1.0 Considerations for COVID-19 Risk & Response

1.1 Site Readiness

A. Risk Assessment

The Contractors, with support from OPIU/PCU including EMS and DEC, should conduct a COVID-19 risk assessment starting with the workforce characteristics as a starting point since the work force may have a mix of workers e.g. workers from the local communities; workers from a different part of the country; workers from another country. Workers will be employed under different terms and conditions and be accommodated in different ways. Assessing these different aspects of the workforce will help in identifying appropriate mitigation measures:

- Consideration must include current advice from local/ national health authorities about the current situation and case numbers for COVID-19 cases in the local community/region.

  o Information on the latest number and location of COVID-19 cases in local communities where the project is located.

- What are the current legal requirements (e.g. public health orders, health directions) and how do they apply to the project?

- The Contractors should prepare a detailed profile of the project work force, key work activities, schedule for carrying out such activities, different durations of contract and rotations (e.g. 4 weeks on, 4 weeks off).

- This should include a breakdown of workers who reside at home (i.e. workers from the community), workers who lodge within the local community and workers in on-site accommodation. Where possible, it should also identify workers that may be more at risk from COVID-19, those with underlying health issues or who may be otherwise at risk.

The risk assessment should consider and address the level(s) of risk associated with various work activities and job tasks that workers perform at the worksites. Such considerations may include:

- Where, how, and to what sources of COVID-19 (SARS-CoV-2) might workers be exposed, including:

  o The general public (local communities), coworkers, suppliers, subcontractors, etc.; and

  o Those identified as high risk of infection (foreign workers, international travelers/visitors, healthcare workers, transport drivers, etc.).

- Some activities that may pose a higher risk of exposure to COVID-19 can include:

  o Travelling in personnel hoists and lifts;

  o Work that requires employees to be in close contact with others;

  o Working in indoor or enclosed spaces that have limited ventilation (e.g. indoors higher risk than outdoors);

  o Using shared tools or equipment;

  o Surfaces are touched often, such as doorknobs, elevator buttons, light switches, hand rails, etc.; and

  o Sharing facilities such as bathrooms, kitchens and communal break areas.

- Non-occupational risk factors at home and in community settings.

- Vulnerable workers (e.g., older age – greater than 55 years old; presence of chronic medical conditions, including immunocompromising conditions, cancers, diabetes, pregnancy, etc.). Note: The Project should protect vulnerable workers without inviting stigma/ discrimination in the workplace.

- Low exposure risk: Jobs or work tasks no or limited close contact with the general public and other co-workers, visitors, clients or customers, or contractors, and that do not require contact with people known to be or suspected of being infected with COVID-19. Workers in this category have minimal occupational contact with the public and other co-workers.

- Medium exposure risk: Jobs or work tasks with some contact with the general public, or other co-workers, visitors, clients or contractors, or suppliers, but that do not require contact with people known to be or suspected of being infected with COVID-19. In areas where COVID-19 cases continue to be reported, this risk level may be applicable to workers who have work-related frequent and close contact with the general public, visitors, or customers in high-population-density work environments (e.g. food markets, bus stations, public transport, and other work activities where physical distancing of at least 1 meter may be difficult to observe), or work tasks that require close and frequent contact between co-workers. In areas without community transmission of COVID-19, this scenario may include frequent contact with persons returning from areas with community transmission.

- High exposure risk – jobs or work tasks with frequent contact with the general public, or other co-workers, visitors, clients, contractors and suppliers from areas with high community transmission. In addition, this group may have high potential for close contact with people who are known or suspected of having COVID-19, as well as contact with objects and surfaces possibly contaminated with the virus (e.g. healthcare professionals, domestic/home care).

In the same work setting there may be jobs with different levels of risk, and different jobs or work tasks may have similar levels of exposure. Therefore, the risk assessment should be carried out for each specific work setting and each job or group of jobs. For each risk assessment, it is prudent to consider the environment, the task, the threat, if any, and resources available, such as preventive measures in place (physical distancing, face coverings, handwashing, PPE, etc.).

Some workers may be at higher risk of developing severe COVID-19 illness because of age or pre-existing medical conditions; this should be considered in the risk assessment of the workforce. Vulnerable workers who may be at increased susceptibility for SARS-CoV-2 infection or complications from COVID-19 and consider adjusting their work responsibilities or locations to minimize exposure. The risk assessment should incorporate vulnerable workers and where risk outcome is high, mitigation controls and preventive measures are implemented to lower the risk.

Based on the risk outcomes, preventive measures will be implemented to prevent an outbreak or lower the risk of an outbreak, and to ensure the health and safety of the workforce.

B.   Project and Community Transmission Risks

The risk of COVID-19 transmission between project workers and community members is significantly high during the pandemic and management decisions will need to be made on preventive measures as they may affect the project timelines, costs and delays. Considerations on preventive measures should include:

- Secure fixed project sites with physical barriers (e.g. fencing) to separate and minimize contact between workers and local communities. Where projects are mobile (building roads) secure worksite by temporary barriers (e.g. ropes or tapes) with signage that can be removed readily or use security guards to minimize contact between workers and outsiders.

- Consideration should be given to ways in which to minimize movement in and out of site. This could include lengthening the term of existing contracts, to avoid workers returning home to affected areas, or returning to site from affected areas.

- Workers accommodated on site should be required to minimize contact with people near the site or community, and in certain cases be prohibited from leaving the site for the duration of their contract, so that contact with local communities is avoided.

- Require workers lodging in the local community to move to site accommodation where they would be subject to the same restrictions. Where site cannot accommodate, review work activity and determine essential/ non-essential work.

- Workers from local communities, who return home daily, weekly or monthly, will be more difficult to manage. They should be subject to health screening at entry to the site and at some point, circumstances (e.g. high infection rates in the community) may make it necessary to require them to either use accommodation on site or not to come to work or work remotely.

- Group and separate local community workers from non-local workers at worksites (including common areas and accommodations) to minimize contact. Separating sites into working zones to keep the two groups of workers physically separated as much as practical. Or develop shift patterns to keep the two groups separated.

- Develop and implement procedures for deliveries and movements of materials in and out of the worksites. Minimize face-to-face contacts as much as possible and clean/ disinfect all materials coming in and going out.

- Where workers are required to engage with local communities as part of their work duties, assess the work as essential or non-essential. Where work is deemed non-essential, postpone all engagements if possible. Where it is considered essential work, avoid face-to-face meetings by using phone or online virtual communications. Workers should avoid direct engagement (in person) with local communities during this time.

Additional guidance on community transmission by WHO Western Pacific Region. COVID-19: Critical Preparedness, Readiness and Response. WHO Guidance (28 February 2020)

C.   Return to Work Plan

Based on the risk assessment, the Contractors should be able to identify essential workers that are required on the construction sites and the non-essential workers who are able to work remotely or from home. In addition, based on the risk outcomes (low, medium and high exposure risk) the mitigation measures can then be applied relative to the exposure risk, that is, the higher the exposure risk the higher the priority and mitigation measures should be focused to reduce the risk.

The Contractors, in consultation with the PIU/PMU and local public health authority or mandate (if any), should incorporate a phased-in approach as part of their return to work plan. For example, the first phase of the return to work plan should comprise of essential workers (i.e. Contractors' personnel providing critical support to restart the project) needed on the construction sites. If the first phase is successful, then a second phase should be followed. In a second phase, the Contractors can increase up to 50% of the workforce. By the third and fourth phases, 75% to 100% will return to work. At each phase, the Contractors should review current situation to ensure that resources are available, work performance not affected under the new work conditions and OHS measures are effective to prevent COVID-19 outbreak. It should be noted that when workers return to work on construction sites, they will be working under a "new normal", that is, under the conditions where COVID-19 prevention measures are fully enforced.

The Contractors should develop a return to work plan based on risk assessment, internal/ external factors and site readiness including:

- Site re-design and key preventive measures have been considered including site entry, space for physical distancing, PPE, facial coverings, shared spaces (offices, accommodations, breakrooms, mess halls, etc.);

- Availability of PPE, cleaning disinfectants, external medical care, COVID-19 testing and quarantine/ isolation facilities;

- Health and wellbeing of workers are safeguarded at any point in time (personal protection, common areas and worksites);

- Access control in place for workers, contractors and suppliers;

- Procedures in place to manage an emergency on site;

- Ability to fully track and trace infected workers on site;

- Process to manage exceptions is defined (i.e., vulnerable workers, essential/ non-essential workers, etc.); and

- Individual self-monitoring practices should be implemented.

D.   Communications and Training

- Workers need to be provided with regular opportunities to understand their situation, and how they can best protect themselves, their families and the community. They should be made aware of the COVID-19 OHS Protocols that have been put in place in the workplace, and their own responsibilities in implementing them. Contractors should provide regular communications with workers to ensure:

- All workers understand COVID-19 OHS Protocols; and

- All workers on site are kept up to date with how preventive measures are being implemented or updated.

