Generic ESMP (Environmetal and Social Management Plan) for the proposed health care facility related construction works

Abbreviations

BH	Base Hospital
CEA	Central Environmental Authority
CoV	Corona Virus
CoVID	Corona Virus Disease
DGHS	Director General of Health Services
DH	District Hospital
EHS	Environment, Health and Safety
EPL	Environmental Protection License
ESF	Environmental and Social Framework
ESIA	Environment and Social Impact Assessment
ESMF	Environment and Social Management Framework
ESMP	Environment and Social Management Plan
ESS	Environment and Social Standard
GRM	Grievance Redressal Mechanism
HCF	Health Care Facility
HCWM	Health Care Waste Management
HCWMP	Health Care Waste Management Plan
ICU	Intensive Care Unit
LMP	Labour Management Procedure
MOH/MOHIMS	Ministry of Health/Ministry of Health and Indigenous Medical Services
MRI	Medical Research Institute
NCCWM	National Committee on Clinical Waste Management
NDVP	National Deployment and Vaccination Plan
OHS	Occupational Health and Safety
PCR	Physical Cultural Resources
PDHS	Provincial Director of Health Services
PMCU	Primary Medical Care Unit
PPE	Personal Protective Equipment
QTC	Quarantine and Testing Centers
RDHS	Regional Director of Health Services
SEA/SH, GBV	Sexual Exploitation and Abuse/Sexual Harassment
SEP	Stakeholder Engagement Plan
SLCM	Sri Lanka College of Microbiologists
SMoPCLGA	State Ministry of Provincial Councils & Local Government Affairs
SWML	Scheduled Waste Management License
WHO	World Health Organization
WIN	Women In Need

Environmental and Social Management Plan for Implementation

The following Environmental and Social Management Plan (ESMP) has been developed in line with 'generic ESMP' provided in the ESMF and presents best practice measures to be incorporated into the various stages of project implementation in order to ensure and mitigate associated environmental and social impacts related to the proposed health care facility related construction activities

All relevant internal best practice guidelines issued by the World Health Organization (WHO) and national guidelines issued by the Ministry of Health (MoH) have been referred to in all respective sections in the ESMP itself.

Guidelines Used:

- Guidelines for Design and Construction of Hospital and Health Care Facilities- The American Institute of Architects Academy of Architecture for Health the Facility Guidelines Institute with assistance from the U.S. Department of Health and Human Services: 2018
    - (*Further guidance is available in the form of the Guidelines for Design and Construction of Residential Health, Care, and Support Facilities- 2018 and Guidelines for Design and Construction of Outpatient Facilitie-2018)*
- Mainstreaming Environmental Management in the Health Care Sector Implementation Experience in India & A Toolkit for Managers-VOLUME I & II- The World Bank: 2012
- World Bank Group General Environmental Health and Safety Guidelines:2007
- World Bank Group Environmental, Health, and Safety Guidelines for Health Care Facilities: 2007
- Coronavirus disease (COVID-19) advice for the public, World Health Organization, https://www.who.int/emergencies/diseases/novel-coronavirus-2019/advice-for-public, Accessed on 20 April 2020
- World Bank Group, 'ESF/Safeguards Interim Note: COVID-19 Considerations in Construction/Civil Works Project,' April 7, 2020
- UNICEF — COVID-19 response: Considerations for Children and Adults with Disabilities, http://www.internationaldisabilityalliance.org/sites/default/files/covid-19_response_considerations_for_people_with_disabilities_190320.pdf, Accessed on 19 April 202

ESMP for the proposed health care facility related construction works

ESMP for the Design Phase

Activities and Associated Environmental and Social Impact	Protection and preventive measures	Timeline	Mitigation cost	Responsibility	
				Implementation	Monitoring
Design Stage					
Location	• Consultations with relevant stakeholders, including local communities in the vicinity of the proposed facility, will be organized to seek their feedback on the location of the construction work	At the site selection phase	No Associated Cost	MoH and hospital management	PMU/MoH, Hospital Management
Incorporation of Environmental Design Recommendations	• The engineering design of the project should take the following into consideration: o the connection of the building or infrastructure to the potable water system and the capacity of the existing water distribution network, or the need to establish a water supply system for the building (well, storage tank, desalination system or station, etc.); o the connection to the sewerage network and the need for capacity expansion for receiving collectors or the need for a wastewater treatment system for the building (septic tank, infiltration ditch); o the treatment of wastewater from cafeterias and restaurants, if any, before being discharged to the	During design preparation	Design Cost	MoH and HCF Management	PMU/MoH, EPA,IC

Activities and Associated Environmental and Social Impact	Protection and preventive measures	Timeline	Mitigation cost	Responsibility	
				Implementation	Monitoring
	sewerage networks or the wastewater treatment system. o the adequate management of runoff and the facilities for its recollection and evacuation, having in mind the existing downstream systems. o the systems of recollection, storage and transportation of solid wastes generated in the building, incorporating the structures for separation and recycling. o appropriate access systems for pedestrians, cars and bicycles. o appropriate access system for children and handicapped people, including ramps for wheelchairs and other requirements as per universal access norms; o the need to integrate building design with architectonic characteristics of the surrounding neighborhood; o avoiding the use of materials such as wood from unlicensed sources, lead-based paints, asbestos in any form. o ensuring structural safety				

Activities and Associated Environmental and Social Impact	Protection and preventive measures	Timeline	Mitigation cost	Responsibility	
				Implementation	Monitoring
	o clearly demarcating exit and entry ways and ensuring adequate light and ventilation via natural sources where possible, in the design.				
Functional layout and engineering control for nosocomial infection	• The following minimum design requirements should be taken into consideration during facility layout and design to ensure infection control. o Installation guidelines for sheetrock Management of water-related infections in HCFs can be reduced by taking special care of the water supply such as supplemental treatment of water with heat and/or chemicals. ▪ Ensure appropriate wastewater treatment infrastructure is built into the design or existing facilities are augmented to handle and additional load of waste water. o Location of sinks and dispensers for handwashing products and hand hygiene products o Air-handling systems engineered for optimal performance, easy maintenance, and repair ▪ Heating, Ventilation and air conditioning (HVAC) systems in health-care facilities	During design preparation	Design Cost	MoH and HCF Management	PMU/MoH, EPA,IC

Activities and Associated Environmental and Social Impact	Protection and preventive measures	Timeline	Mitigation cost	Responsibility	
				Implementation	Monitoring
	should be designed to maintain the indoor air temperature and humidity control odors, remove contaminated air, facilitate air-handling requirements to protect susceptible patients and minimize the risk for transmission of airborne pathogens from infected patients. ▪ Decreased performance of health-care facility HVAC systems, filter inefficiencies, improper installation, and poor maintenance can contribute to the spread of health care–associated airborne infections so the systems should be evaluated in existing HCWFs and augmented as required via design. ▪ Construction design and function considerations for environmental infection control are detailed in the guidance documents (as referred above). o Medical Gas system for the selected wards/isolation units, and HDU's should be designed and engineered for optimal performance. o Air Change per Hour (ACH) and pressure differentials to accommodate special patient-care				

Activities and Associated Environmental and Social Impact	Protection and preventive measures	Timeline	Mitigation cost	Responsibility	
				Implementation	Monitoring
	areas o The design should incorporate adequate designated areas for the storage of health care waste management. ▪ Where required appropriate specific areas for establishment of autoclaves and other on-site disposal facilities well away from patient care areas. ▪ Location of fixed sharps containers ▪ Types of surface finishes (e.g., porous vs. non-porous) o A safe location of the water tank and storage. o Well-caulked walls with minimal seams o Location of adequate storage and supply areas o Appropriate location of medicine preparations areas (e.g., >3 ft. from a sink) o Appropriate location and type of ice machines and water dispensers (e.g., preferably ice dispensers rather than ice bins)				

Activities and Associated Environmental and Social Impact	Protection and preventive measures	Timeline	Mitigation cost	Responsibility	
				Implementation	Monitoring
	o Appropriate materials for sinks and wall coverings o Appropriate traffic flow (e.g., no "dirty" movement through "clean" areas) o Isolation rooms with anterooms as appropriate o Appropriate flooring (e.g., seamless floors in dialysis units) o Sensible use carpeting (e.g., avoiding use of carpeting in special care areas or areas likely to become wet)* o Convenient location of soiled utility areas o Properly engineered areas for linen services and solid waste management o Location of main generator to minimize the risk of system failure from flooding or another emergency				
Incorporation of Green Design	• The architectural and engineering designs of projects should incorporate and reinforce the criteria of environmentally friendly buildings. o This should take place during the conceptualization stage and should include: o separation of the potable water systems from	During design preparation	Design Cost	MoH and HCF Management	PMU/MoH, EPA,IC

