

ADDENDUM TO ENVIRONMENTAL AND SOCIAL MANAGEMENT FRAMEWORK (ESMF) FOR CONTINGENCY EMERGENCY RESPONSE COMPONENT (CERC) OF THE OECS REGIONAL HEALTH PROJECT (P168539) - APRIL, 2020

This document is an Addendum to the Environmental and Social Framework (ESMF) for Component 4, the Contingent Emergency Response Component (CERC), of the OECS Regional Health Project (P168539). The EMSF and this Addendum are intended to guide the environmental and social risk management activities of the emergency response component in response to the recent COVID-19 pandemic, and form the CERC-ESMF which is part of the Operations Manual for the CERC action.

The project ESMF¹ includes templates for relevant Environmental and Social Management Plans (ESMPs) which provide guidance for the construction and operation of healthcare facilities in general. For small civil works under CERC, the Project Implementation Unit (PIU) will prepare an ESMP describing the works/activities to be conducted and the associated mitigation measures to be used to avoid or reduce environmental and social risk. For projects or works with potential exposure to COVID-19, the ESMP will also include the additional safety measures in this Addendum, as provided in the following Annexes:

- A. Screening Tool for E&S Risks
- B. Infection Prevention Control Protocol (IPCP)
- C. Health and Safety Guidelines for Retrofitting/Rehabilitation of Medical Facilities
- D. ESHS Risks and Mitigation Measures for Small Civil Works at Health Care Facilities
- E. Communication Guidance

Further information can be found in the following references:

1. Guidance on Management of Solid Health-care Waste at Primary Health-care Centres²
2. Interim Infection Prevention and Control Recommendations for Patients with Suspected or Confirmed Coronavirus Disease 2019 (COVID-19) in Healthcare Settings³
3. WBG guidelines for Health Care Facilities⁴

¹ <https://projects.worldbank.org/en/projects-operations/project-detail/P168539>

² http://www.who.int/water_sanitation_health/publications/manhccwm.pdf

³ <https://www.cdc.gov/coronavirus/2019-ncov/infection-control/control-recommendations.html>

⁴ https://www.ifc.org/wps/wcm/connect/topics_ext_content/ifc_external_corporate_site/sustainability-at-ifc/policies-standards/ehs-guidelines

4. Standard Operating Procedures (SOPs) for autoclaves, incinerators, ventilation and filtration systems, and positive pressure equipment (these should be supplied with the equipment along with the necessary training)

Appendix A. Screening Tool for E&S Risks

Error! Reference source not found.1 below identifies potential impacts of the proposed activities envisioned under CERC actions. Many of the actions or activities have low or negligible potential negative impacts, such as purchase of equipment or supplies. Some may have impacts that are typical for small construction or rehabilitation projects, such as repair of damaged infrastructure, buildings, or clinics. Others, particularly those dealing with management of infectious disease control such as COVID-19, may have moderate to high risk.

The form below is 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.

Sub-project Name			
Sub-project Location			
Sub-project Proponent			
Estimated Investment			
Start/Completion Date			
	Sub-projects / Activities	Potential E&S Risks or Impacts	E&S Risk Level
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 as construction materials and land acquisition; and impacts on ethnic and vulnerable groups.	Moderate
3	Re-establishment of the 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	Establishing emergency isolation and quarantine facilities and locations for mobile facilities.	Highly variable depending on locations chosen, risks associated with community concern, information sharing, and occupational 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 clinic/hospitals), asbestos-based materials, other toxic/hazardous wastes	Increase 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

Activities and actions with low potential E&S risk require no further safeguards actions. Those with moderate potential risk will be managed using the general ESMF for the OECS Regional Health project, and will typically require that an ESMP be developed. Those with moderate to substantial potential risk will be managed using the tools in the general ESMF for the OECS Regional Health Project along with the additional safety guidance and information provided in this CERC-ESMF, and will also require that an EMP be developed.

Appendix B. 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.

HEALTH CARE SETTINGS

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

- Upon arrival, make sure patients with symptoms of any respiratory infection arrive 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.