- As part of the return to work plan, Contractors should develop COVID-19 communication and training materials for workers prior to returning to site, especially around new procedures and preventive measure for arrival to work ("new normal").

- Considerations for communication plans should include:

- Engaging with workers and worker representatives through existing communication routes to explain and agree any changes in working arrangements.

- Ongoing engagement with workers (including through trades unions or employee representative groups) to monitor and understand any unforeseen impacts of changes to working environments.

- Using simple, clear messaging to explain guidelines using images and clear language. Guidelines and messages should be translated to local language to ensure understanding by local workers.

- Using visual communications, for example, whiteboards or signage, to explain safe working practices around the working site without the need for face-to-face communications.

- Communications should be clear, based on fact and designed to be easily understood by workers, for example by displaying posters on handwashing and physical distancing, and what to do if a worker displays symptoms.

- Determine if there is a need for new communication routes or platforms such SMS text messaging, 24-hour emergency on-call services, public address systems, etc. to be able to communicate with all project workers about COVID-19 directly and immediately.

- Training should be conducted regularly to provide workers with a clear understanding of how they are expected to behave and carry out their work duties.

- Training should address issues of discrimination or prejudice if a worker becomes sick/ ill, psychological support and wellbeing, and provide an understanding of the trajectory of the virus, where workers return to work.

- Training should cover all issues that would normally be required on the work site, including use of safety procedures, use of construction PPE, occupational health and safety issues, and code of conduct, taking into account that work practices may have been adjusted.

- Train all workers with reasonably anticipated occupational exposure to SARS-CoV-2 (as described in this document) about the sources of exposure to the virus, the hazards associated with that exposure, and appropriate workplace protocols in place to prevent or reduce the likelihood of exposure.

- Training should include information about how to isolate individuals with suspected or confirmed COVID-19 or quarantine if identified as close contacts, and how to report possible cases. Training must be offered during scheduled work times and at no cost to the worker.

- Workers required to use PPE must be trained. This training includes when to use PPE; what PPE is necessary; how to properly don (put on), use, and doff (take off) PPE; how to properly dispose of or disinfect, inspect for damage, and when to replace PPE.

- Awareness and focus on the importance of mental health at times of uncertainty.

1.2 Preventive Measures

A. Physical Distancing

- Physical distancing should be based on local authority guidance. But as a minimum, physical distancing limit of one (1) meter should be adopted based on WHO guidance. Keeping everyone at least 1 meter physically apart will be challenging at some construction sites, but it is an important prevention measure to minimize the spread of COVID-19.

- To ensure that physical (social) distancing is practiced at the construction sites, the Contractors should consider the following measures:

- "Compartmentalization" - Worksites should be segregated to the extent possible in zones or other methods to keep different workers physically separated at all times. This promotes physical distancing and supports the containment if an outbreak arises.

- Place signage about physical distancing limit around the work site to remind the workers where practicable.

- Limit physical interactions between workers, workers and clients, and workers and other persons at the site (e.g. deliveries) and use other methods such as mobile phone or radio to communicate.

- Review current work activity requiring two or more workers to determine if the work can be performed by one worker with equipment assist or engineering control ('one person plus kit').

- Strict control to avoid direct physical contact with other workers (i.e. no shaking hands, hugging, touching, etc.).

- Limit worker numbers on site where possible (e.g. essential workers).

- Split workers' shifts to reduce the number of workers onsite at any given time.

- Reduce the number of tasks to be completed each day if physical distancing cannot be maintained.

- Implement or enhance shift or split-team arrangements if possible.

- Create specific walkways through the construction site to maintain physical separation.

- Identify choke points where workers are forced to stand together, such as hallways, hoists and elevators, ingress and egress points, break areas, and buses, and put in place policies to maintain physical distancing.

- In elevators, lifts and personnel hoists, ensure 1 meter distance between workers in all directions and equipment operator.

- Limit the number of workers in the hoist/ lift at any one time; prevent queues at hoists/lifts; and promote the use of stairs but be aware of any indirect risks that may arise from this and cause injuries.

- Minimize interactions when picking up or delivering equipment or materials. Organize the placement of materials to minimize movement on the work site.

- Stagger meal times and smoke breaks to limit the number of workers congregating in one area. Spread out furniture in lunch/ break rooms, mess/ dining hall, canteens, etc.

- Conduct meetings (toolbox talks, daily briefings) in wide open spaces to enable workers to keep the required physical distance of at least 1 meter; and minimize meeting time as much as possible.

- Consider no more than 10 employees at any meeting. Times for meetings may be staggered, and larger groups must be divided to meet the 10 employee maximum in different locations. For example, meetings may be held at the same time on different areas, fields or lines, in different meeting rooms, offices, etc.

- Postpone non-essential and/or group training if possible.

- Where work tasks or work locations that physical distancing cannot be achieved or maintained (e.g. linear and non-linear construction works), the Contractors should use consistent pairing system (e.g. two-person working, lifting or maintenance), minimize the time that workers work in close proximity and provide PPE for the protection of COVID-19 in addition to any other PPE that is required for the task. COVID-19 PPE includes:

- Face masks;

- Face shields (Note: face shields are used as additional protection and not a substitution for face masks);

- Gloves (disposable gloves preferred); and

- Providing hand washing facilities to include soap and water wherever possible or hand sanitizer if soap and water are not available.

- If physical distancing measures introduce new health and safety risks (e.g. because they impact communication), the Contractors will need to identify and manage those risks also.

- For work in office settings, physical distancing measures should include:

- Rearrange tables, desks and other furniture so they are at least 1 meter apart.

- Removal of some furniture may be required in order to achieve 1 meter.

- Labeling furniture as "Do not use" is also acceptable.

- Place markings on the floor at 1 meter interval in areas where queuing is likely to occur (e.g. break room, coffee machine).

- If the above guidance cannot be achieved then it is important to minimize the amount of time a worker can potentially be exposed to other workers. Below are some examples on how to achieve this.

- Close down alternate workstations in shared areas where needed to meet density guidance.

- Arrange workers to work side-by-side or facing away from each other rather than face-to-face.

- Use screens or partitions to separate workers from each other.

- Stagger work hours for groups working in the same space.

- Arranging (where possible) for work breaks to be taken in outdoor areas within the site.

- Consider changing canteen/ dinning layouts and phasing meal times to allow for physical distancing and phasing access to and/or temporarily restricting access to leisure facilities that may exist on site, including exercise gyms.

- Assign work areas to individuals.

- Postpone or minimize contact with other staff during non-essential activities.

- Do not come to work if you are feeling ill or unwell.

- While it is important to keep safe distance, it is just as important to consider how many people can occupy a space or a room at any given time. For occupancy limit, follow local authority guidance if available. If not available, it is recommended that each worker should be given a minimum of 4.5 square meters (m2) when determining how many people are permitted in an area. This occupancy number must not exceed 50% of the area's maximum occupancy. The occupancy limit number must be posted at the entrance of the space.

- Below are exceptions to this density guidance.

- Elevators/Lifts: A maximum of 2 workers should be permitted inside an elevator/ lift at any given time.

- Transportation Bus: There should be an empty seat between passengers.

B.   Work Schedules/Rotation

- The Contractors should review current work processes and timings to determine if changes are needed to reduce or minimize contact between workers, recognizing that this may impact the project schedule. Contractors and PIU/PMU should work together to an agreement if this impacts the project schedule. Considerations for work schedules could include:

- Implement split team arrangements (e.g. Team A and Team B to work on alternate days or half-day shifts).

- Decreasing the size of work teams.

- Limiting the number of workers on site at any one time.

- Minimizing the number of people within an area at any time. Limit access to the workplace or parts of the workplace to essential workers only.

- Changing to a 24-hour work rotation.

- Adapting or redesigning work processes for specific work activities and tasks to enable physical distancing, and training workers on these processes.

- Staggering start, finish and break times where appropriate

- Consider work that can be done from home when possible.

- Shift changes should be managed to reduce infection risk and leverage the opportunity to ensure optimal disinfection of the workplace. Start times must be staggered with enough time (e.g. 15-30 minutes) to allow employees to come and go with minimum interaction between shifts.

- At some point, it may be necessary to review the overall project schedule, to assess the extent to which it needs to be adjusted to reflect prudent work practices, potential exposure of both workers and the community and availability of supplies, taking into account local authority advice and instructions.

- Shift Change

- Where shift change requires the workers to clock-in, queuing in line or gathering to take place the Contractors should implement shift change procedures to ensure physical distancing.

- Workers should use the designated entrances and exits – these locations will be easily identified and posted.

- Sites with less than 200 workers on a shift, start time should be staggered if possible. For example:

- Row 1 Teams 1 to 4 – 6:00 to 6:10am

- Row 2 Teams 5 to 8 – 6:15 to 6:25am

- Row 3 Teams 9 to 13 – 6:30 to 6:40am

- For sites with over 200 employees, the site should increase the number of staggered start times.

