs of respiratory illness that is not accompanied by fever should be mandated to wear a face mask.
- Provide handwash facilities, hand soap, alcohol-based hand sanitizer and mandate their use on entry and exit of the project site and during breaks, via the use of simple signs with images in local languages.
- Train all workers in respiratory hygiene, cough etiquette and hand hygiene using demonstrations and participatory methods.
- Train cleaning staff in effective cleaning procedures and disposal of rubbish.

### **3. Managing Access and Spread**

- Should a case of COVID-19 be confirmed in a worker on the project site, visitors should be restricted from the site and worker groups should be isolated from each other as much as possible;
- Extensive cleaning procedures with high-alcohol content cleaners should be undertaken in the area of the site where the worker was present, prior to any further work being undertaken in that area.

## **DURING OPERATIONS IN A HEALTH CARE SETTING**

### **1. Minimize Chance of Exposure (to staff, other patients, and visitors)**

- Upon arrival, ensure patients with symptoms of any respiratory infection is taken to a separate, isolated, and well-ventilated section of the health care facility to wait, and issue a facemask.
- During the visit, make sure all patients adhere to respiratory hygiene, cough etiquette, hand hygiene and isolation procedures. Provide oral instructions on registration and ongoing reminders with the use of simple signs with images in local languages.
- Provide alcohol-based hand sanitizer (60-95% alcohol), tissues and facemasks in waiting rooms and patient rooms.
- Isolate patients as much as possible. If separate rooms are not available, separate all patients by curtains. Only place together in the same room patients who are all definitively infected with COVID-19. No other patients can be placed in the same room.

### **2. Adhere to Standard Precautions**

- Train all staff and volunteers to undertake standard precautions - assume everyone is potentially infected and behave accordingly.
- Minimize contact between patients and other persons in the facility. Health care professionals should be the only persons having contact with patients and this should be restricted to essential personnel only.
- A decision to stop isolation precautions should be made on a case-by-case basis, in conjunction with local health authorities.

### **3. Training of Personnel**

- Train all staff and volunteers in the symptoms of COVID-19, how it is spread and how to protect themselves. Train on correct use and disposal of personal protective equipment (PPE), including gloves, gowns, facemasks, eye protection and respirators (if available) and check that they understand.
- Train cleaning staff on most effective process for cleaning the facility. Use a high alcohol-based cleaner to wipe down all surfaces; wash instruments with soap and water and then wipe down with high alcohol-based cleaner; dispose of rubbish by burning etc.
- Manage Visitor Access and Movement
- Establish procedures for managing, monitoring, and training visitors.
- All visitors must follow respiratory hygiene precautions while in the common areas of the facility, otherwise they should be removed.
- Restrict visitors from entering rooms of known or suspected cases of COVID-19 patients. Alternative communications should be encouraged, for example by use of mobile phones. Exceptions only for end-of-life situation and children requiring emotional care. At these times, PPE should be used by visitors.
- All visitors should be scheduled and controlled, and once inside the facility, instructed to limit their movement.
- Visitors should be asked to watch out for symptoms and report signs of acute illness for at least 14 days.

### Annex 3. Health and Safety Guidelines for Retrofitting/ Rehabilitation of Medical Facilities

The following table lists the health and safety risks and impacts associated with small civil works financed by the Bank for retrofitting and rehabilitation of medical facilities (including isolation units and respiratory facilities) in response to the COVID-19 outbreak. Potential mitigation measures and references to sources of additional advice and information are provided as guidelines for the PIU to use in informing design and preparing the appropriate environmental instrument such as the Environmental and Social Management Plan (ESMP).

Activity	Risks and Impacts	Mitigation Measures
Design activity – hospitals, clinics	The focus on treatment and care is progressed disproportionately with the need for adequate medical waste infrastructure.	<ul style="list-style-type: none"> <li>• Ensure that the designs for medical facilities also consider the collection, segregation and treatment of medical waste.</li> </ul>
Construction activity – hospitals, clinics, mortuary	Injury during the construction of new buildings or refurbishment of existing buildings.	<ul style="list-style-type: none"> <li>• Apply ESHGs to implementation of projects.</li> </ul>