Activities and Associated Environmental and Social Impact	Protection and preventive measures	Timeline	Mitigation cost	Responsibility	
				Implementation	Monitoring
	irrigation systems; o maximizing natural light in order to minimize artificial light needs; o planting of native species in gardens and green areas; o natural ventilation systems, minimizing the necessities of air-conditioning where appropriate				
Application of principles of universal access in HCF design	• Seek input from local community and other relevant stakeholders, including people with disabilities, women, and elders, Disabled People's Organizations (DPOs), etc., on the HCF design • Incorporate principles of universal access for groups of higher sensitivity or vulnerable (potentially elderly, those with preexisting conditions, or the very young) o HCF to be built at ground level, where appropriate, or at least have one entrance ramp and level internal design o Chairs placed for use by people who cannot stand while transacting business. o Enough open space in the waiting areas for	During design preparation	Design Cost	MoH and HCF Management	PMU/MoH, EPA,IC

Activities and Associated Environmental and Social Impact	Protection and preventive measures	Timeline	Mitigation cost	Responsibility	
				Implementation	Monitoring
	wheelchair users, luggage, etc. o Doors sufficiently wide for wheelchair users and people who assist patients. o Directional signage that is visible, easily understood and clearly marked, including with pictographs, for reception desk, bathrooms, doctor's offices, etc o Accessible, spacious toilets and dressing rooms • Make provision for gender-sensitive infrastructure such as segregated toilets, menstrual pad disposal facilities and adequate lighting at treatment centers promoting a gender friendly environment and enhance women and girls' safety. *Universal design will be integrated into the procurement process by establishing procedures which mandate universal design concepts*				
Design of facility should reflect specific treatment requirements, including triage, isolation or quarantine	• The design, set up and management of will take into account the advice provided by WHO guidance for Severe Acute Respiratory Infections Treatment Center. • Hand washing facilities should be provided at the entrances to health care facilities in line with WHO Recommendations to Member States to Improve Hygiene Practices. • Isolation rooms should be provided and used at medical	During design preparation	Design Cost	MoH and HCF Management	PMU/MoH, EPA,IC

Activities and Associated Environmental and Social Impact	Protection and preventive measures	Timeline	Mitigation cost	Responsibility	
				Implementation	Monitoring
	facilities for patients with possible or confirmed COVID-19 or any infectious/communicable disease. • Isolation rooms should: o be single rooms with attached bathrooms (or with a dedicated commode); o ideally be under negative pressure (neutral pressure may be used, but positive pressure rooms should be avoided) o be sited away from busy areas or close to vulnerable or high-risk patients, to minimize chances of infection spread; o have dedicated equipment (for example blood pressure machine, peak flow meter, pulse oxymeter, thermometer and stethoscope) o have signs on doors to control entry to the room, with the door kept closed; o have an ante-room for staff to put on and take off PPE and to wash/decontaminate before and after providing treatment.				

Activities and Associated Environmental and Social Impact	Protection and preventive measures	Timeline	Mitigation cost	Responsibility	
				Implementation	Monitoring
Design to consider mortuary arrangements to ensure no impacts arise in relation to insufficient capacity or existing facilities and potential spread of infection.	• Include adequate mortuary arrangements in the design • See WHO Infection Prevention and Control for the safe management of a dead body in the context of COVID-19)	During design preparation	Design Cost	MoH and HCF Management	PMU/MoH, EPA,IC
Environmental & Social Management Plan (ESMP)	• A site specific. ESMP and relevant guidelines (including Code of Conduct) will be included as a Special Condition in the Bid Document; and ESMP should be attached to contract to form part of the contract requirement. • The ESMP will also be equally applicable to sub-contractors including nominated sub-contractors if any. The Contractor will be responsible for the compliance with the requirements of the ESMP. With the assistance of the "Engineer" on behalf of the Employer the Project Proponent (PP) will monitor the compliance of the ESMP by the Contractor. • The bidders are advised to carefully consider the ESMP requirements during construction stage when preparing the bid and pricing the items of work. The prescriptions and clauses detailed in the ESMP are integral components of the	Prior to contractor mobilization on the ground	Preparation cost incurred by MOH, implementation cost embedded in engineering cost of contractor. To be provided as a provisional sum and/or as part of the engineering cost	To be provided as a provisional sum and/or as part of the engineering cost	To be provided as a provisional sum and/or as part of the engineering cost

Activities and Associated Environmental and Social Impact	Protection and preventive measures	Timeline	Mitigation cost	Responsibility	
				Implementation	Monitoring
	specifications for relevant item of work unless separate items are included in the Bill of Quantities. Thus, separate payments will not be made in respect of compliance with the ESMP. • The ESMP will be consulted with the relevant stakeholders, and disclosed to the general public including the grievance redress mechanism for stakeholders and for the project workers. • In case the Contractor or the sub-contractor/s fails to implement the ESMP recommendations, the Engineer will inform them in writing. After informing in writing to the Contractor, the Engineer will take whatever actions it is deemed necessary to ensure that the ESMP is properly implemented. • The Contractor through an Appointed Environmental & Social Officer (E&SO) shall assist the "Engineer" to conduct his duties as required in the ESMP implementation by; (a) maintaining up to date records on actions taken by the Contractor with regard to the implementation of ESMP recommendations (b) through timely submission of reports, information and data to the Employer through the Engineer, (c) via participating in the meetings conveyed by the Engineer or any relevant line agency and (d) any other assistance requested by the "Engineer".				

ESMP for the Pre-Construction and Construction Phase

Pre-Construction/Site preparation phase						
1.	**Site clearance /vacating of an existing COVID-19 treatment Centre/ward**	• All patients in a building which will be undergoing refurbishment /civil works will be transferred in to an identified safe COVID treatment unit. • The unit/building will be disinfected as per MoH guidelines for COVID1-9, by MoH staff under the instruction of a microbiologists. • All waste will be disposed as per the MoH guidelines and best practices foe handlings COVID-19/infectious waste. • The disinfection will take place 14 days prior to hand over of the site to the contractor. All laborer's/workers/contractors will be made aware of any health risks that might arise due to the facility being a COVID-19 ward.				
2.	**Site Access Closure to avoid risk to public and HCWs**	• All public access to the site via adequate	Prior to commencing	Engineering Cost	Contractor	PMU/MoH, EPA,IC

	from construction site.	fencing and signage which prohibit public access completely, in order to avoid risk to the public. • The site entrance will include adequate signage indicating the details of the proposed subproject, implementing agencies etc as well as safety signage to keep public away. o A fence shall be erected to cover the entire perimeter of the facility using cost effective fence materials consisting of chain link fence fabric, concrete post, etc. as specified in the Technical Specifications in order to ensure, animals and public are unable to access the site. o To avoid land disturbance and movement, the fence shall generally follow the contour of the ground. o Grading shall be performed where necessary to provide a neat appearance	works on site			
3.	**Material Sourcing leading to an impact on Natural Resource supplies cumulatively.**	• The contractor is required to ensure that all construction materials, including gravel, sand, earth as well as other quarry material for construction is sourced from licensed sources.	Prior to commencing works on site	Engineering Cost	Contractor	PMU/MoH, EPA,IC

		• Sourcing of any material from protected areas and/or designated natural areas, such as earth is strictly prohibited. .				
4.	**Work Site Management to ensure minimal accidents on site.**	• The contractor will be required to identify an area onsite to store construction materials and equipment which should be approved by the engineer and demarcated for material storage as per the site plan. • Parking, repairing vehicles, machinery and equipment shall be done stationed only at the work site and/or in any other designated areas by the engineer. • The contractor should provide instruction and advice should be given to drivers and operators (both companies owned and hired) to park vehicles and store equipment at this designated area.	Prior to commencing works on site and During construction	Engineering Cost	Contractor	PMU/MoH, EPA,IC
5.	**Potential capacity of spread of infection due to introduction of workers to local communities. Specifically, workers coming from infected areas, infected workers may lead to co-workers becoming infected and there is the high risk of introducing**	• Where possible all attempts must be taken to use labor already present in the local area. • In addition, the following measures in reference to the LMP must be undertaken to mitigate and manage these potential impacts. o Consider ways to minimize/control movement in and out of construction	Prior to commencing works on site	Engineering Cost	Contractor	PMU/MoH, EPA,IC

	infection into community/general public	areas/site. o If workers are accommodated on site require them to minimize contact with people outside the construction area/site or prohibit them from leaving the area/site for the duration of their contract o Implement procedures to confirm workers are fit for work before they start work, paying special to workers with underlying health issues or who may be otherwise at risk o Check and record temperatures of workers and other people entering the construction area/site or require self-reporting prior to or on entering o Provide daily briefings to workers prior to commencing work, focusing on COVID-19 specific considerations including cough etiquette, hand hygiene and distancing measures. o Require workers to self-monitor for possible symptoms (fever, cough) and to report to their supervisor if they have symptoms or are feeling				

		unwell o Prevent a worker from an affected area or who has been in contact with an infected person from entering the construction area/site for 14 days • Preventing a sick worker from entering the construction area/site, referring them to local health facilities if necessary or requiring them to isolate at home for 14 days				
6.	**Labor Camps Management Procedures and managing impacts associated with labor and communities**	• Due to safety and public health issues prevalent at the site, it should be assessed if labor camps may be established on site. • Resting facilities and the site office will be located closer to the site entrance and away from the waste mound. • Separate resting and sanitary facilities for both men and women laborers. • An internal transparent and accountable system will be established within the contractor's company to tackle issues of sexual exploitation, abuse & harassment, physical and psychological harassment and bullying. Details of this system will be shared with PMU prior to signing any contracts or agreements. • In terms of labor camps, the following	Prior to commencing works on site and During construction	Engineering Cost	Contractor	PMU/MoH, EPA,IC