- End of shift times should be scheduled to release workers in the order they arrived.

- Break times: Separate times by 10 minutes to have enough time to wipe tables, seats, all surfaces, etc.

- Postpone/ reduce work-related travels

- Cancel or postpone non-essential travel to areas with high COVID-19 transmission; provide PPE such as face masks, hand sanitizer to workers who must travel; advise workers to comply with instructions from local authorities where they are travelling; and information on whom to contact if they feel ill/ sick while travelling.

- Workers returning from an area of high COVID-19 transmission should monitor themselves for symptoms for 14 days and take their temperature twice a day; if they are feeling unwell, they should stay at home, self-isolate, and seek medical care.

C.   Travel to Work/ Travel between Sites

- When travelling to work or between site locations, workers should travel alone if possible. If workers have

no option but to share a vehicle, contractor bus or public transportation then they should:

- Shared Transport

- Journeys should be shared with the same individuals and with the minimum number of people at any one time.

- All workers should wear a face mask/ covering when traveling in a shared vehicle, contractor bus and public transportation.

- Wherever possible maintain a distance of 1 meter and avoid/ remove middle seat.

- Good ventilation (i.e. keeping the windows open) and facing away from each other may help to reduce the risk of transmission.

- The vehicle should be cleaned regularly using proper PPE and standard cleaning/ disinfecting products, with particular emphasis on handles and other areas where passengers may touch surfaces.

- Sites should consider:

- Parking arrangements for additional vehicles and bicycles; and

- Other means of transport to avoid public transport e.g. cycling

- Providing hand washing facilities at entrances and exits. This should be soap and water wherever possible or hand sanitizer if soap and water are not available.

- If a worker is taken ill or sick, how he/she would get home? Develop a procedure to transport ill worker back home.

- Where public transport is the only option for workers, you should consider:

- Changing and staggering site hours to reduce congestion on public transport; and

- Avoid using public transport during peak times (e.g. morning and evening hours).

- Contractor-Provided Buses

- It is the Bus Contractor's responsibility to ensure drivers are in good health.

- A bus driver is considered a contractor and must follow the Project's Contractors Self-Screening Protocol.

- Bus drivers must always wear a face mask while providing the service.

- Driver's temperature should be checked and documented before the start of each route.

- The Bus Contractor should disinfect the buses multiple times a day and as a minimum:

- Right before starting a route to pick up workers.

- Right after workers arrived at worksites.

- Workers must not use buses if they suspect they are sick, if they have symptoms such as fever or difficulty breathing, or have been in contact with other people who have any confirmed respiratory disease in the past 14 days.

D. Site Access and Egress Points

- The Contractors, in consultation with OPIU/PCU, should consider the following:

- Establish a system for controlling entry/exit to the site, securing and fencing the boundaries of the site, and establishing designated entry/exit points (if they do not already exist). Entry/exit to the site should be documented.

- Train security staff on the (enhanced) system that has been put in place for securing the site and controlling entry and exit, the behaviors required of them in enforcing such system and any COVID -19 specific considerations.

- Train staff who will be monitoring entry to the site, provide resources needed to document entry of workers, conduct temperature checks and record details of any worker that is denied entry.

- Confirm that workers are fit for work (see Section 4.3 – Daily Health Screenings) before they enter the site or start work. While procedures should already be in place for this, special attention should be paid to workers with underlying health issues or who may be otherwise at risk. Consideration should be given to demobilization of staff with underlying health issues (defined as vulnerable workers).

- Check and record temperatures of workers and other people entering the site or requiring self-reporting prior to or on entering the site.

- Provide daily briefings to workers prior to commencing work, focusing on COVID-19 specific considerations including respiratory etiquette, hand hygiene, physical distancing measures, using demonstrations and participatory methods.

- Ensure workers wearing of face masks/ coverings.

- During the daily briefings, remind workers to self-monitor for possible symptoms (fever, cough) and to report to their supervisor or the COVID-19 focal point if they have symptoms or are feeling unwell.

- Prevent a sick worker from entering the site, referring them to local medical facilities if necessary or requiring them to isolate at home for 14 days.

- Stop all non-essential visitors.

- Plan site access and egress points to enable physical distancing – may need to change the number of access points, either increase to reduce congestion or decrease to enable monitoring, including in the case of emergencies.

- Allow plenty of space between workers waiting to enter site.

- Use signage:

- Floor markings, to ensure 1 meter distance is maintained between people when queuing; and

- Remind workers not to attend if they have symptoms of Coronavirus (Covid-19) and to follow guidelines.

- Remove or disable entry systems that require skin contact (e.g. fingerprint scanners, full-body turnstiles) unless they are cleaned between each individual use.

- Handwashing/ hand-sanitizing facilities should be available at entry and exit locations at the worksite. Require all workers to wash their hands for 20 seconds using soap and water or apply hand-sanitize when entering and leaving the site.

- Regularly clean common contact surfaces in reception, office, access control and delivery areas e.g. scanners, turnstiles, screens, telephone handsets and desks, particularly during peak flow times.

- Reduce the number of people in attendance at site inductions and consider holding them outdoors wherever possible.

- Where loading and offloading arrangements on site will allow it, drivers should remain in their vehicles. Where drivers are required to exit their vehicle, they should wash or sanitize their hands before handling any materials.

- Workplace Mapping

- In the event that a project worker has being confirmed as having COVID-19 infection, those who are potentially affected (i.e. close contacts) need to be quickly identified.

- The Contractors should implement procedures to record the schedule and work locations for workers to enable tracing of those who have come into contact with the confirmed case. The record should include:

- Day and time work was undertaken;

- Members of teams that worked together;

- Specific work area on the construction site; and

- Any breaks taken, including time and location.

- Movement between sites, or areas within large sites, should be minimized as much as possible. Where attending multiple sites is necessary (e.g. managers/ supervisors, security guards, emergency responders/ paramedics, etc.) movement between sites should be recorded in the workplace mapping.

E. Personal Hygiene

<u>Hand Hygiene</u>

- Handwashing is a simple yet one of the most effective ways to prevent the spread of COVID-19 and keep yourself healthy. Germs including COVID-19 are spread from other people or surfaces when you:

- Touch your eyes, nose, and mouth with unwashed hands.

- Touch contaminated objects or surfaces.

- Cough, sneeze, or blow your nose and then touch other people's hands, or touch common surfaces such as door handles, staircase railings, and so forth.

- Everyone should be aware about the importance of hand hygiene and should be able to perform it correctly and at the right time including:

- Regular and thorough handwashing with soap and water or hand hygiene with alcohol-based hand-rub before starting work, before eating, frequently during the work shift, especially after contact with co-workers, contractors, visitors or clients, after going to the bathroom, after contact with secretions, excretions and body fluids, after contact with potentially contaminated objects (gloves, clothing, masks, used tissues, waste), and immediately after removing gloves and other protective equipment but before touching eyes, nose, or mouth.

- Hand hygiene stations, such as hand washing and hand sanitizer dispensers, should be put in prominent places (e.g. entry and exit points) around the worksite and be made accessible to all workers, contractors, suppliers, and visitors along with communication materials to promote hand hygiene. Where feasible, hand hygiene stations should be operated by foot pedal to avoid touching of surfaces.

- If using alcohol-based hand sanitizer, ensure to review the Safety Data Sheet (SDS) and perform a risk assessment as alcohol-based hand sanitizer is highly flammable. The hand sanitizer containers should be stored in dry, cool and well ventilated place. Also, hand sanitizers must be kept away from heat, sparks, flame and other sources of ignition. WHO provides additional information on hand sanitizer: Alcohol-Based Handrub Risks/Hazards.

- Frequent hand-washing is important in reducing disease transmission. If clean, running water is not accessible, use soap and available water. If soap and water are unavailable, use an alcohol-based hand sanitizer that contains at least 70% alcohol (ethanol or isopropanol) to clean hands. Hand washing is recommended on an ongoing basis. During an outbreak situation, hand washing, and the use of sanitizer should be required and verified after workers enter the canteen, break room, etc. but before workers take their food. Contractors should include hand washing and sanitizer posters in various locations of the worksite and camp to remind project workers about the hand washing requirements.

  Proper hand-washing techniques, frequency and awareness are critical in ensuring compliance and effective.

<u>Coughing and Sneezing:</u>

  Coughing and sneezing releases droplets that contaminate air and surfaces and help to spread COVID-19. When an infected person uses their hands to block a cough or sneeze, those hands become contaminated.

  The following guidelines can help reduce the spread of infection and should be made available to workers through awareness materials:

- Cover the mouth and nose with a tissue when coughing or sneezing. Put the used tissue in a wastebasket;

- When no tissues are available, cough or sneeze into the upper sleeve and not into the hands;

- Clean hands after coughing or sneezing by hand-washing. If soap and water are not available, use a hand sanitizing gel; and

- If feeling unwell, seek medical care immediately.