4. 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.

CONSTRUCTION SETTINGS IN AREAS OF CONFIRMED CASES OF COVID-19

1. Minimize Chance of Exposure

- Any worker showing symptoms of respiratory illness (fever + 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 Q&A 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.

Appendix C. 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 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.	<p>Ensure that the designs for medical facilities also consider the collection, segregation and treatment of medical waste.</p> <p>The treatment of healthcare waste produced during the care of COVID-19 patients should be collected safely in designated containers and bags, treated and then safely disposed.</p> <p>Open burning and incineration of medical wastes can result in emission of dioxins, furans and particulate matter, and result in unacceptable cancer risks under medium (two hours per week) or higher usage. If small-scale incinerators are the only option available, the best practices possible should be used, to minimize operational impacts on the environment. Best practices in this context are:</p> <ul style="list-style-type: none"> ✓ effective waste reduction and segregation, ensuring only the smallest quantities of combustible waste types are incinerated; ✓ an engineered design with sufficient residence time and temperatures to minimize products of incomplete combustion; ✓ siting incinerators away from health-care buildings and residential areas or where food is grown; ✓ construction using detailed engineering plans and materials to minimize flaws that may lead to incomplete destruction of waste and premature failures of the incinerator; ✓ a clearly described method of operation to achieve the desired combustion conditions and emissions; for example, appropriate start-up and cool-down procedures, achievement and maintenance of a minimum temperature before waste is burned, use of appropriate loading/charging rates (both fuel and waste) to maintain appropriate temperatures, proper disposal of ash and equipment to safeguard workers;

		<ul style="list-style-type: none"> ✓ periodic maintenance to replace or repair defective components (including inspection, spare parts inventory and daily record keeping); and ✓ improved training and management, possibly promoted by certification and inspection programs for operators, the availability of an operating and maintenance manual, visible management oversight, and regular maintenance schedules. <p>Single-chamber, drum and brick incinerators do not meet the BAT requirements under Stockholm Convention.</p> <p>Small-scale incineration should be viewed as a transitional means of disposal for health-care waste.</p> <p>Alternative treatments should be designed into longer term projects, such as steam treatment methods. Steam treatment should preferably be on site, although once treated, sterile/non-infectious waste may be shredded and disposed of in suitable waste facilities.</p> <p>See WHO Safe management of wastes from health-care activities</p>
Construction activity – hospitals, clinics, mortuary	<p>Land taking for the construction of new and expansion of existing hospitals.</p> <p>Injury during the construction of new buildings or refurbishment of existing buildings.</p>	<p>Follow ESS5 and IPF Policy para 12 on E&S requirements in situations of urgent need of assistance.</p> <p>Apply ESHGs to implementation of projects.</p>
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"> ✓ be single rooms with attached bathrooms (or with a dedicated commode); ✓ ideally be under negative pressure (neutral pressure may be used, but positive pressure rooms should be avoided); ✓ 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;

		<ul style="list-style-type: none"> ✓ have dedicated equipment (for example blood pressure machine, peak flow meter and stethoscope), but should avoid excess equipment or soft furnishings; ✓ have signs on doors to control entry to the room, with the door kept closed; ✓ have an ante-room for staff to put on and take off PPE and to wash/decontaminate before and after providing treatment. <p>An operation manual should be prepared prior to the opening of isolation rooms to describe the working procedures to be taken by healthcare workers to protect themselves and prevent infection escape while providing treatment. The operational procedures should be of a standard to meet guidance from WHO and/or CDC on infection control:</p> <ul style="list-style-type: none"> ➤ WHO interim guidance on Infection prevention and control during health care when novel coronavirus (nCoV) infection is suspected; ➤ WHO technical brief water, sanitation, hygiene and waste management for COVID-19; ➤ WHO guidance on infection prevention and control at health care facilities (with a focus on settings with limited resources); ➤ WHO interim practical manual for improving infection prevention and control at the health facility; ➤ CDC Guidelines for isolation precautions: preventing transmissions of infectious agents in healthcare settings; and ➤ CDC guidelines for environmental infection control in healthcare facilities.
<p>Improve access to support and treatment for disadvantaged vulnerable groups</p>	<p>Some vulnerable groups (especially the elderly or those with pre-existing medical conditions) may be severely affected by COVID-19 and may need additional support to access treatment.</p>	<p>Projects should develop and commit to specific actions to ensure disadvantaged and vulnerable groups have effective treatment, whether in medical facilities or in the community.</p> <p>Similarly, where IP communities are involved, need to follow ESS7 and IPF policy Para 12 on emergency provision.</p>