		measures will be adhered to, where relevant: o The location, layout and basic facility provision of labor camps to be set up will be submitted to the Engineer prior to establishment. o The establishment of labor camps will commence only upon the written approval of the Engineer. • The contractor shall maintain necessary living accommodation and ancillary facilities in functional and hygienic manner and as approved by the Engineer. • All temporary accommodation will be established and maintained in such a fashion that uncontaminated water is available for drinking, cooking and washing. • The sewage system for the camp, if not available, will be planned and implemented with concurrence from the Local Public Health Officer (PHI). • All provisions that are required under 'The Factories Ordinance' and 'National Institute of Occupational Safety and Health Act, No. 38 of 2009' will be strictly adhered to. • All project offices will be free of pests. Where pests are detected pest control				

		measures will be taken immediately. • Fire detection and firefighting equipment will be available at all project offices. • Emergency evacuation plan will be established for all project offices and staff will be made aware of the plan and periodic simulation exercises that needs to be implemented. • Adequate safety signs will be installed at the work site giving clear direction. These will be provided in addition to English in the language of the workforce.				
7.	**Term & Conditions of employment, Code of Conduct & training.**	• No labor under the age of 18 can be hired for work under this contract & use of forced labor or conscripted labor will be prohibited. • Workers will be provided with an employment letters/contract providing details of employment terms and conditions. • Maximum working hours, leave, salary and other payments will adhere to regulations as stipulated in the national labor legislature. • The contractor is required to develop a labor code of conduct and translate it into local languages upon clearance from the Engineer. The code of conduct must be made available to all staff and displayed in the work site in	Prior to commencing works on site and During construction	Engineering Cost	Contractor	PMU/MoH, EPA,IC

		local languages. All workers will be required to sign the Code of Conduct. • Labor awareness programs to educate the workers about the code of conduct, general conduct, the Environmental and Social Management Plan, Infection Control Norms and use of PPE, Occupational Health and Safety, contingency plan or other such measures for to address COVID-19 prevention and/or outbreak at the site, etc., will be conducted throughout the contract period as agreed in the contractual documents in line with the sub-project specific ESMP. (Additional requirements relating to infection control relating to COVID-19) is presented below). • A toolbox training prior to commencing any physical work and equal training opportunity will be available to all staff working in the project without discrimination • All vehicles used by any contractor for the purpose of the project will have valid registration, insurance and road worthiness. • To ensure enforcement of these measures, relevant provisions will be included in the employment contracts of all workers and necessary documentary evidence will be shared with the PMU including proof of employment.				
8.	**Special Infection Control During Covid-19**	• Contingency plans (or if relevant, extension of project emergency and preparedness plan or a standalone procedure for addressing	Prior to commencing works on site	Engineering Cost	Contractor/HCF	PMU/HCF Management/MoH, EPA, HPA

		COVID-19), will be prepared with arrangements for accommodation, care and treatment for: Workers self-isolating; Workers displaying symptoms; Getting adequate supplies of water, food and supplies. Inputs will be sought from local public health authority on the contingency plan (or other such measures for to address COVID-19 prevention and/or outbreak at the site). The contingency plan, detailed in writing with measures to be taken to address the risks, will be shared with the Project, either directly or through the Supervising Engineer. • The project, either directly or through the Supervising Engineer, may provide support in identifying appropriate mitigation measures to address any risks associated with COVID -19, particularly where these will involve interface with local services, in particular health and emergency services. • For Workers working inside HCFs o Medical mask and gloves will be provided o All workers must maintain spatial distance of at least 1 m from HCWs. • At all work sites the following has to be undertaken • Training should be conducted for all workers and staff on site on the signs and symptoms of COVID-19, how it is spread, how to protect themselves (including regular handwashing and social distancing) and what to do if they or other people have symptoms (for further information see WHO COVID-	and During construction			

		19 advice for the public). • Placing posters and signs around the site, with images and text in local languages (Sinhala and Tamil). • Ensuring handwashing facilities supplied with soap, disposable paper towels and closed waste bins exist at key places throughout site, including at entrances/exits to work areas; where there is a toilet, canteen or food distribution, or provision of drinking water; in worker accommodation; at waste stations; at stores; and in common spaces. • Where handwashing facilities do not exist or are not adequate, arrangements should be made to set them up. Alcohol based sanitizer (if available, 60-95% alcohol) can also be used. • Review worker accommodations and assess them in light of the requirements set out in above. • Setting aside part of worker accommodation for precautionary self-quarantine as well as more formal isolation of staff who may be infected (see paragraph (f)). o Continuing with the usual safety trainings, adding COVID-19 specific considerations. Training should include proper use of normal PPE. While as of the date of this note, general advice is that construction workers do not require COVID-19 specific PPE, this should be kept under review (for further information see *Rational use of personal protective equipment (PPE) for*				

		coronavirus disease (COVID-19) Interim guidance issued on 19 March 2020 by WHO). o Arranging (where possible) for work breaks to be taken in outdoor areas within the site. o Distance eating-area layout with 1m distance in seating and mealtime phasing should be conducted to allow for social distancing and phasing access to and/or temporarily restricting access to leisure facilities that may exist on site. • The above mentioned preparation measures will be communicated not only to the workforce but also the local community, to reassure them that the movement of staff is controlled, and to ensure that stigma or discrimination is reduced in the event of an outbreak				
9.	**Removal of trees for proposed IDH**	• Avoid cutting of trees unless absolutely necessary. • During removing, attention maintain minimum disturbances to soil cover and care should be taken not to damage adjoining trees. • Compensation for the trees removed should be conducted at a 1:2 ratio at least.	Prior to commencing works on site and During construction	Engineering Cost	Contractor	PMU/MoH, EPA,IC
10.	**Demolition of existing infrastructure within existing HCF**	• Management of Asbestos Cement (ACM)	During construction-demolition of	Engineering Cost	Contractor	PMU/MoH, EPA,IC

		Based Material-Avoiding Exposure Risk o An inspection of building materials for the presence of asbestos and lead hazards must be conducted prior to initiating demolition projects. o Removal of ACM roof sheeting requires trained and qualified personnel as damage to/or broken ACM during removal will have an exposure risk to demolition workers. o Thus it is essential that workers have the necessary personal protective equipment, most importantly masks, safety boots, full suiting to cover body and hard hats. It is also recommended that High efficiency particulate air (HEPA) filters vacuum cleaners would be requiring to vacuum up any debris. These activities must be supervised by the engineer. o ACM Material should be removed prior to demolition of the structure, and transported immediately in a contained manner to an approved disposal site by the engineer. As there are no sites to accept hazardous waste material in Sri Lanka this will	existing facilities.			

		pose a challenge, it should be explored how best the material can be managed via CEA guidance on best practice. o No ACM material can be stockpiled off site. This should be fully prohibited. • Management of Environmental Impacts During Demolition Process. o The demolition works shall not cause any nuisance by way of noise, dust and vibration to the surrounding environment, by following the requirements as per the project Environmental Management Plan (ESMP). o Particular attention should be paid to ensure the following ▪ The site of works shall be fenced and screened to protect site from strong winds and to contain dust. ▪ The noise level during demolition works shall be within the permissible limits as per the				

		CEA guidelines on noise. ▪ All hazardous wastes, including asbestos shall be disposed of as per the provisions laid out by the CEA ▪ The following measures shall be taken so as to abate the visual impacts during demolition works: • Visual screening / fencing of works • Proper location of equipment and machinery on site • No encroachment of demolition wastes on pavements and roads ▪ Demolition works within residential areas shall be carried out during normal working hours (8:00 – 17:00) only. ▪ The demolition wastes may be used as filler material as				

		appropriate and approved by the engineer. Any excess wastes shall be disposed of to an authorized site as recommended by the Engineer. ▪ No debris shall be burned on the site.				
11.	**Information Disclosure among Stakeholders.**	• Discussions should be conducted with the local community who reside along the vicinity of the project site o Residents must be briefed of the project, purpose and design and outcomes via a documented community consultation session; this should be done immediately once the contractor is mobilized. o Local community should also be informed of the measures put in place to minimize the chances and contain the spread of the virus in order to reassure the community of controlled movement of workers, and ensure that stigma or discrimination is reduced in the event of an outbreak o The contractor should take note of all impacts, especially safety hazards	During construction	Engineering Cost	Contractor	PMU/MoH, EPA,IC

		that will be of concern to the residents and take necessary measures as stipulated in the ESMP to mitigate them. • The contractor will maintain a log of any grievances/complains and actions taken to resolve them. • A copy of the ESMP should be available always at the project supervision office on site.				
Construction Phase						
12.	**Site Clearance and Land Development**	• Prevention of removal of large trees should be maintained as far as possible. • During removing, attention should be paid to maintain minimum disturbances to soil cover and also care should be taken not to damage adjoining trees. Degraded state land identified for forestry activities will be improved to compensate for the trees removed as 1:2 at least • Water spraying should be done at a regular interval to avoid dust generation due to site clearance	During construction	Engineering Cost	Contractor	PMU/HCF Management/MoH, EPA,
13.	**Disposal of Debris and Spoil**	• All debris and residual spoil material	During construction	Engineering Cost	Contractor	PMU/HCF Management/MoH,