The Contractors should implement respiratory etiquette policies that should include:

- Promote respiratory etiquette by all people at the workplace. Ensure that paper tissues are available at the workplace, for those who develop a runny nose or cough at work, along with bins with lids for hygienic disposal.

- Prohibit spitting in public.

- If a worker is sick, they should not come to work. If a member of staff or a worker feels unwell while at work, provide a face mask and ensure they return home safely.

Communications and awareness about respiratory etiquette are essential in application and compliance.

F. Face Masks

Current information on COVID-19 transmission and infection have shown that a significant portion of individuals infected with COVID-19 lack symptoms ("asymptomatic") and even those who eventually develop symptoms ("pre-symptomatic") can transmit the virus to others before showing symptoms. This means that the virus can spread between people interacting in close proximity (speaking, coughing, sneezing) even if those people are not exhibiting symptoms. By wearing face masks workers may prevent or slow the spread of the virus at the place of work.

A "face mask" is any well-secured fabric, cloth, fabric or paper mask that covers one's nose and mouth. Disposable face masks can be well-designed disposable medical masks while reusable masks can be the do-it-yourself (DIY) cloth masks that can be made from household items such bandanas, pillow sheets or cotton t-shirts, provided they cover the nose and mouth. The purpose of face masks is to prevent the wearer from releasing respiratory droplets into the environment, which is the main source of how COVID-19 is spread. If everyone wears a face mask then this will prevent or slow the spread of COVID-19. WHO has provided an interim guidance on the use of face masks for the general public. WHO Interim Guidance: Advice on the use of masks in the context of COVID-19.

It should be noted that face masks (cloth, fabric or medical masks) are public health measures and not considered personal protection equipment (PPE). As a result, the use of face masks does not require the Contractors to follow the requirements of the respiratory protection program including health assessments, training and fit testing for workers in the workplace.

When to Use Face Masks

Contractors should follow national or local authority guidance on the use of face masks. Face masks should be worn by workers especially when physical distancing cannot be maintained or achieved, and when in communal/ shared spaces. It is prudent for the Contractors to develop a face mask policy in line with the national/ local public health requirements.

Workers who showed mild symptoms such as coughing, high body temperature (fever) should wear face masks until they are placed in isolation or until it is determined that their symptoms are not caused by COVID-19 infection.

Disposable and Reusable Face Masks

If using disposable face masks such as medical or surgical masks, the masks should be replaced when they become moist, wet, soiled, or at the end of each day. The disposable face masks that are used at worksites should be disposed as general waste. For disposable masks that are used in a medical/health clinic or worn by infected workers, the masks must be disposed in a biohazard bag and treated as biohazard waste.

Cloth or fabric face masks can be washed and reused. It is recommended to wash reusable face masks daily if use for a significant period during the day. Workers should be provided with two (2) face masks, at a minimum, to

rotate when possible. Washing can be by hand or machine wash (use warm or hot water) using normal household laundry detergent and/or bleach, and wear them again only once they are completely dry (use high heat for dryer if available). It is also recommended that clean face masks be stored in plastic bags to avoid contamination.

It is critically important to understand that the use of face masks is one of many important preventive measures including physical distancing, handwashing, personal hygiene, stay home and report when unwell, etc. and not as a substitute for other prevention measures.

It is imperative to use face masks properly to ensure effectiveness and to prevent contamination. Every worker must be able to:

- Properly put on and remove a face mask;

- Inspect face masks for tears, defects, uncleanliness, etc.;

- Know when to replace disposable face masks;

- Wash and reuse cloth/fabric masks on daily basis; and

- Understand the use and limitation of face masks (e.g. The Dos and Don'ts of Face Masks).

G.   Cleaning and Disinfection of Surfaces

Current evidence suggests that COVID-19 virus can remain viable for hours to days on surfaces made from a variety of materials. Cleaning of surfaces followed by disinfection is a best practice measure for prevention of COVID-19 in the workplace, camps and community settings.

Cleaning and disinfecting are two different processes:

- Cleaning means physically removing the germs, dirt and organic matter from surfaces. A detergent is a surfactant that is designed to break up oil and grease with the use of water. Anything labelled as a detergent will work.

- Disinfecting means using chemicals to inactivate (i.e. kill) the germs (COVID-19) on surfaces. It's important to clean before disinfecting because organic matter and dirt can reduce the ability of disinfectants to kill COVID-19. The following disinfectants are suitable for use on hard surfaces (WHO Guidance - Cleaning and disinfection of environmental surfaces in the context of COVID-19):

  o Alcohol with a concentration of 70%-90% (e.g. ethanol, isopropyl alcohol); or

  o Chlorine-based products (e.g., hypochlorite) at 0.1% (1000 ppm) for general environmental disinfection or 0.5% (5000 ppm) for blood and body fluids large spills in healthcare settings.

A combination of cleaning and disinfection will be most effective in removing the COVID-19 virus. Cleaning reduces the soil load on the surface, allowing the disinfectant to work and kill the COVID-19 virus. Disinfectant may not kill the virus if the surface has not been cleaned with a detergent first. Contact time of a minimum of 1 minute is recommended for these disinfectants or as recommended by the manufacturers.

Cleaning with detergent and water is usually sufficient. Once clean, surfaces can be disinfected. When and how often the worksites should be disinfected will depend on the likelihood of contaminated material being present. The Contractors should prioritize cleaning and disinfecting surfaces that workers often touch or handle.

Construction work inevitably requires regular touching of objects and surfaces. This means that usual cleaning schedules on construction sites will need to be increased.

- Frequently touched surfaces on a construction site, including any plant, equipment, lifts, hoists, handrails and doors, should be cleaned regularly using appropriate detergent solutions. Once cleaned, they should ideally also be disinfected regularly using appropriate disinfectant solutions.

- Personal items and items used for work such as hand tools, glasses and phones should be frequently cleansed and ideally disinfected (e.g. using isopropyl alcohol wipes).

- Site amenities, including lunch/ break room, site offices, communal areas, change rooms, toilets, showers

and drink fountains should be cleaned industrially and the frequency of this cleaning should increase.

- Camps and accommodations including canteen, ablutions, communal areas, etc. should be cleaned and disinfected on a daily basis.

Also consider reducing the number of touch points for workers. For example, leaving access doors open, where appropriate.

Workers should be provided with cleaning agents and trained to clean and disinfect plant or equipment immediately after use. Workers should each be provided with their own equipment if possible.

Routine Cleaning and Disinfection

Use the following steps to clean and disinfect surfaces:

1. Wear heavy rubber/latex reusable gloves when cleaning. Reusable gloves should only be used for COVID-19 related cleaning and should not be used for other purposes or shared between workers. Wash reusable gloves with detergent and water after use and leave to dry. Clean hands immediately after removing gloves using soap and water or hand sanitiser.

2. Thoroughly clean surfaces using detergent and water. Always clean from the cleanest surfaces to the dirtiest surfaces. This stops the transfer of germs to cleaner surfaces and allows you to physically remove and dispose of the largest possible amount of germs.

3. Prepare and use disinfectants per manufacturer's guideline. Apply disinfectant to surfaces using disposable paper towel or a disposable cloth. If non-disposable cloths are used, ensure they are laundered and dried before reusing.

4. Allow the disinfectant to remain on the surface for the period of time required to kill the virus (contact time) as specified by the manufacturer. Minimum contact time of 1 minute is recommended for most disinfectants.

PPE requirements for routine cleaning/ disinfecting

PPE to use when diluting and using disinfectants includes:

- o Rubber gloves, elbow-length if available, and
- o Eye protection (safety glasses (not prescription glasses)), safety goggles or face shields.

Cleaning of materials and PPE:

- Reusable cloths and covers should be washed in a regular cycle wash using the warmest possible setting with normal washing detergent. Avoid shaking out the items before placing in the washing machine.

- Wash your hands thoroughly with soap and water for at least 20 seconds after removing gloves.

- Regularly wash the hamper in which used PPE is stored while it is waiting to be laundered. If the hamper is not washable, use a disposable lining, and replace regularly.

- Reusable, non-washable PPE such as eye protection, should be wiped clean with a detergent solution first, then wiped over with a disinfectant, and left to air dry. Smearing or residues might result, and this can be cleaned off by using more detergent solution and rinsing clean only after the disinfectant has dried.

Cleaning and Disinfection for Suspected or Confirmed COVID-19 Infections

If a worker, contractor, supplier, client, or visitor at the worksite is suspected or confirmed to have COVID-19 infection, a thorough cleaning and disinfecting of all areas of suspected contamination will be required.

Clean and disinfect all areas (for example, offices, accommodation, bathrooms and common areas) that were used by the suspected or confirmed case of COVID-19. Close off the affected areas before cleaning and disinfection. Open outside doors and windows if possible to increase air circulation and then commence cleaning and disinfection.