Employment of workers	Workers do not receive the care needed if infected with COVID-19.	Contractors should ensure that contracted workers have medical insurance, covering treatment of COVID-19.
Transient and expat workforce	Workers that are mobilized from abroad or returning from abroad become vectors for transmission of disease to construction projects. Workers that travel from other regions may also provide a vector for passing infection onto work sites.	<p>Expats or transient workers should adhere to national requirements and guidelines with respect to COVID-19.</p> <p>Expats or transient workers coming from countries/regions with cases of the virus:</p> <ul style="list-style-type: none"> • Should not return if displaying symptoms • Should self-isolate for 14 days following their return <p>For self-isolation, workers should be provided with a single room that is well-ventilated (i.e., with open windows and an open door). If a single room is not available for each worker, adequate space should be provided to maintain a distance of at least 1 m between workers sharing a room. Workers in isolation should limit their movements in shared space, for example through timed use of shared spaces (such as kitchens and bathrooms) with cleaning prior to and after use of the facilities. Visitors should not be allowed until the worker has shown no signs and symptoms for 14 days, and the number of staff involved in caring for those in isolation should be kept to a minimum.</p> <p>Healthcare professionals and cleaners should visit each day (wearing the appropriate PPE and observing hygiene requirements and make appropriate arrangements for supplying food and water to the kitchens for the workers in isolation. Further information is provided by WHO in Home care for patients with suspected novel coronavirus (COVID-19).</p>
Labor camps	Close working and living conditions of workforce may create conditions for the easy transmission of COVID-19 and the	<p>Develop contingency plans with arrangements for accommodation, care and treatment for:</p> <ul style="list-style-type: none"> • Workers self-isolating • Workers displaying symptoms • Getting adequate supplies of water, food and supplies

	infection of large numbers of people.	<p>Contingency plans also should consider arrangements for the storage and disposal arrangements for medical waste, which may increase in volume and which can remain infectious for several days (depending upon the material).</p> <p>Ensure medical facilities are stocked with adequate supplies of medical PPE, as a minimum:</p> <ul style="list-style-type: none">✓ Gowns, aprons✓ Medical masks and some respirators (N95 or FFP2)✓ Gloves (medical, and heavy duty for cleaners)✓ Eye protection (goggles or face screens)✓ <p>Medical staff at the facilities should be trained and be kept up to date on WHO advice and recommendations on the specifics of COVID19.</p> <p>The medical staff/management should run awareness campaigns and posters on site advising workers:</p> <ul style="list-style-type: none">• how to avoid disease spread (cough/sneeze in crook of elbow; keep 1m or more away, sneeze/cough in tissue and immediately throw tissue away, avoid spitting, observe good hygiene)• the need to regularly wash hands with soap and water – many times per day• to self-isolate if they think they may have come in contact with the virus• to self-isolate if they start to display any symptoms, but alert and seek medical advice <p>Wash stations should be provided regularly throughout site, with a supply of clean water, liquid soap and paper towels (for hand drying), with a waste bin (for used paper towels) that is regularly emptied.</p> <p>Wash stations should be provided wherever there is a toilet, canteen/food and drinking water, or sleeping accommodation, at waste stations, at stores and at communal facilities.</p>
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		<p>Where wash stations cannot be provided (for example at remote locations), alcohol-based hand rub should be provided.</p> <p>Enhanced cleaning arrangements should be put in place, to include regular and deep cleaning using disinfectant of catering facilities/canteens/food/drink facilities, latrines/toilets/showers, communal areas, including door handles, floors and all surfaces that are touched regularly (ensure cleaning staff have adequate PPE when cleaning consultation rooms and facilities used to treat infected patients)</p> <p>Worker accommodation that meets or exceeds IFC/EBRD worker accommodation requirements (e.g. in terms of floor type, proximity/no of workers, no 'hot bedding', drinking water, washing, bathroom facilities etc.) will be in good state for keeping clean and hygienic, and for cleaning to minimize spread of infection.</p> <p>To minimize pressure on PPE resources: WHO advice on the effectiveness and use of PPE by general public should be followed to ensure that the supplies are not exhausted through ineffective use – this is equally important on construction sites.</p> <p>Other measures (such as working water sprinkling systems at crushers and stock piles, covered wagons, water suppression or surfacing of haul roads etc.) should be used for dust suppression on site before relying upon the use of dust masks (which could unnecessarily reduce the availability of N95/FFP2 masks for use by medical staff performing some duties)</p>
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References and sources of further information