		including any left earth shall be disposed only at locations approved by the engineer and agreed with the relevant local council for such purpose and subjected to the following clauses: • The contractor shall obtain the approval from the relevant local council and other government agencies (as required) for disposal and spoil at the specified location, as directed by the Engineer • Private land cannot be selected for disposal & if being used should also require written consent from the landowner • The debris and spoil shall be disposed in such a manner that; o Waterways and drainage paths are not blocked o Not disposed in any wetland areas or coastal areas such as lagoons or on beaches. o the disposed material should not be washed away by runoff and should not be a nuisance to the public • All material that is reusable or recyclable shall be used for such purposes either by the				EPA,

		contractor or through dealers. • Excavated earth materials and construction debris shall be disposed within 24-48 hours without allowing to stockpile within the hospital premises, or as recommended by the engineer. • During transportation, materials destined for disposal should be covered with tarpaulin. • If approved by the engineer, contractor can dispose the debris and spoil as a filling material provided that the contractor can ensure that such material is used for legally acceptable purposes with disposed in an environmentally acceptable manner.				
14.	**Transport and Storage of construction materials**	• During transport of material: o The contractor should avoid over loading trucks that transport material to construction sites. o During transportation, materials should be covered with tarpaulin. o Peak hours in roads with moderate to high traffic should be avoided. o The contractor shall minimize possible public nuisance due to dust,	During construction	Engineering Cost	Contractor	IA/PMU

		traffic congestion, air pollution, etc., due to such haulage; o If local roads are used, routes are to be selected based on the truck load; loads should be divided to prevent damages to local roads and bridges. o Speed limits as nationally stipulated for haulage must be maintained o All vehicles used for haulage should be in good condition. o If there are damages to local roads and other utilities due to hauling in roads caused by the contractor. The contractor shall attend to repair all damaged infrastructure/ roads, if needed through relevant authorities				
15.	**Emission of Dust during cover application and construction.**	• All construction materials such as sand, soil, metal, sheet rock, partitioning material , etc. should be transported under cover to the site and stored under cover at the site. • Locally sourced material such as thatched coconut leaves can be used and held in place with weights, such as old tires or cinder blocks, in order to minimize the levels of airborne dust.	During construction	Engineering Cost	Contractor	PMU/HCF Management/MoH, EPA,

		• Mud patches caused by material transporting vehicles in the access road should be immediately cleaned • Continual water sprinkling should be carried out in the work and fill areas and the access road if dust stir is observed. • Water sprinkling should be done more frequently on days that are dry and windy (at least four time's day) as the levels of dust can be elevated during dry periods. • Dust masks should be provided to all laborers for the use at required times • Dust cum noise barriers should be erected on the side of the primary school and the side that is opened to the rest of the hospital, as deemed appropriate, to avoid disturbance to surrounding medical and civic activities from excessive construction dust and noise.				
16.	**Prevention of soil erosion during site preparation and run off into coastal environments.**	• Debris material shall be disposed in such a manner that waterways, drainage paths and the coastal wetlands in the rear of the hpspital would not get blocked. • Existing drainage paths associated with the infrastructure should be improved / erected to	During construction	Engineering Cost	Contractor	PMU/HCF Management/MoH, EPA,

		drain rainwater properly. • Silt traps will be constructed to avoid siltation into coastal water ways where necessary. • The work, permanent or temporary shall consist of measures as per design or as directed by the engineer to control soil erosion, sedimentation and water pollution to the satisfaction of the engineer. Typical measures include the use of berms, dikes sediment basins, fiber mats, mulches, grasses, slope drains and other devices. All sedimentation and pollution control works and maintenance thereof are deemed, as incidental to the earthwork or other items of work and no separate payment will be made for their implementation.				
17.	**Machinery Operation**	• Only experienced and well-trained workers should be used for the handling of machinery, equipment and material processing plants.	During construction	Engineering Cost	Contractor	PMU/HCF Management/MoH, EPA,
18.	**Noise from vehicles, machinery, equipment and construction activities.**	• Noise generating work should be limited to day time within HCFs (6:00AM to 6:00PM). No work that generates excessive noise should be carried out during night hours (from 6:00PM to 6:00AM on the following day).	During construction	Engineering Cost	Contractor	PMU/HCF Management/MoH, EPA,

		• All equipment and machinery should be operated at noise levels that do not exceed the permissible level of 75 dB [1] (during construction) for the day time. • For all construction activities undertaken during the night time, it is necessary to maintain the noise level at below 50 dB as per the CEA noise control regulations and prior permission from the hospital director should be sought. • All equipment should be in good serviced condition. Regular maintenance of all construction vehicles and machinery to meet noise control regulations stipulated by the CEA or relevant manufacture. • Ideally noise generating work should not be carried out during public holidays and religious days. • Labor gangs should be warned to work with minimum noise. Strict labor supervision should be undertaken in this respect. • No nighttime residency of laborers on site should be encouraged, post work hours. • Idling of temporary trucks or other				

[1] dB-Decibels

		equipment should not be permitted during periods of loading / unloading or when they are not in active use. • Stationary construction equipment will be kept at least 100m from the site periphery, which has proximity to households. All possible and practical measures to control noise emissions during drilling shall be Employed. • Contractor shall submit the list of high noise/vibration generating machinery & equipment to the engineer for approval. • Servicing of all construction vehicles and machinery must be done regularly and during routine servicing operations, the effectiveness of exhaust silencers will be checked and if found defective will be replaced. • Maintenance of vehicles, equipment and machinery shall be regular and up to the satisfaction of the Engineer to keep noise levels at the minimum.				
19.	**Pollution of Soil and Water via Fuel and Lubricants**	• The contractor shall ensure that all construction vehicle parking locations, fuel/lubricants storage sites, vehicle, machinery and equipment maintenance and	During construction	Engineering Cost	Contractor	PMU/HCF Management/MoH, EPA,

		refueling site shall be located away from any coastal areas, lagoons or wetland by least 200m away. • Contractor shall ensure that all vehicle/machinery and equipment operation, maintenance and refueling will be carried out in such a fashion that spillage of fuels and lubricants does not further contaminate the ground. • Contractor shall arrange for collection, storing and disposal of oily wastes to the pre-identified disposal sites (list to be submitted to Engineer) and approved by the Engineer. • All spills and collected petroleum products will be disposed of in accordance with standards set by the CEA. • Engineer will certify that all arrangements comply with the guidelines of CEA any other relevant laws.				
~~20.~~	**Preventing siltation into coastal water bodies**	• Contractor shall take measures to prevent siltation of the coastal wetlands/lagoons north of the hospital because of construction work including, construction of temporary / permanent works. These shall include the measures against erosion highlighted in this ESMP	During construction	Engineering Cost	Contractor	PMU/HCF Management/MoH, EPA,

		• Construction materials containing small / fine particles shall be stored in places not subjected to flooding and in such a manner that these materials will not be washed away by runoff to these coastal waterbodies. • Temporary soil dumps should be placed at least 200m away from all water bodies • If temporary soil piles are left at the site for a long time those piles should be covered with thick polythene sheets or locally sourced degradable material such as thatched coconut leaves.				
21.	**Preventing contamination of water from construction wastes**	• The work shall be carried out in such a manner that pollution of coastal water bodies located in close proximity to the construction area. • Measures as stipulated in this ESMP shall be taken to prevent the wastewater produced in construction from entering directly into these coastal wetlands. • Avoid / minimize construction works near / at such drainage locations during heavy rainy seasons • The discharge standards promulgated under the National Environmental Act shall be	During construction	Engineering Cost	Contractor	PMU/HCF Management/MoH, EPA,

		strictly adhered to. • All waste arising from the project is to be disposed in a manner that is acceptable to the engineer and as per the guidelines/instructions issued by the CEA and Local Authority.				
22.	**Public Safety**	• At all times the site will restrict the entry of public and HCFs workers on to the site. • Safety signboards and signboards prohibiting entrance and risks, should be displayed at all necessary locations. • The contractor should obtain a third-party insurance to compensate any damages, injuries caused to the public or laborers during the construction period. • Material loading and unloading should be done only within the project site.	During construction	Engineering Cost	Contractor	PMU/HCF Management/MoH, EPA,
23.	**Safety of Workers during general construction practices**	• Contractor shall comply with the requirements for safety of the workers as per Factory Ordinance and the Labor Management Plan of the project to extent that those are applicable to this contract. • The contractor shall supply all necessary safety measures at site- including provision	During construction	Engineering Cost	Contractor	PMU/HCF Management/MoH, EPA,