- Clean and disinfect hard surfaces using either: a physical clean using detergent and water followed by a

clean with 1,000 ppm bleach solution (2-step clean), for example, household bleach or hospital-grade bleach solutions. Bleach solutions should be made fresh daily; or

- A physical clean using a combined detergent and 1,000 ppm bleach solution (2-in-1 clean) made up daily from a concentrated solution. 2-in-1 clean and disinfect retail products such as Uline 2-in-1, Clorox Multipurpose Disinfectant/ Cleaner.

Once cleaning and disinfection is complete, place disposable cloths, PPE and covers in a waste bag, place it inside another rubbish bag (double-bagging) and dispose of the bag as general waste.

There is no need to close down an entire worksite, while cleaning and disinfection takes place, particularly if the person infected, or suspected to be infected, has only visited parts of the worksite. However the cleaning and disinfection must occur before any workers return to the affected areas.

Workers cleaning an area of suspected contamination need to be equipped with appropriate Personal Protective Equipment (PPE). This includes disposable rubber, latex or nitrile gloves and safety eyewear to protect against chemical splashes. If there is visible contamination with respiratory secretions or other body fluids in the area, the cleaning staff should also wear a disposable apron. If the person with suspected COVID-19 is in the area to be cleaned (e.g. accommodation room), put on a disposable filtering facepiece respirator (e.g. N95 mask) and ask the person to step outside if possible.

Clean your hands using soap and water for at least 20 seconds, or where this is not possible, hand sanitiser of with at least 60% alcohol as the active ingredient before putting on and after removing PPE.

Cleaning equipment including mop heads and cloths should be laundered using hot water and completely dried before re-use. Cleaning equipment such as buckets should be emptied and cleaned with a new batch of disinfectant and allowed to dry completely before re-use.

Laundry

Enhanced laundry cleaning and disinfecting includes:

- Steam clean carpets, curtains, and other soft furnishings where possible;
- Scrub walls and mop floors;
- Immediately collect contaminated sheets, blankets, and pillows from the IP's bed and adjacent beds. All bedding should be transported in plastic biohazard bags. The number of workers handling the bedding should be minimized;
- Do not fluff linens and bedding as this can release pathogens;
- Launder all collected materials at high temperature (71°C or 160°F for a minimum of 25 minutes);
- If wash water cannot reach the recommended temperature, add bleach (or similar disinfectant) to the wash;
- Launder visibly soiled sheets and blankets twice;
- Launder contaminated pillows unless they have an impermeable plastic cover; in which case, disinfect them with a diluted household bleach solution of 1:10; and
- Discard heavily soiled sheets, blankets, and pillows in biohazard bags for disposal as biohazardous waste.

Disinfection involving Spraying/ Fogging

- In indoor workplaces, routine application of disinfectants to environmental surfaces via spraying or fogging is generally not recommended because it is ineffective at removing contaminants outside of direct spray zones and can cause eye, respiratory, and skin irritation and other toxic effects.
- In outdoor workplaces, there is currently insufficient evidence to support recommendations for large-scale spraying or fumigation.

- Spraying of workers with disinfectants (such as in a tunnel, cabinet, or chamber) is not recommended under any circumstances.

H.   Site Facilities

Ablution/ Toilet Facilities

- Restrict the number of people using toilet facilities at any one time (e.g. use a welfare attendant) and use signage, such as floor markings, to ensure 1 meter distance is maintained between people when queuing.

- Wash or sanitize hands before and after using the facilities.

- Enhance the cleaning regimes for toilet facilities, particularly door handles, locks and the toilet flush.

- Portable toilets should be avoided wherever possible, but where in use these should be cleaned and emptied more frequently.

- Provide suitable and sufficient rubbish bins for hand towels with regular removal and disposal.

- WHO provided interim guidance on the management of sanitation for ablution facilities: WHO Guidance Water, sanitation, hygiene, and waste management for the COVID-19 virus.

Rest Areas

Where possible, workers should be encouraged to bring their own food. They should also be required to stay on site once they have entered it and avoid eating at local food stalls, shops and restaurants.

Where there are no practical alternatives, worksite canteen may remain open to provide food to staff with appropriate adjustments for social distancing. Canteen should provide a takeaway service providing pre-prepared and wrapped food only.

Recommendations:

- Consider increasing the number or size of facilities available on site if possible.

- The capacity of each canteen or rest area should be clearly identified at the entry to each facility, and where necessary attendants provided to supervise compliance with social distancing measures.

- Break times should be staggered to reduce congestion and contact at all times.

- Drinking water should be provided with enhanced cleaning measures of the tap mechanism introduced.

- Frequently clean surfaces that are touched regularly, using standard cleaning and disinfectant products e.g. kettles, refrigerators, microwaves, etc.

- Hand cleaning facilities or hand sanitizer should be available at the entrance to any room where people eat and should be used by workers when entering and leaving the area.

- A distance of 1 meter should be maintained between users, wherever possible.

- All rubbish should be put straight in the bin and not left for someone else to clear up.

- Tables and chairs should be cleaned between each use.

- Crockery, eating utensils, cups etc. should not be used unless they are disposable or are washed and dried between each usage.

- Payments should be taken by contactless card wherever possible.

- Canteen staff should wash their hands often with soap and water for at least 20 seconds before and after handling food.

- Canteen staff and workers may use rest areas if they apply the same social distancing measures.

- Consider arrangements for monitoring compliance.

Changing Facilities, Showers and Drying Rooms

- Shower facilities should be shut down during the pandemic.

- For changing facilities, determine how many people can use it at any one time to maintain a distance of 1 meter.

- Restrict the number of people using these facilities at any one time e.g. use a welfare attendant.

- Introduce staggered start and finish times to reduce congestion and contact at all times.

- Introduce enhanced cleaning/disinfection of all facilities throughout the day and at the end of each day.

- Provide suitable and sufficient rubbish bins in these areas with regular removal and disposal.

Camp and Onsite Accommodations

The Contractors should ensure camp or onsite accommodations align with the IFC's Workers' Accommodation: Processes and Standards. The following are measures that should be taken to respond to the pandemic:

- Specify the requirement for physical distancing (1 meter distance, no handshaking, no touching, etc.).

- Close communal areas (e.g. gymnasiums, lounges).

- Implement rosters for eating and showering at staggered intervals to reduce crowding.

- Implement compulsory hand washing/hand sanitizing moments using an alcohol-based hand sanitizer or soap and water for 20 seconds.

- Ask workers to report immediately if they feel unwell and undertake temperature checks for each worker at the beginning and end of each workday.

- Quarantine for incoming expatriate workers and all residents of an accommodation block/ work group if one case of Covid-19 is suspected (until testing can rule it out).

- Keep work teams from different camps separate to reduce transmission risk.

- Identify risks from workers returning to site from visits to high transmission locations and implement robust risk assessment procedures.

- Maintain attendance registers of staff in the camp and visitors from the security

  checkpoint for at least three months to trace possible infection sources.

- Spread workers out over the available accommodation, for example meeting the EBRD/IFC GIIP standards of 4.5m2 sleeping space per worker.

- Where necessary, secure alternative housing provision for worker accommodated outside accommodation camps to minimize interactions with local communities.

- Procedures for creation of isolation and quarantine areas at the camp/ onsite accommodation.

- If laundry services are provided, clothing's, bed sheets, blankets, and pillows, towels, etc. should be considered potential contaminated and treated as such, i.e. cleaning and laundry personnel should be provided with proper PPE (N95 masks or equivalent, gloves and eye protection).

- Clean and disinfect bunks, beds, and lockers on daily basis during the pandemic.

- Do not vacuum carpets or buff floors, which can potentially recirculate the infective agent.

A Camp Accommodation checklist is provided in **Annex 1.**

I. Inbound and Outbound of Goods and Deliveries

Minimize the inbound and outbound of delivery goods should be practiced to ensure minimal contacts between project workers, suppliers, outsiders and community members. The following practices should be considered for deliveries:

- Consider procedures to reduce frequency of deliveries, for example by ordering larger quantities less often or limited to essential deliveries/ suppliers.

- Revise pick-up and drop-off collection points, procedures, signage and markings, preferably to outdoor spaces and not in confined areas with limited ventilation.

- Minimize unnecessary contact at gatehouse security, yard and warehouse. For example, non-contact deliveries where the nature of the delivery allows for use of electronic pre-booking.

- Encourage drivers to stay in their vehicles where this does not compromise their safety and existing safe work practice, such as preventing drive-away.

- Where possible and safe, having a one worker load or unload vehicles.

- Where possible, using the same pairs of people for loads where more than one is needed.

- Enable drivers to access to designate welfare facilities when required but not the same shared facilities for project workers to minimize contacts.

J. Personal Protective Equipment (PPE)

While engineering and administrative controls are considered more effective in minimizing exposure to COVID-19, PPE may also be needed to prevent certain exposures. While correctly using PPE can help prevent some exposures, it should not take the place of other prevention strategies (e.g. face masks/coverings, physical distancing, handwashing, coughing & sneezing etiquette).