Activity	Risks and Impacts	Mitigation Measures
Design and operation of facilities, including triage, isolation (or quarantine) facilities	The design of the facility and the operating procedures will help prevent spread of infection	<p>For patients with possible or confirmed COVID-19, isolation rooms should be provided and used at medical facilities. Isolation rooms should:</p> <ul style="list-style-type: none"> <li>• ideally be under negative pressure (neutral pressure may be used, but positive pressure rooms should be avoided);</li> <li>• be sited away from busy areas (areas used by many people) or close to vulnerable or high-risk patients, to minimize chances of infection spread;</li> <li>• have dedicated equipment (for example blood pressure machine, peak flow meter and stethoscope), but should avoid excess equipment or soft furnishings;</li> <li>• have signs on doors to control entry to the room, with the door kept closed;</li> <li>• have an anteroom for staff to put on and take off PPE and to wash/decontaminate before and after providing treatment.</li> </ul>

## Annex 4. Communications Protocol

Under conditions of a disease outbreak a common approach to stakeholder engagement where large gathering of the public is encouraged will need to change. There are numerous alternatives, but the key criteria for stakeholder engagement remains the same, and that is meaningful dialogue with project-affected people with attention given to the most vulnerable. Every alternative must still include what feedback and suggestions were provided by stakeholders. Some suggestions for community engagement during a COVID-19 outbreak are listed below.

- Avoid public gatherings (taking into account national restrictions), including public hearings, workshops and community meetings;
- If smaller meetings are permitted, conduct consultations in small-group sessions of no more than 10 people, such as focus group meetings in an outside area with chairs placed 6 feet apart;
- If in-person meetings are not permitted, make efforts to conduct meetings through online channels, including webex, zoom and skype;
- Try social media and online channels to share activity information. Where possible and appropriate, create dedicated online platforms and chatgroups appropriate for the purpose;
- Employ traditional channels of communications (TV, newspaper, radio, dedicated phone-lines, and mail) if a stakeholder does not have access to online channels or does not use them frequently.
- Where direct engagement with project affected people or beneficiaries is necessary, identify channels for direct communication with each affected household via a combination of email messages, mail, online platforms, dedicated phone lines with knowledgeable operators, or direct calling by the project team;

Communication and engagement activities will also follow the publication from the WHO "Risk communication and community engagement (RCCE) readiness and response to the 2019 novel coronavirus (2019-nCoV) which will guide messaging about the COVID-19 preparedness and

response measures and gives broader guidance and checklists for national level communication during different phases of a disease outbreak.



## **Annex 5. Code of Conduct for Experts**

### **CODE OF CONDUCT FOR EXPERTS**

We are the Consultant, Joint Venture Agreement consisting of CEDCO, Coles Associates and Amarna Consult Limited. We have signed a contract with the Government of St. Vincent, Economic Planning Division for the Consultancy Services for the Design & Construction Supervision for Establishment of Isolation Facilities. These Services will be carried out at Marriaqua, Georgetown, Chateaubelair and Buccament, St. Vincent and the Grenadines. Our contract requires us to implement measures to address environmental and social risks related to the Services, including the risks of sexual exploitation, sexual abuse and sexual harassment.

This Code of Conduct is part of our measures to deal with environmental and social risks related to the Services. It applies to all Experts at the Site or other places where the Services are being carried out.

This Code of Conduct identifies the behaviour we require from all Experts.

Our workplace is an environment where unsafe, offensive, abusive or violent behaviour will not be tolerated and where all persons should feel comfortable raising issues or concerns without fear of retaliation.

### **REQUIRED CONDUCT**

Experts shall:

1. carry out his/her duties competently and diligently;
2. comply with this Code of Conduct and all applicable laws, regulations and other requirements, including requirements to protect the health, safety and well-being of other Experts and any other person;
3. maintain a safe working environment including by:
  - a. ensuring that workplaces, equipment and processes under each person's control are safe and without risk to health;

- b. wearing required personal protective equipment; and
  - c. following applicable emergency operating procedures.
4. report work situations that he/she believes are not safe or healthy and remove himself/herself from a work situation he/she reasonably believes presents an imminent and serious danger to his/her life or health;
5. treat other people with respect, and not discriminate against specific groups such as women, people with disabilities, migrant workers or children;
6. not engage in Sexual Harassment, which means unwelcome advances, requests for sexual favours, and other verbal or physical conduct of a sexual nature with other Experts, Contractor's Personnel or Client's Personnel;
7. not engage in Sexual Exploitation, which means any actual or attempted abuse of position of vulnerability, differential power or trust, for sexual purposes, including, but not limited to, profiting monetarily, socially or politically from the sexual exploitation of another;
8. not engage in Sexual Abuse, which means that actual or threatened physical intrusion of a sexual nature, whether by force or under unequal or coercive conditions;
9. not engage in any form of sexual activity with individuals under the age of 18, except in case of pre-existing marriage;
10. complete relevant training courses that will be provided related to the environmental and social aspects of the Contract, including health and safety matters, Sexual Exploitation and Abuse (SEA), and Sexual Harassment (SH);
11. report violation of this Code of Conduct; and
12. not retaliate against any person who reports violation of this Code of Conduct, whether to us or the Client, or who makes use of grievance mechanism for Experts or the project's Grievance Redress Mechanism.