		of First Aid Kids, Fire extinguishers. • Signage providing instructions on first aid management, emergency contact and emergency operational procedures in local languages. • Basic onsite safety training should be conducted for all laborers during the ESMP training prior to the start of the construction activities. • The contractor should obtain a Third-party insurance to compensate any damages, injuries caused to laborers during the construction period. • Protective footwear and protective goggles should be provided to all workers Employed on mixing of materials like cement, concrete etc. • Welder's protective eye-shields shall be provided to workers who are engaged in welding works. • Earplugs shall be provided to workers exposed to loud noise, and workers working in crushing, compaction, or concrete mixing operation. • The contractor shall supply all necessary				

		safety equipment such as safety goggles, helmets, safety belts, ear plugs, mask etc. to workers and staff. • In addition, the contractor shall maintain in stock at the site office, gloves, earmuffs, goggles, dust masks, safety harness and any other equipment considered necessary. • A safety inspection checklist should be prepared taking into consideration what the workers are supposed to be wearing and monitored monthly and recorded.				
24.	**Prevention of COVID-19 spread during construction**	• During Routine Work Practices the following will be adopted. o The size of work teams should be decreased as much as possible Limiting the number of workers on site at any one time. o Changing rotation of workers to a 24-hour work rotation. • Adapt or redesign work processes for specific work activities and tasks to enable social distancing, and training workers on these processes. • Promote regular and thorough hand-washing o Provide access to places for washing hands with soap and water o Place soap, hand-wash, sanitizing hand rub dispensers throughout the	During construction	Engineering Cost	Contractor	PMU/HCF Management/MoH, EPA,

		side, and refill them regularly o Display posters promoting handwashing combined with other communication measures such as guidance from occupational health and safety officers • Promote good respiratory hygiene in the workplace o Display posters promoting respiratory hygiene (e.g., cough/sneeze in crook of elbow and/or in tissue and immediately throw the tissue way, avoid spitting, etc) combined with other communication measures such as guidance from occupational health and safety officers o Make available face masks and/or paper tissues available at site for those who develop cough and other ailments at work, along with closed bins for hygienically disposing them • Brief workers, contractors and sub-contractors on contingency plan (or other such measures) for COVID-19 spread and procedures to be followed if in case of any systems of infection • Inform workers on how to identify persons who may be at risk, and support them				

		without inviting stigma and discrimination at the workplace • Require workers to keep at least 1m distance while working at the site where feasible • Ensure that contracted workers have medical insurance, covering treatment of COVID-19				
25.	**Prevention of accidents**	• Prevention of accidents involving human beings or vehicles or accidents during construction period should be done via adequate training and guidance to all workers. • A readily available first aid unit including an adequate supply of sterilized dressing materials and first aid supplies should be available at the site office at all times. • Availability of suitable transport at all times to take injured or sick person(s) to the nearest hospital should also be insured. • Names and contact information for emergency services such as Ambulance services, hospitals, police and the fire brigade should be prepared as a sign board and displayed at the work site.	During construction	Engineering Cost	Contractor	PMU/HCF Management/MoH, EPA,
26.	**Operation of labor camps**	• The Contractor shall establish and maintain all offsite labor accommodation in such a	During construction	Engineering Cost	Contractor	PMU/HCF Management/MoH,

		fashion that uncontaminated water is available for drinking, cooking and washing. • A supply of sufficient quantity of potable water in every workplace/labor camp site at suitable and easily accessible places and regular maintenance of such provisions should be maintained. • The sewage system for the offsite labor camp, if newly established, are designed, built and operated in such a fashion that no health hazards occurs and no pollution to the air, ground water or adjacent water courses take place. • Ensure adequate water supply is to be provided in all toilets and urinals. • The contractor shall provide garbage bins in the camps and ensure that these are regularly emptied and disposed of in a hygienic manner				EPA,
27.	**Handling Environmental & Social Issues during Construction**	• The Contractor will appoint a suitably qualified Environment, Safety & Social Officer (ESSO) following the award of the contract. This Officer will be the primary point of contact for assistance with all environmental and social issues during the pre-construction and construction phases. He/ She shall be responsible for ensuring the	During construction	Engineering Cost	Contractor	PMU/HCF Management/MoH, EPA,

		implementation of ESMP. • The ESSO will responsible for community liaison and to handle public complaints regarding environmental/ social related matters. All public complaints will be entered into the Complaints Register. The ESSO will promptly investigate and review environmental complaints and implement the appropriate corrective actions to arrest or mitigate the cause of the complaints. A register of all complaints is to be passed to the Engineer within 24 hrs. They are received, with the action taken by the Environmental Officer on complains thereof. • All workers will sign the Codes of Conduct, information and notices stating zero tolerance on SEA/SH will be displayed at the construction site. • Contractor shall prepare detailed Environmental Management Action Plan (EMAP) clearly stating the approach, actions and manner in which this ESMP is implemented. • If the contractor does not submit a EMAP prepared based on this plan, the ESMP as presented in the tender document will apply.				
28.	**Grievance Redress Mechanism during construction**	• Grievances are inevitable during the entire construction period; and grievances can be submitted verbally, in-writing, in-person	During construction	Engineering Cost	Contractor	PMU/HCF Management/MoH, EPA,

		through multiple intake channel as described in the ESMF and SEP • Contact information of Engineer/ PMU/HCF/MOH in print form shall be available at the site • Grievances submitted shall be referred to the PMU/HCF/MOH by the ESSO of the Contractor through the Engineer. • Grievances shall be submitted to the Engineer on the same day of receiving. It has to be recorded and the environmental/social officer of the Engineer shall ensure the timely redress through the PMU/HCF/MOH • Workers at the site will be able to report work situations and/or workplace concerns which they believe are not safe or healthy, and to remove themselves from a work situation which they have a reasonable justification to believe presents an imminent and serious danger to their life or health (with no reprisal for reporting or removing themselves) • Workers will be encouraged to use the existing project grievance mechanism to report concerns relating to COVID-19, preparations being made by the project to address COVID-19 related issues, how				

		procedures are being implemented, and concerns about the health of their co-workers and other staff. • Any GBV related complaints should be immediately reported to the PMU & WB for guidance. Thus GBV-related issues will be handled maintaining confidentiality, obtaining necessary consent from survivor and in a safe and ethical manner.				
29.	**Traffic Management**	• Travel routes for construction vehicles should be designated to avoid areas of congestion and communicated to drivers. • If project vehicles will be entering and exiting the site and being operated after 6PM a lighting system should be maintained to ensure adequate on site lighting and clear lighting to road uses, off the site access point. • Contractor should supply traffic co-coordinators to manage vehicle movements to and from the project site at the entrance, as it is located off a main road directly.	During construction	Engineering Cost	Contractor	PMU/HCF Management/MoH, EPA,
30.	**Surface Drainage and Possible Water Stagnation**	• The project interventions itself include and adequate storm water drainage system in the premises, which will discharge water to existing storm water drainage networks.	During construction	Engineering Cost	Contractor	PMU/HCF Management/MoH, EPA,

		• During construction, the contractor will conduct overall storm water management in the premises during construction using temporary ditches, sand bag barriers etc. • Proper drainage arrangements to be made, to avoid the overflowing of existing drainage paths to cutting, excavation and other activities				
31.	**Prevention of risks of Electrocution**	• All electrical wiring should confirm to British Construction Standards (BS) or relevant Sri Lankan Standards. • Adequate precautions will be taken to prevent danger of electrocuting from electrical equipment, storage and power supply lines including distribution boards, transformers, etc. & worker camps. • Measures such as danger signboards, danger/red lights, fencing and lights will be provided to protect the public and workers. • All electric power-driven machines to be used in the construction shall be free from defect, be properly maintained and kept in good working order, be regularly inspected as per BS provisions and to the satisfaction of the Engineer	During construction	Engineering Cost	Contractor	PMU/HCF Management/MoH, EPA,

32.	**Fire Safety**	• Easily flammable materials should not be stored in construction site; they must be transported out of project site. • At all times the site should be equipped with appropriate firefighting and fire retardant equipment to suppress any fires on the site. • Fire extinguishers should be available at the site office for use in the case of emergencies. • A supply of water should be available on site during the excavation period and construction period for firefighting purposes.	During construction	Engineering Cost	Contractor	PMU/HCF Management/MoH, EPA,
33.	**Management of Chance found Archeological Property and Cultural Resources.**	• All fossils, coins, articles of value of antiquity and structures and other remains or things of geological or archaeological interest etc. discovered on the site and/or during construction work shall be the property of the Government of the Sri Lanka and the Department of Archaeology will be contacted immediately. • The contractor shall take reasonable precaution to prevent his workmen or any other persons from removing and damaging any such article or thing and shall, immediately upon discovery thereof and before removal acquaint the Engineer of such discovery and carry out the Engineer's	During construction	Engineering Cost	Contractor	PMU/HCF Management/MoH, EPA,

		instructions for dealing with the same, awaiting which all work shall be stopped within 100m in all directions from the site of discovery. • If directed by the Engineers the Contractor shall obtain advice and assistance from the relevant department of the Ministry of Arts, Culture and Heritage on conservation measures to be taken with regard to the artifacts prior to recommencement of work in the area.				
34.	**Site Closure and Demobilization**	• The contractor will remove all excess material, equipment, vehicles from the project site prior to complete demobilization. • All temporary site offices will be dismantled and removed from the site. • If the site has been dilapidated in any way as per the evaluation of the engineer, the contractor will reinstate it to the original condition prior to demobilization. • The Engineer will take a joint inspection of the site with the contractor before hand over is complete.	During construction	Engineering Cost	Contractor	PMU/HCF Management/MoH, EPA,