The Contractors are obligated to provide the workers with PPE needed to keep them safe while performing their jobs. The types of PPE required during a COVID-19 outbreak will be based on the risk of being infected with SARS-CoV-2 while working and job tasks that may lead to exposure.

For general workers in construction work, additional PPE specific to COVID-19 prevention is not recommended but rather to apply preventive measures such as physical distancing, cloth/ fabric face masks, personal hygiene, etc., which are more effective. Construction workers should continue to use required PPE (gloves, safety glasses, hard hats, etc.), if any, that they would ordinarily use for other job tasks.

During an outbreak of COVID-19, recommendations for PPE specific to occupations or job tasks will be based on risk assessments for the workers. PPE considerations and selections should include:

- Selected based upon the hazard to the worker.

- Properly fitted and periodically refitted, as applicable (e.g., respirators).

- Consistently and properly worn when required.

- Regularly inspected, maintained, and replaced, as necessary.

- Properly removed, cleaned, and stored or disposed of, as applicable, to avoid contamination of self, others, or the environment.

Reviewing work methods to reduce use of PPE, in case supplies become scarce or the PPE is needed for healthcare or workers who that work directly with infected patients (e.g. N95 masks).

Reusable and Disposable PPE

Reusable PPE and cloth face masks/ coverings should be washed in a regular cycle wash using the warmest possible setting with normal washing detergent. Avoid shaking out the items before placing in the washing

machine.

Reusable, non-washable PPE such as eye protection or face shield, should be wiped clean with a detergent solution, then wiped over with a disinfectant, and left to air dry.

Disposable PPE such as N95 respirators, nitrile/ latex gloves and suits/ aprons used in healthcare settings (e.g. site medical clinic) should be disposed in a biohazard bag or container. Biohazard waste will be managed in accordance to local regulations.

Disposal of COVID-19 related waste

Waste generated from COVID-19 preventive measures such as cleaning/ disinfecting materials, disposable face masks, etc. are not considered biohazard waste but general waste, which can be disposed as normal waste. For COVID-19 related waste, the waste should be in double bag, stored in a secure covered shed for at least 72 hours and disposed as municipal waste.

Where there is a suspected or confirmed COVID-19 case at the worksite, the disposable face masks worn and any other waste generated by the suspected/ infected worker should be treated and disposed as biohazard waste.

K. Biohazardous and Medical Waste Management

Biohazardous and medical wastes are contaminated with blood or other infectious materials. The infectious materials pose a risk of spreading disease in humans, animals and the environment. It should be noted that the SAR-CoV-2 virus that causes COVID-19 infection has been found in body fluids such as blood, respiratory (saliva, sputum, droplets, etc.), semen and feces. See Section 3.8 Site Facilities on the sanitation of worksite and camp ablution facilities.

Contractors should be aware that any waste produced during the care of COVID-19 suspected or confirmed infected workers in the medical clinic should be treated as biohazard waste, and collected in designated biohazard containers or bags, treated and disposed by following relevant requirements (e.g., local authority, WHO). Treatment of biohazard waste is typically by autoclaving or incineration. Where autoclaving and/or incineration equipment not available within the project, the Contractors should engage with external service provider, local hospital, or health clinic to ensure biohazard waste is properly disposed.

Biohazardous waste should be reduced and segregated, so that only the smallest amount of waste is autoclaved or incinerated. Considerations of biohazard waste disposal should include:

- Handle biohazardous waste correctly for it is a potential source of further infection;
- Treat all potentially contaminated wastes generated by a suspected or confirmed COVID-19 worker as biohazardous waste unless they have been cleaned, disinfected, or laundered and can be reused;
- Store biohazardous waste in plastic bags clearly labeled Biohazardous Waste;
- Make sure sharps cannot penetrate the plastic bag;
- Double-bag or box biohazardous waste bags before transport; and
- Make sure biohazardous labels are always visible.

Considerations of biohazardous waste management, particularly in tropical climate should include:

- All biohazardous waste containers should be stored in an area/ room/ building separate from non-hazardous materials;
- Appropriate for their contents, their quantities, and the frequency of their collection;
- Unless the waste is stored in a refrigerated room, no more than 48 hours in the cool months and 24 hours in the hot months;
- The storage area floor should be impermeable, have a good drainage system, and be easy to clean and disinfect;

- A water supply, cleaning equipment, PPE, waste bags and containers should be available and easily accessible;

- It should offer easy access to staff and waste-collection vehicles;

- It should be well-guarded to prevent unauthorized access;

- Animals, insects, and birds should not be able to get in;

- It should offer protection from the Sun;

- It should host good lighting and some ventilation; and

- It should not be located near food stores or food preparation areas.

Workers who handle biohazardous waste should wear appropriate PPE including:

- Rubber boots;

- Long-sleeved gown;

- Heavy-duty rubber gloves or disposable nitrile, vinyl or latex (double gloves)

- N95 or equivalent disposable respirators;

- Goggles or a face shield; and

- Perform hand hygiene after handling biohazardous waste.

If biohazardous waste treatment is performed externally by third-party provider, the Contractors should review and understand where and how it will be treated and disposed.

1.3   Management of Covid-19 Outbreak

A.   Contractor Medical Service Obligations

Given the limited scope of the project medical facilities and service capabilities, the Contractors should ensure that external healthcare network (public and private medical facilities) is available to test and to treat suspected/ infected workers if there is an outbreak or when illness escalates. Preparation for this includes:

- Obtaining information as to the resources and capacity of local medical services (e.g. COVID-19 testing capability, number of beds, availability of trained staff and essential supplies).

- Conducting preliminary discussions with specific medical facilities, to agree what should be done in the event of ill workers needing to be referred.

- Considering ways in which the project may be able to support local medical services in preparing for members of the community becoming ill, recognizing that the elderly or those with pre-existing medical conditions require additional support to access appropriate treatment if they become ill.

- Clarifying the way in which an ill worker will be transported to the medical facility, and checking availability of such transportation. If Contractors are responsible for transporting a potentially ill worker to medical facility, both driver and passenger are to be given disposable masks and gloves. The passenger is to sit in the backseat, and the driver is to open and close the doors for them.

- Establishing an agreed protocol for communications with local emergency/ medical services.

- Agreeing with the local medical services/ specific medical facilities the scope of services to be provided, the procedure for in-take of patients and (where relevant) any costs or payments that may be involved.

- A protocol should also be prepared so that project management knows what to do in the unfortunate event that a worker ill with COVID-19 dies. While normal project procedures will continue to apply, COVID-19 may raise other issues because of the infectious nature of the disease. The PIU/PMU and

Contractors should liaise with the relevant local authorities to coordinate what should be done, including any reporting or other requirements under national law.

B.   Testing for ovid-19

It is recommended that Contractors, in consultation with PIU/PMU, to follow national/ local authorities on testing requirements for workers returning to work or workers who are ill while working onsite. The Contractors should ensure that their external medical facilities are capable of providing for both viral (PCR) and antibody testing capabilities.

C.   Daily Health Screening

The Contractors should provide daily health screenings to workers entering the worksite to ensure that workers are fit for work, identify any sick/ ill workers and to prevent an outbreak within the project. **Annex 2** provides an example of COVID-19 Daily Health Screening Protocol.

D.   Incident Management & Reporting

Due the nature of COVID-19 pandemic where an outbreak can escalate in a short period within the project, all workers confirmed with COVID-19 as defined by local health authority or by WHO case definition (WHO Interim Guidance: Global surveillance for COVID-19 caused by human infection with COVID-19 virus: interim guidance) should be classified as an OHS incident and applied the same rigor in accordance to the Project's incident management and reporting procedures. All COVID-19 cases should be investigated to determine how the infection/ transmission occurred, the potential of outbreak spreading within the Project and/or local communities, and if corrective actions are required to prevent further outbreaks.

Contractor COVID-19 Incident Management Requirements

For COVID-19 incident response and reporting, the Contractors should incorporate the following incident management procedures to ensure that COVID-19 cases are identified, managed and reported to the project management (PIU/PMU).

Step 1: Identify and confirm COVID-19 infection cases.

- Suspected COVID-19 infection: Isolate the worker until viral (PCR) testing can confirm if the worker is infected or not. COVID-19 viral testing should follow local authority guidance. Where testing is not available but the worker has COVID-19 symptoms, the worker should be quarantined for 14 days and assumed to be infected.

- Confirmed COVID-19 infection: If testing confirmed the worker is infected with COVID-19, the worker health and wellbeing should be first priority; immediate care should be provided to the worker to ensure proper care, treatment and recovery.

- The Contractors should identify the infected worker's close contacts at worksite, communal areas, and shared equipment that are potentially contaminated; co-workers identified as close contacts should be quarantined and tested (if testing is available); implement Cleaning and Disinfection for Suspected/ Confirmed COVID-19 Infections – see Section 3.7.

Step 2: Classify COVID-19 cases for notification purposes.