<https://www.who.int/emergencies/diseases/novel-coronavirus-2019/technical-guidance>

<https://www.cdc.gov/coronavirus/2019-ncov/lab/lab-biosafety-guidelines.html>

<https://www.cdc.gov/coronavirus/2019-nCoV/hcp/index.html>

<https://www.gov.uk/government/collections/coronavirus-covid-19-list-of-guidance#guidance-for-health-professionals>

<https://worldbankgroup.sharepoint.com/sites/wbsites/coronavirus/Pages/index.aspx>

Appendix D. Environmental, Social, Health and Safety (ESHS) Risks and Mitigation Measures for small civil works at health care facilities where COVID-19 may be present

The paragraphs below describe the ESHS risks at each of the stages or phases of small civil works projects where COVID-19 may be of concern. The subsequent matrix describes the associated mitigation measures. The discussion and matrix can be modified to create an Environmental and Social Management Plan (ESMP) for these types of small works under the CERC.

- **Phase 1 - Design and Deployment.** The selection of a site must take into account land ownership and community safety. Given that the CERC objective is to support immediate priority activities, the activities or subprojects with resettlement issues will be avoided. Once a site is being prepared, there must be attention paid to avoid impacts such as controlling runoff, having safe areas for waste storage bins or receptacle storages, and adequate facilities for the collection, storage and eventual treatment of sanitary wastewater. Standard measures to avoid impacts from traffic safety, dust, and noise must be observed, as well as those dealing with occupational health and safety for site workers. Areas with diesel generators may also be used for power or emergency back-up, requiring adequate ventilation, fuel storage, and safety measures. As well, construction waste and debris will need to be disposed of properly.
- **Phase 2 - Operations.** Once operational, facilities will have biomedical waste which will need proper treatment and disposal. The health and safety of health care workers could be affected by poor waste management practices. Operation of an autoclave or incinerator is also a source of risk if not properly done. Thermal injuries, or chemical burns could also arise in the context of disinfection, sterilization or waste treatment activities. Infection control procedures are also of critical importance during the operations phase.
- **Phase 3 - Decommissioning.** After the facility is finished operating as an active isolation 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.