ESMP for the Operations Phase

Heath Care Facility Operation Phase						

35.	**Steps to be taken during patient care in HCFs and Quarantine centers**	• All patient care will be conducted as per the standard operating procedures issues by the Ministry of Health and Best Practice Guidance issued by the WHO as below.
		  • *Infection prevention and control during health care when COVID-19 is suspected-Interim guidance issues on 19 March 2020 by WHO*
		  • *Considerations for quarantine of individuals in the context of containment for coronavirus*
		  • *disease (COVID-19) Interim guidance by WHO*
		19 March 2020
		The Novel Coronavirus Response Guideline 2020- Health Promotion Bureau of the MOH
			During HCF and Quarantine center operations	Operational Cost	HCF Management, HCWs	HPA, MOH,

36.	**HCF operation - considerations for differentiated treatment for groups of higher sensitivity or vulnerable (potentially the elderly, those**	• HCFs will continue to provide services to the health needs of people with disabilities, existing conditions, elderly, etc • Health information and government guidance will be provided in accessible formats to the extent feasible (e.g., explanations of what is happening during the time of care for deaf, blind, people with cognitive disabilities), including print materials in Braille or large print, sign language interpretation, captions, audio provision, and graphics • Universal design principles will be adopted while expanding	During HCF and Quarantine center operations	Operational Cost	HCF Management, HCWs	HPA, MOH,

	with preexisting conditions, or the very young)	clinical care capacities, including refurbishing ICUs or inpatient HCFs • Training to health workers, including community health workers, government officials, emergency planners and other stakeholders on interacting with vulnerable groups, including people with disabilities and how to support their needs • Sensitization and training of healthcare workers and other staff at the HCFs on GBV and SEA so that such cases can be identified and referred to relevant authorities and service providers.				
37.	**Ensuring the rights of Health workers during COVID-19 Response in HFCs**	• Health worker rights include the expectation that employers and managers of HCFs and are required to assume overall responsibility to ensure that all necessary preventive and protective measures are taken to minimize occupational safety and health risks. o provide information, instruction, and training on occupational safety and health, including; o refresher training on infection prevention and control (IPC); o use, putting on, taking off and disposal of personal protective equipment (PPE); o provide adequate IPC and PPE supplies (masks, gloves, goggles, gowns, hand sanitizer, soap and water, cleaning supplies) in sufficient quantity to those caring for suspected or confirmed COVID-19 patients, such that workers do not incur expenses for occupational safety and health requirements; o All PPE stipulated in the *Rational use of personal protective equipment (PPE) for coronavirus disease (COVID-19) Interim guidance issued on 19 March 2020 by WHO*) should be procured accordingly where	During HCF and Quarantine center operations	Operational Cost	HCF Management, HCWs	HPA, MOH,

		possible and provided. o familiarize personnel with technical updates on COVID-19 and provide appropriate tools to assess, triage, test, and treat patients, and to share IPC information with patients and the public; o provide appropriate security measures as needed for personal safety; o provide a blame-free environment in which health workers can report on incidents, such as exposures to blood or bodily fluids from the respiratory system, or cases of violence, and adopt measures for immediate follow up, including support to victims; o advise health workers on self-assessment, symptom reporting, and staying home when ill; o HCFs will be responsible for the implementation of occupational safety and health management systems to identify hazards and assess as per the following. assess risks to health and safety as per evolving information on the COVID-19 Pandemic, o implement Infection Prevention and Control measures, o exercise zero-tolerance policies towards workplace violence and harassment. o maintain appropriate working hours with breaks; o consult with HCWs on occupational safety and health aspects of their work, and notify the labor inspectorate of cases of occupational diseases; o allow HCWs to exercise the right to remove themselves from a work situation that they have reasonable justification to believe presents an imminent and serious danger to their life or health, and protect HCWs exercising this right from any				

		undue consequences; o not require HCWs to return to a work situation where there has been a serious danger to life or health until any necessary remedial action has been taken; o honor the right to compensation, rehabilitation, and curative services for health workers infected with COVID-19 following exposure in the workplace – considered as an occupational disease arising from occupational exposure; o provide access to mental health and counselling resources; and o enable cooperation between management and health workers and their representatives.				
38.	**Basic roles and responsibilities of Health Care Workers when working in HCFs**	• During the COVID-19 pandemic HCWs should: o follow established occupational safety and health procedures (refer handwashing and infection control guidelines issues by the WHO and Health Promotion Bureau, avoid exposing others to health and safety risks, and participate in employer-provided occupational safety and health training; o use provided protocols to assess, triage, and treat patients; o treat patients with respect, compassion, and dignity; o maintain patient confidentiality; o swiftly follow established public health reporting procedures of suspected and confirmed cases;	During HCF and Quarantine center operations	Operational Cost	HCF Management, HCWs	HPA, MOH,

		○ provide or reinforce accurate IPC and public health information, including to concerned people who have neither symptoms nor risk; ○ put on, use, take off, and dispose of PPE properly as per Annex 7 of the Project's ESMF; ○ self-monitor for signs of illness and self-isolate and report illness to managers, if it occurs; ○ advise management if they are experiencing signs of undue stress or mental health challenges that require supportive interventions; and ○ report to their immediate supervisor any situation which they have reasonable justification to believe presents an imminent and serious danger to life or health.				
39.	**Additional measure when Managing Exposed HCWs to COVID 19**	• The HCF will implement all provisions set forth in the R*isk assessment and management of exposure of health care workers in the context of COVID-19 Interim guidance Note issued on 19 March 2020 by the WHO.* ○ The standard form in the guideline should be completed for all HCWs who have been exposed to a patient with confirmed COVID-19, by the HCF immediately. ○ This tool aids in the risk assessment for HCWs after exposure and provides recommendations for their management.	During HCF and Quarantine center operations	Operational Cost	HCF Management, HCWs	HPA, MOH,
40.	**Laboratory Operations**	• All provisions stipulated in the Laboratory testing for coronavirus disease (COVID-19) in suspected human cases-Interim guidance issues on 19 March 2020 by the WHO must	During HCF and Quarantine	Operational Cost	HCF Management, HCWs	HPA, MOH,

		be followed when conducting testing. • Laboratories operations should be conducted as per the Standard Operation Principles for Laboratories- presented in Annex 13 of the Project's ESMF which summaries the required good practices with regard to safe handling of chemicals, which are to be followed by laboratory technicians.	center operations		(Specifically laboratory workers)	
41.	**Collection, handling and movement of specimens, samples, reagents, medical equipment, and infection materials.**	• All provisions stipulated in the *Laboratory testing for coronavirus disease (COVID-19) in suspected human cases- Interim guidance issues on 19 March 2020 by the WHO* must be followed when conducting testing. o All procedures Specimen collection and shipment should be governed by the processes outlined in this guideline. • The *Rational use of personal protective equipment (PPE) for coronavirus disease (COVID-19) Interim guidance issued on 19 March 2020 by WHO* should be used to guide the transfer and use of PPE equipment.	During HCF and Quarantine center operations	Operational Cost	HCF Management, HCWs	HPA, MOH,
42.	**Management of Health Care Waste**	• HCWM operations for the various waste streams will be conducted as per standard operating procedures outlined below at minimum: o *Water, sanitation, hygiene, and waste management for the COVID-19 virus* o *Interim guidance issues on 19 March 2020 by WHO.* • A specific Infection Control and Health Carew Waste Management Plan for the Habanthota IDH will be adopted	During HCF and Quarantine center operations	Operational Cost	HCF Management, HCWs (Specifically cleaning staff)	HPA, MOH, EPA

		(IC-HCWMP) prior to the opening of the new IDH- The generic plan in line with international best practice presented in Annex 10 of the Project's ESMF provides detailed guidance on due procedures to be implemented. • A Scheduled Waste License (SWL) for the IDH Hambanthota should be obtained from the CEA based on the operationalization of the HCWM plan. • HFCs will be responsible to ensure. o Best practices for safely managing health care waste should be followed, including assigning responsibility and sufficient human and material resources to dispose of such waste safely. o All health care waste produced during operation of the HFC, specifically COVID patients, should be collected safely in designated containers and bags, treated, and then safely disposed of or treated, or both, preferably onsite in a 24-hour period as per the IC_HCWM plan. o If waste is handed to an external party for management- all relevant disposal measures should be in line with guidance provided above. o All workers handling, health care waste should wear appropriate PPE (boots, apron, long-sleeved gown, thick gloves, mask, and goggles or a face shield) and perform hand hygiene after removing it as per basic hand hygiene practices.				