## RAISING CONCERNS

If any person observes behaviour that he/she believes may represent a violation of the Code of Conduct, or that otherwise concerns him/her, he/she should raise the issue promptly. This can be done in either of the following ways:

1. Contact Mr. Maury Alfonso in writing at this address, P.O. Box 433, Kingstown Campden Industrial Estate, Kingstown, St. Vincent or by telephone at 7840493-0101 or in person at Oxygen Fitness Centre Building, Campden Industrial Estate, Kingstown, St. Vincent; or
2. Call 784-527-0101 to reach the Consultant's hotline and leave a message.

The person's identity will be kept confidential, unless reporting of allegations is mandated by the country law. Anonymous complaints or allegations may also be submitted and will be given all due and appropriate consideration. We take seriously all reports of possible misconduct and will investigate and take appropriate action. We will provide warm referrals to service providers that may help support the person who experienced the alleged incident, as appropriate.

There will be no retaliation against any person who raises a concern in good faith about any behaviour prohibited by the Code of Conduct. Such retaliation would be a violation of this Code of Conduct.

## **CONSEQUENCES OF VIOLATING THE CODE OF CONDUCT**

Any violation of this Code of Conduct by Experts may result in serious consequences, up to and including termination and possible referral to legal authorities.

## Annex 6. Code of Conduct for Contractor’s Personnel

This document is also included as part of the Request for Bids Small Works Standard Procurement Document.

***Note to the Employer:***

***The following minimum requirements shall not be modified. The Employer may add additional requirements to address identified issues, informed by relevant environmental and social assessment.***

*The types of issues identified could include risks associated with: labour influx, spread of communicable diseases, and Sexual Exploitation and Abuse (SEA), Sexual Harassment (SH) etc.*

***Delete this Box prior to issuance of the bidding documents.***

**Note to the Bidder:**

**The minimum content of the Code of Conduct form as set out by the Employer shall not be substantially modified.** However, the Bidder may add requirements as appropriate, including to take into account Contract-specific issues/risks.

### CODE OF CONDUCT FOR CONTRACTOR’S PERSONNEL

We are the Contractor, [enter name of Contractor]. We have signed a contract with [enter name of Employer] for [enter description of the Works]. These Works will be carried out at [enter the Site and other locations where the Works will be carried out]. Our contract requires us to implement measures to address environmental and social risks related to the Works, including the risks of sexual exploitation, sexual abuse, and sexual harassment.

This Code of Conduct is part of our measures to deal with environmental and social risks related to the Works. It applies to all our staff, laborer’s and other employees at the Works Site or other places where the Works are being carried out. It also applies to the personnel of each subcontractor and any other personnel assisting us in the execution of the Works. All such persons are referred to as “**Contractor’s Personnel**” and are subject to this Code of Conduct.

This Code of Conduct identifies the behavior that we require from all Contractor’s Personnel.

Our workplace is an environment where unsafe, offensive, abusive or violent behavior will not be tolerated and where all persons should feel comfortable raising issues or concerns without fear of retaliation.

## **REQUIRED CONDUCT**

Contractor's Personnel shall:

1. carry out his/her duties competently and diligently;
2. comply with this Code of Conduct and all applicable laws, regulations and other requirements, including requirements to protect the health, safety and well-being of other Contractor's Personnel and any other person;
3. maintain a safe working environment including by:
  - a. ensuring that workplaces, machinery, equipment and processes under each person's control are safe and without risk to health;
  - b. wearing required personal protective equipment;
  - c. using appropriate measures relating to chemical, physical and biological substances and agents; and
  - d. following applicable emergency operating procedures.
4. report work situations that he/she believes are not safe or healthy and remove himself/herself from a work situation which he/she reasonably believes presents an imminent and serious danger to his/her life or health;
5. treat other people with respect, and not discriminate against specific groups such as women, people with disabilities, migrant workers or children;
6. not engage in Sexual Harassment, which means unwelcome sexual advances, requests for sexual favors, and other verbal or physical conduct of a sexual nature with other Contractor's or Employer's Personnel;
7. not engage in Sexual Exploitation, which means any actual or attempted abuse of position of vulnerability, differential power or trust, for sexual purposes, including, but not limited to, profiting monetarily, socially or politically from the sexual exploitation of another;
8. not engage in Sexual Abuse, which means the actual or threatened physical intrusion of a sexual nature, whether by force or under unequal or coercive conditions;
9. not engage in any form of sexual activity with individuals under the age of 18, except in case of pre-existing marriage;
10. complete relevant training courses that will be provided related to the

environmental and social aspects of the Contract, including health and safety matters, Sexual Exploitation and Abuse (SEA), and Sexual Harassment (SH);

11. report violations of this Code of Conduct; and
12. not retaliate against any person who reports violations of this Code of Conduct, whether to us or the Employer, or who makes use of the grievance mechanism for Contractor's Personnel or the project's Grievance Redress Mechanism.

### **RAISING CONCERNS**

If any person observes behavior that he/she believes may represent a violation of this Code of Conduct, or that otherwise concerns him/her, he/she should raise the issue promptly. This can be done in either of the following ways:

1. Contact [*enter the name of the Contractor's Social Expert with relevant experience in handling gender-based violence, or if such person is not required under the Contract, another individual designated by the Contractor to handle these matters*] in writing at this address [ ] or by telephone at [ ] or in person at [ ]; or
2. Call [ ] to reach the Contractor's hotline (*if any*) and leave a message.

The person's identity will be kept confidential, unless reporting of allegations is mandated by country law. Anonymous complaints or allegations may also be submitted and will be given all due and appropriate consideration. We take seriously all reports of possible misconduct and will investigate and take appropriate action. We will provide warm referrals to service providers that may help support the person who experienced the alleged incident, as appropriate.

There will be no retaliation against any person who raises a concern in good faith about any behavior prohibited by this Code of Conduct. Such retaliation would be a violation of this Code of Conduct.

### **CONSEQUENCES OF VIOLATING THE CODE OF CONDUCT**

Any violation of this Code of Conduct by Contractor's Personnel may result in serious consequences, up to and including termination and possible referral to legal authorities.

#### **FOR CONTRACTOR'S PERSONNEL:**

I have received a copy of this Code of Conduct written in a language that I comprehend. I understand that if I have any questions about this Code of Conduct, I can contact [*enter the name of Contractor's contact person with relevant experience*] requesting an explanation.

Name of Contractor's Personnel: [insert name]

Signature: \_\_\_\_\_

Date: (day month year): \_\_\_\_\_

Countersignature of an authorized representative of the Contractor:

Signature: \_\_\_\_\_

Date: (day month year): \_\_\_\_\_

**ATTACHMENT 1: Behaviors constituting Sexual Exploitation and Abuse (SEA) and behaviors constituting Sexual Harassment (SH)**

## **ATTACHMENT 1 TO THE CODE OF CONDUCT FORM**

### **BEHAVIOURS CONSTITUTING SEXUAL EXPLOITATION AND ABUSE (SEA) AND BEHAVIOURS CONSTITUTING SEXUAL HARASSMENT (SH)**

The following non-exhaustive list is intended to illustrate the types of prohibited behaviors:

(1) **Examples of sexual exploitation and abuse** include, but are not limited to:

- A Contractor's Personnel tells a member of the community that he/she can get them jobs related to the work site (e.g., cooking and cleaning) in exchange for sex.
- A Contractor's Personnel that is connecting electricity input to households says that he can connect women-headed households to the grid in exchange for sex.
- A Contractor's Personnel rapes, or otherwise sexually assaults a member of the community.
- A Contractor's Personnel denies a person access to the Site unless he/she performs a sexual favor.
- A Contractor's Personnel tells a person applying for employment under the Contract that he/she will only hire him/her if he/she has sex with him/her.