Phase 1 - Design and Deployment

Aspect	Potential Impacts	Proposed Mitigation
Site selection for construction/assembly area	<ul style="list-style-type: none"> • There may be anxiety and complaints from those living in or using nearby areas about potential impacts of COVID -19 	<ul style="list-style-type: none"> • Conduct community outreach once site has been finalized. Follow the level of outbreak guidance on Risk Communication and Community engagement (RCCE) readiness and response to the 2019 novel coronavirus (2019-nCoV) published by the WHO.
Hazardous materials handling, storage, use and transportation	<ul style="list-style-type: none"> • The risk of accidental discharge of hazardous products, leakage of hydrocarbons, oils or grease from construction machinery 	<ul style="list-style-type: none"> • Avoid the storage of hazardous substances around water bodies • Ensure that storage containers of hazardous substances are always in good condition and tightly closed • Ensure that storage facilities are provided impervious surfaces and bunds to control spill in case of accidental spillage • Develop spill response plan as part of the construction ESMP • Secondary containment for fuels to avoid spill contamination and inspection during operation • Some training in fuel and waste handling should be part of the orientation for workers • Maintain the MSDS Sheets for hazardous materials onsite
Construction Wastes and Debris	<ul style="list-style-type: none"> • 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"> • The contractor shall handle construction materials and waste in accordance with approved procedures. • The contractor should only dispose of materials in areas approved by the Municipality or relevant authority • The contractor shall contain excavated materials in the vicinity of the worksite within berms to prevent dispersion and sedimentation of drains, creeks, streets and adjacent properties • In case of accidental waste dispersion, the environmental authority shall be informed, and restoration measures shall be applied.
Dust and noise from construction activity	<ul style="list-style-type: none"> • Impaired Air quality due to emissions from vehicles and dust generated • Respiratory impacts on site workers, nearby residents and pedestrians • Noise generation from the use of machines and construction equipment with its impact on workers and neighborhoods 	<ul style="list-style-type: none"> • Dust suppression methods such as wetting materials or slowing work should be employed as needed to avoid visible dust • Gas masks / respirators when working in closed areas such as access manholes, etc. (according to approved procedures) • Document requirements and standards in the Contract • Hearing protection for working around machinery where the noise exceeds 85 dB (according to approved procedures) • The location of noisy machinery (including generators) can be positioned away from sensitive sites such as schools' hospitals, residential areas etc. • Maintain vehicles and Contractors machinery according to maintenance requirements.

Aspect	Potential Impacts	Proposed Mitigation
Community Health and Safety	<ul style="list-style-type: none"> • Movement of heavy trucks and equipment may cause traffic problems and create unsafe situations for local motorists. • Unauthorized entry of local persons may place them in jeopardy if they are on work locations. 	<ul style="list-style-type: none"> • Ensure that a Traffic Management Plan is in place where this might be an issue. • Ensure that sites are properly barricaded during construction and temporary pedestrian walkways are provided when required • Restrict hospital staff and public from going to the construction site during and outside working hours by placing posters, reflecting tapes and erecting barriers. • Contractor must develop a Community Health and Safety Plan (CHSP).
Worker health and safety	Accidents to workers on the construction site	<ul style="list-style-type: none"> • Train workers on prevention of accidents and managing incidents. • Workers must wear protective gear. • Provide first aid kit and emergency plan for accidents or incidents • Proper supervision of the construction workforce.
Worker health and Safety – COVID -19 Risks	Exposure and spread of infection	<ul style="list-style-type: none"> • For COVID -19 management on the construction site follow the infection control protocol in Annex B of this CERC Addendum.
Water pollution from runoff or infiltration of wastes on different sites where facilities or equipment may be deployed	<p>Clogging of ditches or drains with sediment or silt</p> <p>Fouling of waterways with pollutants of any kind</p>	<ul style="list-style-type: none"> • Prepare the ground where the facility or equipment will be placed by compacting, lining, coating, and otherwise ensuring it is impervious to water infiltration or percolation. • Sensitize the workers to appropriately manage construction materials and wastes • Use berms, silt traps or silt fences, pits or other measures to ensure that any runoff from the site is controlled
Medical Waste Management	Improper handling of medical waste could expose nearby communities or workers to infection	<ul style="list-style-type: none"> •A Medical Waste Management Plan for handling any items during the site preparation