		○ Final disposal of all HCW should be in line with national regulatory guidance and international best practice where applicable, and outlined clearly in the IC-HCWMP. ○ All general waste should be disposed as per typical practices via the service provider. The HCF has to ensure full vigilance that no cross contamination of general waste occurs and ensure waste segregation rules are fully adhered to.				
43.	**Management of Contaminated Laundry**	• Basic Facility Provisions and Equipment Management ○ HFC management must ensure the launder all Health Care Worker's personal protective garments or uniforms that are contaminated with blood or other potentially infectious materials. ○ The facility should maintain a receiving area for contaminated textiles at negative pressure compared with the clean areas of the laundry. ○ Ensure that laundry areas have handwashing facilities and products and appropriate PPE available for workers. ○ Use and maintain (and dispose at end of lifecycle) laundry equipment according to manufacturers' instructions. ○ Damp textiles or fabrics should not be left in machines overnight to prevent microbial growth. ○ Disinfection of washing and drying machines in residential care is not needed as long as gross soil is removed before washing and proper washing and drying procedures are used.	During HCF and Quarantine center operations	Operational Cost	HCF Management, HCWs (Workers working in laundry department)	HPA, MOH,

		• Routine Handling of Contaminated Laundry o Use sterilized textiles, surgical drapes, and gowns for situations requiring sterility in patient care. o Use hygienically clean textiles (i.e., laundered, but not sterilized) in neonatal intensive care units. o Follow manufacturers' recommendations for cleaning fabric products including those with coated or laminated surfaces. o Do not use dry cleaning for routine laundering in health-care facilities. o Handle contaminated textiles and fabrics with minimum agitation to avoid contamination of air, surfaces, and persons. o Bag or otherwise contain contaminated textiles and fabrics at the point of use. o Do not sort or precise contaminated textiles or fabrics in patient-care areas o Use leak-resistant containment for textiles and fabrics contaminated with blood or body substances. o Identify bags or containers for contaminated textiles with labels, color coding, or other alternative means of communication as appropriate. o If laundry chutes are used, ensure that they are properly designed, maintained, and used in a manner to minimize dispersion of aerosols from contaminated laundry. o Ensure that laundry bags are closed before tossing the filled bag into the chute. Do not place loose items in the chute. o Establish a facility policy to determine when textiles				

		or fabrics should be sorted in the laundry facility (i.e., before or after washing) • Laundering Process o If hot-water laundry cycles are used, wash with detergent in water ≥160°F (≥71°C) for ≥25 minutes. o Follow fabric-care instructions and special laundering requirements for items used in the facility. o Choose chemicals suitable for low-temperature washing at proper use concentration if low-temperature (<160°F [<71°C]) laundry cycles are used. o Package, transport, and store clean textiles and fabrics by methods that will ensure their cleanliness and protect them from dust and soil during interfacility loading, transport, and unloading. • Microbiologic Sampling of Textiles o Use microbiological sampling during outbreak investigations if epidemiologic evidence suggests a role for health-care textiles and clothing in disease transmission, this has not been established for COVID-19 virus transfer so should be maintained as a contingency measure if new information virus transfer evolves.				
44.	**Management and Cleaning of contaminated Mattresses and Pillows**	• Keep mattresses dry; discard them if they become and remain wet or stained, particularly in burn units. • Clean and disinfect mattress covers using disinfectants that are compatible with the cover materials to prevent the development of tears, cracks, or holes in the cover. • Maintain the integrity of mattress and pillow covers.	During HCF and Quarantine center operations	Operational Cost	HCF Management, HCWs. Cleaning staff	HPA, MOH,

		○ Replace mattress and pillow covers if they become torn or otherwise in need of repair. ○ Do not stick needles into the mattress through the cover. • Clean and disinfect moisture-resistant mattress covers between patients using typical cleaning products. • If using a mattress cover completely made of fabric, change these covers and launder between patients. • Launder pillow covers and washable pillows in the hot-water cycle between patients or when they become contaminated with body substances.				
45.	**Management of Special Beds such as Airflow, High Dependency Units (HDU) and special ICU beds used by patients**	• Always follow manufacturers' instructions for bed maintenance and decontamination. • On beds that contain polyester filter sheet, change them at least weekly or as indicated by the manufacturer. • Clean and disinfect the polyester filter sheet thoroughly, especially between patients using disinfectant. • Consult the HCF specialist and responsible persons in CHARGE to determine the proper location of air-fluidized beds in negative-pressure rooms.	During HCF and Quarantine center operations	Operational Cost	HCF Management, HCWs, Cleaning Staff	HPA, MOH,
46.	**Cleaning and Infection control of equipment and utensils used in the care of infectious disease patients.**	• The following equipment types typically used in HCFs for patient care should be cleaned using the procedures recommended to ensure disinfection and use. • Bedpans ○ Should be cleaned with hypochlorite at 0.5% after disposing of excreta and cleaning with a neutral detergent and water with a contact time maintained for at least 10 minutes. • Toilets and Washbasins ○ Should be cleaned with hypochlorite at 0.5%.	During HCF and Quarantine center operations	Operational Cost	HCF Management, HCWs, Cleaning Staff	HPA, MOH

		• All Reusable PPE should be cleaned at minimum using the following solutions.
		  ○ Boots and gloves- Should be cleaned with hypochlorite at 0.5%.
		  ▪ Goggles- Soap and water/antibacterial soap solution and Ethyl alcohol- 70%
		  ○ Reusable dedicated equipment (e.g., thermometers, stethoscope, BP cuffs) between uses
		  ▪ Should be cleaned using 70% Ethyl alcohol solution
		  ○ Reusable Metal equipment (Kidney trays, forceps, tweezers, utensils)
		  ▪ All such material must be autoclaves prior to reuse.
		  ○ Cleaning equipment used in care areas (mops/dustpan used near)
		  ▪ Should be cleaned with hypochlorite at 0.5%.
		  ○ Equipment carts, medical equipment and surfaces of metal furniture
		  ▪ Should be cleaned with hypochlorite at 0.5%.
		  ○ Vehicles used for patient transfer and ambulances
		• All surfaces should be cleaned with hypochlorite at 0.5%.				

47.	**Cleaning of Carpeting and Cloth Furnishings in HCFs that can be contaminate**	• Vacuum carpeting in public areas of health-care facilities and in general patient-care areas regularly with well-maintained equipment designed to minimize dust dispersion. • Periodically perform a thorough, deep cleaning of carpeting by using a method that minimizes the production of aerosols and leaves little or no residue. • Avoid use of carpeting in high-traffic zones in patient-care areas or where spills are likely (e.g., burn therapy units,	During HCF and Quarantine center operations	Operational Cost	HCF Management, HCWs, Cleaning Staff	HPA, MOH,

		operating rooms, laboratories, and intensive care units).
		• Follow proper procedures for managing spills on carpeting.
		  o Spot-clean blood or body substance spills promptly.
		  o If a spill occurs on carpet tiles, replace any tiles contaminated by blood and body fluids or body substances.
		• Thoroughly dry wet carpeting to prevent the growth of fungi; replace carpeting that remains wet after 72 hours.
		• Avoid the use of upholstered furniture and furnishings in high-risk patient-care areas and in areas with increased potential for body substance contamination.
		• Maintain any upholstered furniture in good repair.
		  o Maintain the surface integrity of the upholstery by repairing tears and holes.
		  o If upholstered furniture in a patient's room requires cleaning to remove visible soil or body substance contamination, move that item to a maintenance area where it can be adequately cleaned with a process appropriate for the type of upholstery and the nature of the soil.				

48.	**Avoiding exposure and contamination from blood spills and bodily fluids during HCF operations and patient care.**	• Promptly clean and decontaminate spills of blood or other potentially infectious materials. • Follow proper procedures for site decontamination of spills of blood or blood-containing body fluids as per WHO guidelines. • Workers must use protective gloves and additional PPE appropriate for this task. • If the spill contains large amounts of blood or body fluids, clean the visible matter with disposable absorbent material, and discard the contaminated materials in appropriate, labeled containment. • Swab the area with a cloth or paper towels moderately wetted	During HCF and Quarantine center operations	Operational Cost	HCF Management, HCWs, Cleaning Staff	HPA, MOH,

		with disinfectant and allow the surface to dry. • Use high grade hospital disinfectants in accordance with label instructions to decontaminate spills of blood and other body fluids. • Sodium hypochlorite products should be used as preferred as per international best practice, however if such products are not available, generic versions of sodium hypochlorite solutions (e.g., household chlorine bleach) may be used. • Use a 1:100 dilution (500–615 ppm available chlorine) to decontaminate nonporous surfaces after cleaning a spill of either blood or body fluids in patient-care settings. • If a spill involves large amounts of blood or body fluids, or if a blood or culture spill occurs in the laboratory, use a 1:10 dilution (5,000–6,150 ppm available chlorine) for the first application of germicide before cleaning.				
49.	**Cleaning and Disinfecting Measures for Environmental Surfaces in Patient-Care Areas**	• All disinfectants used should be used in accordance with the manufacturer's instructions. • Do not use high-level disinfectants/liquid chemical sterilant for disinfection of either noncritical instrument/devices or any environmental surfaces; such use is counter to label instructions for these toxic chemicals. • Follow manufacturers' instructions for cleaning and maintaining noncritical medical equipment. • In the absence of a manufacturer's cleaning instructions, follow certain procedures. o Clean noncritical medical equipment surfaces with a detergent/disinfectant. o Do not use alcohol to disinfect large environmental surfaces. o Use barrier protective coverings as appropriate for noncritical equipment surfaces that are	During HCF and Quarantine center operations	Operational Cost	HCF Management, HCWs, Cleaning Staff	HPA, MOH,