(2) **Examples of sexual harassment in a work context**

- Contractor's Personnel comment on the appearance of another Contractor's Personnel (either positive or negative) and sexual desirability.
- When a Contractor's Personnel complains about comments made by another Contractor's Personnel on his/her appearance, the other Contractor's Personnel comment that he/she is "asking for it" because of how he/she dresses.
- Unwelcome touching of a Contractor's or Employer's Personnel by another Contractor's Personnel.
- A Contractor's Personnel tells another Contractor's Personnel that he/she will get him/her a salary raise, or promotion if he/she sends him/her naked photographs of himself/herself.



## Annex 7. Sample of Grievance Report

Grievance No:000000

DATE:

### REGISTRATION OF GRIEVANCE

Please use capital letters:

Contact No: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Name of Project Site: \_\_\_\_\_

As per the OECS Regional Health Project, Grievance Redressal, I register my grievance as detailed:

#### **“Details of Grievance”**

**(a) Outline reasons why and how you are affected by the project. (overleaf if necessary)**

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**(b) If land or other properties are being affected e.g. (agriculture) , include copies of relevant documentations you have to support your claim.**

**List documents: attach copies**

**(a)** \_\_\_\_\_ **(b)** \_\_\_\_\_

**(c)** \_\_\_\_\_ **(d)** \_\_\_\_\_

**Undertaking:** I hereby certify that statements made in my Grievance and documentation enclosed are true and complete to the best of my knowledge. If at any time any part of the Grievance or the documentation is found to be false, I will be liable for any legal action that the Government of St. Vincent and the Grenadines may deem necessary.

Date: \_\_\_\_\_ (Signature of aggrieved person) \_\_\_\_\_

Name of recording Officer: \_\_\_\_\_

(Signature) \_\_\_\_\_ (Please print)

## Annex 8. Sample of Incident/Accident Report

ALL incidents must be reported within 48 hours, and are subject to additional reports on root cause analysis

<b>Project Site:</b>			
<b>Date of Incident / Accident:</b>	<b>Time:</b>	<b>Date Reported:</b>	<b>Time Reported:</b>
<b>Reported by:</b>	<b>Reported to:</b>	<b>Notification Type:</b>	<b>Email/'phone call/media notice/other</b>
<b>Full Name of the Contractor:</b>		<b>Full Name of Subcontractor:</b>	

### B2: Type of incident / Accident (please check all that apply)

- Fatality  Lost Time Injury  Displacement Without Due Process  Acts of Violence/Protest  Disease Outbreaks  
 Forced Labor  Unexpected Impacts on heritage resources  Unexpected Impacts on biodiversity resources   
 Environmental pollution incident  structure failure  Other

### B3: Description/Narrative of Incident / Accident

#### I. Details of the Incident / Accident

*II. What were the conditions or circumstances under which the incident occurred (if known)?*

*III. Are the basic facts of the incident clear, or are there conflicting versions? What are those versions?*

*IV. Is the incident still ongoing, or is it contained?*

*V. Have any relevant authorities been informed? Who was informed?*

<b>B4: Actions taken to contain the incident / Accident</b>			
<b>Short Description of Action</b>	<b>Responsible Party</b>	<b>Expected Date</b>	<b>Status</b>

Have the works been suspended? Yes ; No

Please attach a copy of the instruction suspending the works.

**B5: What support has been provided to affected people**

**B6: Injury Information**

**Injured Employee**

**Name:**

**Job Title:**

**Job at time of Injury:**

**Type of Employment**

Full – time

Part – time

Temporary

Other

**Length of time employed with the Company:**

**Length of time in current position at the time of the incident:**

**Description and severity of injury:**

**Location at the time of the incident/accident**

**Date and time of incident / Accident:**

## Annex 9. Sample Employee GRM

### Employee Grievance Form

Grievant Information

Employee Name: \_\_\_\_\_ Date: \_\_\_\_\_

Job Title: \_\_\_\_\_ Employee ID: \_\_\_\_\_ Project: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Date, time and place of event leading to grievance:
Detailed account of occurrence (include names of persons involved, if any):
Please state policies, procedures, or guidelines that you feel have been violated:
Additional comments:
Have you attempted informal means of addressing this grievance or any others:

Proposed solution to grievance:

--

The grievant should retain a copy of this form for his/her records. The signature below indicates that you are filing a grievance, and any information on this form is truthful.

---

Employee Signature

---

Date

---

Received by

---

Date

**Annex 10. Sample of Attendance Sheet for Public Consultation**

#	Name	Gender	Community / Department/ Job title	Contact Information	
				Email	Telephone
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					