- Minor: The infected worker has minor symptoms (fever, headache, muscle ache, dry coughing, etc.) but does not require hospitalization. Or infected worker has no symptoms (asymptomatic) but tested positive of COVID-19. The infected worker is isolated or quarantined at home, camp, or designated location.

- Serious: The infected worker requires hospitalization for care and treatment.

- Severe: The infected worker requires to be put on a ventilator, has irreversible health effects (e.g. lung damage) or has died from COVID-19.

  Note: Classifying COVID-19 cases will likely take time as escalation of COVID-19 symptoms will take days from initial symptoms to hospitalization to ventilator, irreversible health effects etc. Contractors should work closely with the medical provider/ hospital to be updated on the health conditions of the worker and classified each case accordingly.

Step 3: Notification based on COVID-19 Case Severity.

- Contractors are responsible to notify the PIU/PMU of COVID-19 cases based on the following:

  o 'Minor' and 'Serious' COVID-19 cases will be reported on weekly incident report and documented; and

  o 'Serious' COVID-19 case will be reported within 24 hours after the incident is classified and be documented.

- Contractors should also report fitness to work weekly logs (based on the COVID-19 Daily Health Screening) of their workers to the PIU/PMU to keep a surveillance on the health status of the project workforce.

Step 4: Investigate to determine the cause/ source of COVID-19 infections.

- The Contractors should investigate to determine how the worker became infected with focus on current preventive measures to determine effectiveness and potential gaps within the COVID-19 protocols.

Step 5: Corrective And Preventive Action (CAPA).

- Where gaps or dificiencies are identified in the Contractor's COVID-19 protocols, the Contractors will implement CAPA(s) to close the gaps/ deficiencies and prevent future infections.

- The Contractors should include the status of CAPAs in weekly reporting to the PIU/PMU.

PIU/PMU COVID-19 Case Reporting Requirements

- PIU/PMU should notify the World Bank staff of COVID-19 cases based on the following:

  o 'Severe' COVID-19 cases should be reported within 48 hours after receipt of the information from the Contractors; and

  o 'Minor' and 'Serious' COVID-19 cases should be reported on a weekly basis and be documented.

- CAPA status should be included in the weekly report until the CAPA is closed.

- PIU/PMU should also notify confirmed COVID-19 cases to appropriate local governmental authorities (e.g. health department) where required.

E.   COVID-19 Outbreak EPP Drills

Outbreak exercise drills are invaluable for site readiness and the Contractors should conduct an exercise drill (desktop or field scenarios) as part of the site readiness. The exercise drill schedule (desktop and field scenarios) should be incorporated into Contractor's annual drill schedule defined in the project EPP. An example of COVID-19 outbreak drill exercise is provided in **Annex 3.**

F.   COVID-19 information Resources

Information on COVID-19 must always be credible, trustworthy, and up to date. Ideally, any document containing medical, science-based, and epidemiologic and/or infection prevention and control messages should be reviewed by an individual with appropriate credentials or expertise. Information and

recommendations will continue to evolve rapidly, and it is crucial to "get the science part right" in all communications.

Risk communication and education/ awareness on COVID-19 should include:

- Provide posters, videos, and electronic message boards to increase awareness of COVID-19 among workers and promote safe individual practices at the workplace, engage workers in providing feedback on the preventive measures and their effectiveness.

- Provide regular information about the risk of COVID-19 using official sources, such as government agencies and WHO, and emphasize the effectiveness of adopting protective measures and counteracting rumours and misinformation.

- Special attention should be given to reaching out to and engaging vulnerable and marginalized groups of workers, such as those in the informal economy and migrant workers, domestic workers, subcontracted and self-employed workers, and those working under digital labour platforms.

- Training and communication materials should be supplied in multilingual versions to support the Project's language and literacy needs (e.g. English, Hindu and local dialects).

The Contractors should ensure sources of COVID-19 health information and guidance are credible. WHO should be the first resource to use when seeking information, guidance and recommendations.

ANNEX 1: CAMP ACCOMODATION PREVENTIVE MEASURES CHECKLIST

This checklist will assist the Contractors to ensure measures that should be taken to respond to the pandemic.

Camp and Onsite Accommodation Checklist	Yes
Immediate Behavioural-change	
Specify the requirement for social distancing (2-meter distance, no handshaking).	☐
Close communal areas (e.g. gymnasiums, lounges).	☐
Implement rosters for eating and showering at staggered intervals to reduce crowding.	☐
Clean surfaces and fittings that are visibly soiled or after any spillage as soon as possible using a detergent, or a 2-in-1 detergent and disinfectant solution.	☐
Implement compulsory hand washing/hand sanitising moments using an alcohol-based hand sanitizer or soap and water for 20 seconds.	☐
Implement compulsory wearing of face masks/coverings at all times outside of their room.	☐
Ask workers to report immediately if they feel unwell and undertake temperature checks for each worker at the beginning and end of each workday.	☐
Site Access	
Quarantine for incoming expatriate workers and all residents of an accommodation block/ work group if one case of Covid-19 is suspected (until testing can rule it out).	☐
Keep work teams from different camps/locations separate to reduce transmission risk.	☐
Identify risks from workers returning to site from visits to high transmission locations and implement robust risk assessment procedures.	☐
Maintain attendance registers of staff in the camp and visitors from the security checkpoint for at least three months to trace possible infection sources.	☐
Facilities Management	
Spread staff out over the available accommodation, for example meeting the EBRD/IFC GIIP standards of 4.5m^2 sleeping space per worker.	☐
Increase frequency of cleaning/ disinfecting of facilities and accommodation at the camp.	☐
Provide closed bins lined with bags (for discarding of tissues, cleaning materials, etc.).	☐
Provide additional personal protective equipment (PPE) where necessary (e.g. disposable masks and gloves for cleaning staff, kitchen staff, and drivers).	☐
Provide adequate ventilation of all rooms and facilities.	☐

Where necessary, secure alternative housing provision for worker accommodated outside accommodation camps to minimize interactions with communities.	☐
Provide separate accommodation where possible to vulnerable workers, with more frequent cleaning and less social contact. If necessary, shielding (isolation for their own protection) could be introduced.	☐
Procedures for creation of isolation and quarantine areas at the accommodation camp.	☐
Assign dedicated workers at sites/accommodation camps to engage with outside visitors (e.g. delivery people) in order to keep outside contact to a minimum, and provide these workers with specialist training.	☐
Revise work programmes to focus on program-critical activities, minimizing unnecessary work, and change shift work to reduce the number of staff on site at one time.	☐
Cleaning and Disinfection	
If laundry services are provided, clothing's, bed sheets, blankets, and pillows, towels, etc. should be considered potential contaminated and treated as such, i.e. cleaning and laundry personnel should be provided with proper PPE (N95 or equivalent, gloves and eye protection).	☐
Have all workers involved in cleaning and disinfection wear proper PPE including N95 or equivalent, gloves and eye protection;	☐
Immediately clean and disinfect contaminated surfaces which were exposed to the IP. Some pathogens can remain viable for several days on surfaces such as floors, walls and furnishings.	☐
Clean hard surfaces (railings, tables, chairs, counters, desktops, keyboards, telephones, pens, pencils, exercise equipment, etc.) with soap and water using a disposable cloth, and disinfectant bleach solution.	☐
Disinfect frequently-handled surfaces such as door handles, taps, and toilets at least twice daily with disinfectant bleach solution.	☐
Clean bunks, beds, and lockers with disinfectant.	☐
Do not vacuum carpets or buff floors, which can potentially recirculate the virus. Steam clean carpets if possible and wet mop floors only during pandemic.	☐
After use, disinfect non-disposable mop heads, cleaning materials, PPE, etc. and throw away disposable items as general waste (not considered biohazardous once they have been disinfected – minimized biohazard waste).	☐

Annex 2 - Daily Health Screening Protocol

The Contractors should develop and implement a daily self-screening protocol for COVID-19. The intent of the Daily Self-Screening Protocol is to identify workers who may be infected from coming to work and potentially spreading infection at worksites. For workers living in Project camps, the daily self-screening protocol will ensure the ill/ symptomatic workers are identified and isolated to prevent further spread within the project sites.

The daily self-screening protocol should address:

- Workers who answered 'Yes' to any questions in the protocol should be urged to stay at home, self-isolate, contact medical services for consultation, and notify their supervisor/ managers as soon as it is practicable.

- Where local community transmission is high, and work continues, allow for a telemedicine consultation where available, or consider waiving the requirement for a medical note for workers who are sick so that they may stay home.

- All workers should be urged to perform the Daily Self-Screening Protocol and also to take their body temperature when required.

<u>Visitors and Clients</u>

The Contractors should limit visitors to business-critical work only and prohibit normal visitation until further notice. When business-critical, in-person visits must occur, such as to allow equipment or facilities to remain operational, they should be in accordance with the Project's pandemic preparedness and response plan including the application of COVID-19 Daily Self-Screening Protocol. The person responsible for hosting the visitor(s) will provide the self-screening protocol prior to the visit. It is highly recommended that Contractors/PIU should prohibit visitors/ clients who failed the Daily Self-Screening Protocol from visiting the project sites.