		▪ touched frequently with gloved hands during the delivery of patient care; ▪ likely to become contaminated with blood or body substances; or ▪ difficult to clean (e.g., computer keyboards). • Keep housekeeping surfaces (e.g., floors, walls, and tabletops) visibly clean on a regular basis and clean up spills promptly. • Use registered hospital disinfectant/detergent designed for general housekeeping purposes in patient-care areas when • Detergent and water are adequate for cleaning surfaces in nonpatient-care areas (e.g., administrative offices). • Clean and disinfect high-touch surfaces (e.g., doorknobs, bed rails, light switches, and surfaces in and around toilets in patients' rooms) on a more frequent schedule than minimal touch housekeeping surfaces. • Clean walls, blinds, and window curtains in patient-care areas when they are visibly dusty or soiled. • Do not perform disinfectant fogging in patient-care areas as this can lead to high associated risks with COVID-19 patients and other patients with respiratory issues and allergies.				
50.	**General cleaning of other areas in HCF as a whole.**	• Conduct regular and thorough cleaning of all site facilities, including offices, accommodation, canteens, common spaces. Review cleaning protocols for key construction equipment (particularly if it is being operated by different workers). This should include: • Providing cleaning staff with adequate cleaning equipment,	During HCF and Quarantine center operations	Operational Cost	HCF Management, HCWs, Cleaning Staff	HPA, MOH,

		materials and disinfectant. • Review general cleaning systems, training cleaning staff on appropriate cleaning procedures and appropriate frequency in high use or high-risk areas. • Where it is anticipated that cleaners will be required to clean areas that have been or are suspected to have been contaminated with COVID-19/or any other infection, providing them with appropriate PPE: gowns or aprons, gloves, eye protection (masks, goggles or face screens) and boots or closed work shoes. If appropriate PPE is not available, cleaners should be provided with best available alternatives. • Training cleaners in proper hygiene (including handwashing) prior to, during and after conducting cleaning activities; how to safely use PPE (where required); in waste control (including for used PPE and cleaning materials).				
51.	**WASH Management**	• All water and sanitation measures should be undertaken as per the guidance provided in *Water, sanitation, hygiene, and waste management for the COVID-19 virus Interim guidance issues on 19 March 2020 by WHO.* • The HCFs typical WASH activities should continue as per normal. o As there are no specific records of transfer of COVID-19 via wastewater and human excreta, in addition to using supplemental treatment methods as remediation measures after inadvertent contamination of water	During HCF and Quarantine center operations	Operational Cost	HCF Management, HCWs,	HPA, MOH,

		systems, HCFs sometimes could use special measures to control water-borne micro-organisms on a sustained basis. o An environmental surveillance approach should be adopted involving periodic culturing of water samples from the hospital's potable water system to monitor the growth of organisms. ▪ If any sample is culture-positive, diagnostic testing is recommended for all patients. ▪ If >30% of the samples are culture-positive, decontamination of the facility's potable water system is warranted.				

Sample Code of Conduct

Individual Code of Conduct

Implementing ESHS and OHS Standards

Preventing Gender Based Violence

I, _____, acknowledge that adhering to environmental, social, health and safety (ESHS) standards, following the project's occupational health and safety (OHS) requirements, and preventing Gender Based Violence (GBV) is important.

The Company considers that failure to follow ESHS and OHS standards, or to partake in activities constituting GBV—be it on the work site, the work site surroundings, at workers' camps, or the surrounding communities—constitute acts of gross misconduct and are therefore grounds for sanctions, penalties or potential termination of employment. Prosecution by the Police of those who commit GBV may be pursued if appropriate.

I agree that while working on the project I will:

1. Consent to Police background check.
2. Attend and actively partake in training courses related to ESHS, OHS, and GBV as requested by my employer.
3. Will wear my personal protective equipment (PPE) at all times when at the work site or engaged in project related activities.
4. Take all practical steps to implement the contractor's environmental and social management plan (C-ESMP).
5. Implement the OHS Management Plan.
6. Adhere to a zero-alcohol policy during work activities, and refrain from the use of narcotics or other substances which can impair faculties at all times.
7. Treat women, children (persons under the age of 18), and men with respect regardless of race, color, language, religion, political or other opinion, national, ethnic or social origin, property, disability, birth or other status.
8. Not use language or behavior towards women, children or men that is inappropriate, harassing, abusive, sexually provocative, demeaning or culturally inappropriate.
9. Not sexually exploit or abuse project beneficiaries and members of the surrounding communities.
10. Not engage in sexual harassment of work personnel and staff —for instance, making unwelcome sexual advances, requests for sexual favors, and other verbal or physical conduct of a sexual nature is prohibited. E.g. looking somebody up and down; kissing, howling or smacking sounds; hanging around somebody; whistling and catcalls; in some instances, giving personal gifts.
11. Not engage in sexual favors —for instance, making promises of favorable treatment (e.g. promotion), threats of unfavorable treatment (e.g. loss of job) or payments in kind or in cash, dependent on sexual acts—or other forms of humiliating, degrading or exploitative behavior.
12. Not use prostitution in any form at any time.
13. Not participate in sexual contact or activity with children under the age of 18—including grooming, or contact through digital media. Mistaken belief regarding the age of a child is not a defense. Consent from the child is also not a defense or excuse.
14. Unless there is the full consent[2] by all parties involved, I will not have sexual interactions with members of the surrounding communities. This includes relationships involving the withholding or promise of actual provision of benefit (monetary or non-monetary) to community members in exchange for sex (including prostitution). Such sexual activity is considered "non-consensual" within the scope of this Code.
15. Consider reporting through the GRM or to my manager any suspected or actual GBV by a fellow worker, whether employed by my company or not, or any breaches of this Code of Conduct.

With regard to children under the age of 18:

[2] **Consent** is defined as the informed choice underlying an individual's free and voluntary intention, acceptance or agreement to do something. No consent can be found when such acceptance or agreement is obtained using threats, force or other forms of coercion, abduction, fraud, deception, or misrepresentation. In accordance with the United Nations Convention on the Rights of the Child, the World Bank considers that consent cannot be given by children under the age of 18, even if national legislation of the country into which the Code of Conduct is introduced has a lower age. Mistaken belief regarding the age of the child and consent from the child is not a defense.

16. Bring to the attention of my manager the presence of any children on the construction site or engaged in hazardous activities.
17. Wherever possible, ensure that another adult is present when working in the proximity of children.
18. Not invite unaccompanied children unrelated to my family into my home, unless they are at immediate risk of injury or in physical danger.
19. Not use any computers, mobile phones, video and digital cameras or any other medium to exploit or harass children or to access child pornography (see also “Use of children's images for work related purposes” below).
20. Refrain from physical punishment or discipline of children.
21. Refrain from hiring children for domestic or other labor below the minimum age of 14 unless national law specifies a higher age, or which places them at significant risk of injury.
22. Comply with all relevant local legislation, including labor laws in relation to child labor and World Bank’s safeguard policies on child labor and minimum age.

Use of children's images for work related purposes

When photographing or filming a child for work related purposes, I must:

23. Before photographing or filming a child, assess and endeavor to comply with local traditions or restrictions for reproducing personal images.
24. Before photographing or filming a child, obtain informed consent from the child and a parent or guardian of the child. As part of this I must explain how the photograph or film will be used.
25. Ensure photographs, films, videos and DVDs present children in a dignified and respectful manner and not in a vulnerable or submissive manner. Children should be adequately clothed and not in poses that could be seen as sexually suggestive.
26. Ensure images are honest representations of the context and the facts.
27. Ensure file labels do not reveal identifying information about a child when sending images electronically.

Sanctions

I understand that if I breach this Individual Code of Conduct, my employer will take disciplinary action which could include:

1. Informal warning.
2. Formal warning.
3. Additional Training.
4. Loss of up to one week’s salary.
5. Suspension of employment (without payment of salary), for a minimum period of 1 month up to a maximum of 6 months.
6. Termination of employment.
7. Report to the Police if warranted.

I understand that it is my responsibility to ensure that the environmental, social, health and safety standards are met. That I will adhere to the occupational health and safety management plan. That I will avoid actions or behaviors that could be construed as GBV. Any such actions will be a breach this Individual Code of Conduct. I do hereby acknowledge that I have read the foregoing Individual Code of Conduct, do agree to comply with the standards contained therein and understand my roles and responsibilities to prevent and respond to ESHS, OHS, GBV issues. I understand that any action inconsistent with this Individual Code of Conduct or failure to act mandated by this Individual Code of Conduct may result in disciplinary action and may affect my ongoing employment.

Signature: _____

Printed Name: _____

Title: _____

Date: _____