Phase 2 - Operations

Aspect	Potential Impacts	Proposed Mitigation
Community Health and Safety	Exposure of visitors	<ul style="list-style-type: none"> • Control and restrict access to the facility following COVID-19 protocol and guidance from the WHO for health facility, and the COVID-19 risk communication package for healthcare facilities. • Implement the Infection control protocol in the annexes of this CERC-ESMF.
Occupational Health and Safety	Injury to healthcare workers Infection of health care workers	<ul style="list-style-type: none"> • Train staff on how to use PPE and ensure there is adequate supply • Regularly monitor performance and conduct maintenance of equipment • Train staff in infection control and SOPs for equipment. • Use the checklist tool from WHO “Risk assessment and management of exposure of health care workers in the context of COVID-19 for any instances where facility staff are exposed to a confirmed COVID 19 person. • 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.
Medical Waste Management	Exposure of nearby communities Exposure of workers	<ul style="list-style-type: none"> • Use procedures from the WHO, CDC, CARPHA, and national plans to properly classify, segregate, label, store, handle, and dispose of wastes • Provide training on waste management and infectious disease management training and surveillance programs
Air emissions from incinerator	Air pollution from inadequate incineration of waste	<ul style="list-style-type: none"> • Ensure the SOPs from the incinerator supplier are followed and that training is received from supplier • Sensitize and train staff to adequately segregate, store, and transport the waste to the incinerator and/or autoclave • Adequately budget for fuel for the incinerator and/or autoclave • Provide appropriate breathing masks to incinerator operators and other staff that work near the incinerator • Regularly monitor and maintain the incinerators to ensure they are working properly in accordance with SOPs
Air emissions from isolation unit filtration systems	Spread of airborne particles or aerosols	<ul style="list-style-type: none"> • Control airflow and provide filtration for intake/exhaust • Manage air filters as medical waste • Regularly monitor and maintain the filtration system to ensure they are working properly in accordance with SOPs
Hazardous liquid waste management	Spread of infection Contamination of streams or groundwater	<ul style="list-style-type: none"> • Liquid wastes to be stored, neutralized, and disposed of so that it is not infectious • Sensitize staff to avoid spillage of waste water on the ground surface • Sensitize staff and users of the facility to appropriately use the wastewater collection and disposal facilities

Aspect	Potential Impacts	Proposed Mitigation
Non-hazardous liquid and solid waste	Unintended mixing of wastes, vector control, waste and debris accumulation	<ul style="list-style-type: none"> • Segregate liquid and solid wastes where possible • Construct the septic tank and soak-pit according to the design specifications • The latrines or septic tank and soak pit site should be regularly monitored and serviced to prevent problems or overflow • Ensure that wastewater disposal is adequately budgeted for maintenance
Traffic Management and Access Control	Unauthorized entry to facility of vehicles or persons	<ul style="list-style-type: none"> • Control visitor access and movement into and out of the facility and surrounding areas • Establish dedicated loading and unloading areas for supply vehicles and emergency vehicles.
Community Concerns on COVID-19	Misinformation about the spread of the disease may result in the public not taking the appropriate preventative measures, which may result in the isolation facility being overwhelmed with cases.	<ul style="list-style-type: none"> • Develop and implement a communication plan for all media types with key messages on prevention for facility visitors, local community, and national level following the tool from the WHO “Risk Communication and Community Engagement (RCCE) Action Plan Guidance COVID-19 Preparedness and Response” • The plan will target the general population as well as specify messages for key vulnerable populations groups such as the elderly and their caregivers. The plan will take guidance from WHO COVID-19 guidance for preventing and addressing stigma and WHOCOVID-19 risk communication package for healthcare facilities

Phase 3 - Decommissioning

Aspect	Potential Impacts	Proposed Mitigation
Site clean-up	Risk of infection from contaminated runoff, dust, or soil	<ul style="list-style-type: none"> • Incinerate or bury contaminated solid waste and dispose ash in approved sites • Remove or seal and encapsulate any wastewater system elements
Contaminated equipment	Risk of infection from contaminated equipment	<ul style="list-style-type: none"> • Provide appropriate PPE for staff for cleaning equipment used in all areas used • Clean all equipment used following standards provided by WHO

Appendix E. 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 they 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 under this CERC 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 under the CERC and gives broader guidance and checklists for national level communication during different phases of a disease outbreak.