Site Arrival Health Screening

The Contractors should conduct COVID-19 screening questionnaires for everyone arriving at the work and camp sites. The purpose of the screening supports with identifying potential illness and confirm that new arrivals have not recently developed symptoms. The following questions will be asked as part of the health screening process:

- Do you feel like you are getting sick?

- Have you had a fever (38 degrees Celsius or 100.4 degrees Fahrenheit) or chills in the last 24-hours?

- Have you started having any of the following symptoms in the last 24-hours?

    o Fever or chills

    o Cough

    o Shortness of breath or difficulty breathing

    o Fatigue

    o Muscle or body aches

    o Headache

    o New loss of taste or smell

    o Sore throat

    o Congestion or runny nose

    o Nausea or vomiting

If the workers answer 'yes' to any of these questions, they should be directed (escorted) to the project medical facilities for further evaluation. They must not be permitted to go to the worksite or camp facilities at any time.

If workers answer 'yes' to the following serious symptoms below they must be immediately seek medical care at project medical facilities and be transported to local hospital/ health clinic as soon as possible:

- Persistent pain or pressure in the chest;

- Trouble breathing;

- New confusion;

- Inability to wake or stay awake; and

- Bluish lips or face.

On-Site Health-Temperature Screening Protocol

The Contractor's medical provider should implement a daily body temperature screening along with the health questionnaire protocol for all arrivals at the site. The body temperature protocol is as follows:

- If worker temperature is 38ºC (100.4ºF) and above, or he/she exhibits visible symptoms of illness consist with COVID-19, the worker will be directed/ escorted to the Contractor Medical Clinic for further evaluation.

- If using an infrared camera for screening, a second temperature check should be performed using hand-held infrared thermometer and measured temperature at the worker's forehead. If temperature is 38ºC (100.4ºF) or higher, then direct the worker to the medical clinic.

- The worker should be provided with a medical mask and asked to wear it before proceeding to the medical clinic for further evaluation.

Note: Ear, temporal and rectal temperature of 38ºC (100.4ºF) and above higher is considered a fever. Where national or local authorities recommend action to be taken on detection of a lower or higher temperature than 38°C, this should be complied with.

Temperature screening PPE requirements for testing personnel

Appropriate PPE for testing workers should be made available. No testing will take place where PPE is not available. It is the responsibility of the Project/ Contractors to have adequate and suitable PPE available at points of use.

All thermo-testers shall have at a minimum the following PPE available at the point of use. Where stock is depleted during testing the task will stop and replenishments sought.

Testing PPE shall include:

- N95 or equivalent respirators;

- Disposable gloves (nitrile, vinyl or latex);

- Long sleeve medical shirt or disposable medical apron; and

- Eye/ face protection such as safety glasses/goggles and face shields (visors).

Finally, if a worker does not perform the daily self-screening including body temperature measurement, the Contractors will direct the worker to leave work, obtain medical clearance and provide an official certificate prior to returning to the Project premises, following the country's medical leave regulation. (Legal requirements should be reviewed in each country.)

COVID-19 Self-Screening Questionnaire

The purpose of this questionnaire is to assist workers in determining their fitness status prior to start of work. This protocol can be extended to contractors or visitors.

All workers need to have an understanding of the symptoms associated with COVID-19 and must not report to work if they are exhibiting those symptoms or any signs of illness.

Workers must perform self-screening using the questionnaire below. This can be accomplished through a variety of ways in the Project such as at the entrance to the worksite, canteen and office, daily emails, before leaving to work, etc. The Contractors do not need to document the responses but must demonstrate that they have implemented this protocol for their workers.

If you answer Yes to any questions below, YOU must seek medical care immediately as you are in danger of COVID-19 complications!	YES
Do you any of the following symptoms?	
Trouble breathing?	☐
Persistent pain or pressure in the chest?	☐
New confusion (e.g. suddenly become confused, cannot think straight)	☐
Inability to wake or stay awake	☐
Bluish lips or face	☐
If you answer YES to any questions below, YOU must not come to work or be permitted in the workplace, seek medical advice, <u>self-isolate</u> and notify your Supervisor/Manager.	
Do you have any of the following symptoms?	
Fever (38 degrees Celsius or 100.4 degrees Fahrenheit) or chills in the last 24-hours?	☐
Shortness of breath or difficult breathing?	☐
Sore throat?	☐
Cough (excluding chronic cough due to a known medical reason other than COVID-19)?	☐
Sneezing?	☐
Diarrhoea (excluding diarrhoea due to a known medical reason other than COVID-	☐

19)?	☐
Loss of sense of smell and/or taste?	☐
Fatigue or tiredness?	☐
Muscle or body aches?	☐
Congestion or running nose?	☐
Headache (not normal and extreme)?	☐
Congestion and runny nose?	☐
If you answer Yes to any questions below, YOU must not come to work or be permitted in the workplace, seek medical advice, <u>self-quarantine</u> and notify your Supervisor/Manager.	
Have you been overseas in the last 14 days?	☐
Have you been in close contact with anyone who has coronavirus (COVID-19) in the last 14 days? Note: Close Contact is defined as being within 1 meter of a COVID-19 positive person for more than 10 minutes; (close contact can occur while caring for, living with, visiting, or sharing a healthcare waiting area or room with a COVID-19 case) or having direct contact with infectious secretions of a COVID-19 case (e.g., being coughed on).	☐
Have they been in contact with anyone who is currently being tested for coronavirus (COVID-19)?	☐
Do you have anyone in your household who has symptoms consistent with COVID-19?	☐

Project Medical Clinic Contacts: _____

Local/ Third Party Medical Services Provider Contacts: _____

Annex 3 - Example Desktop COVID-19 Drill Exercise

Sponsoring Company	Contractors
Impacted Operations	Construction and camp sites
Type of Exercise That is, Training Session, Tabletop Simulation	COVID-19 Outbreak Tabletop/ Training exercise
Exercise Description	This exercise has been developed to enable the participants to test their COVID-19 plans and identify areas for development and or/improvement. **Scenario:** At 0630am Contractor's Site Medical Provider informs management and that an employee was taken to the clinic at 10pm last night *(Date TBC)* with a fever. He indicated that the symptoms began at approximately 7:30pm an hour after dinner. He has been placed in isolation at the clinic. By 0900am this morning *(Date TBC)* there have been 5 more cases of fever and coughing of varying degrees of severity. Three of the cases have arrived/been brought to the clinic and two are ill in their rooms. In summary there are a total of six cases reported ill to the clinic over last 12 hours. By 1 pm on day 1 there are a total of 10 cases identified by the Contractor's Medical Provider. After testing the 10 workers, results indicate 7 workers are positive for COVID-10 which was confirmed by PCR testing, and they were all isolated. By Day 5, a total of 20 suspected new cases and are now spread across the Project. Multiple workforce groups are affected including construction workers, kitchen staff, cleaners, security guards (including 3 local workers who do not reside on the Project and travel to the Project each day). By Day 12, there are total of 20 confirmed COVID-19 cases and 15 suspected cases within the Project. The Project's Community Outreach Specialist has indicated that rumours of COVID-19 outbreak in the Project have spread within local communities.
Exercise Objectives	The overall exercise objective is to demonstrate (and test) that key Contractor personnel understand how they would respond to an outbreak of COVID-19 infections in the Project with community involvement and how appropriate internal and external interfaces can

	be successfully managed. Subsidiary objectives are: • Review roles and responsibilities of all parties involved in the response prior to the exercise • Test the preparedness of the Project to adequately respond to COVID-19 outbreak affecting multiple workers. • Test communication flow between Contractors, PIU/PMU, local health authorities and worker and community representatives. • Test communication flow between internal and external notifications (as appropriate). • Simulate communications on the impact and possible response if the pathogen is transmitted into the surrounding community. • Practical training for all participants. **Resources** • Project Emergency Preparedness Plan • Project OHS Management Plan • COVID-19 OHS Protocols
Exercise Date(s)	TBC
Location	TBC
Response Team(s) involved:	• Contractor's Construction Manager • Contractor's OHS Manager; • Contractor's Health Services Provider; • Contractor's Community Outreach Specialist; • Contractor's Camp Management Lead, and if applicable; • Representatives from the Subcontractor(s), suppliers and PIU/PMU.
Other Participants: • **Agencies** • **Contractors** • **Exercise Controllers** • **Role Players** • **Others**	Considerations should include: • Local health authorities • Community leaders • Contractor's HR and Security
Total Number of Participants - TBC	• TBC

Summary of what went well;

• Insert a summary of the sequence of events, who attended, infrastructure involved, communications internally / externally and defined what went well

Improvement Opportunities Action Plan:

• Insert improvement opportunities, based on the outcomes of the drill.