ANNEX

# SAFEGUARDS CONSIDERATIONS FOR PROJECT IMPLEMENTATION DURING COVID-19

**Contents**

## I. INFORMATION DISSEMINATION AND PUBLIC CONSULTATIONS

1. Identify and review planned activities under the project requiring stakeholder engagement and public consultations.

2. Assess the level of proposed direct engagement with stakeholders, including location and size of proposed gatherings, frequency of engagement, categories of stakeholders (international, national, local) etc.

3. Assess the level of risks of the virus transmission for these engagements, and how restrictions that are in effect in the country / project area would affect these engagements.

4. Identify project activities for which consultation/engagement is critical and cannot be postponed without having significant impact on project timelines. For example, selection of resettlement options by affected people during project implementation. Reflecting the specific activity, consider viable means of achieving the necessary input from stakeholders (see further below).

5. Assess the level of ICT penetration among key stakeholder groups, to identify the type of communication channels that can be effectively used in the project context.

6. Based on the above, the Project Proponent needs to identify the specific channels of communication that should be used while conducting stakeholder consultation and engagement activities. The following are some considerations while selecting channels of communication, in light of the current COVID-19 situation:

    - Avoid public gatherings (taking into account national restrictions), including public hearings, workshops and community meetings;

    - If smaller meetings are permitted, conduct consultations in small-group sessions, such as focus group meetings. If not permitted, make all reasonable efforts to conduct meetings through online channels, including webex, zoom and skype;

    - Diversify means of communication and rely more on social media and online channels. Where possible and appropriate, create dedicated online platforms and chatgroups appropriate for the purpose, based on the type and category of stakeholders;

    - Employ traditional channels of communications (TV, newspaper, radio, dedicated phone-lines, and mail) when stakeholders to do not have access to online channels or do not use them frequently. Traditional channels can also be highly effective in conveying relevant information to stakeholders, and allow them to provide their feedback and suggestions;

- Where direct engagement with project affected people or beneficiaries is necessary, such as would be the case for Resettlement Action Plans or Indigenous Peoples Plans preparation and implementation, identify channels for direct communication with each affected household via a context specific combination of email messages, mail, online platforms, dedicated phone lines with knowledgeable operators;

- Each of the proposed channels of engagement should clearly specify how feedback and suggestions can be provided by stakeholders;

- An appropriate approach to conducting stakeholder engagement can be developed in most contexts and situations. However, in situations where none of the above means of communication are considered adequate for required consultations with stakeholders, consider if the project activity can be rescheduled to a later time, when meaningful stakeholder engagement is possible.

## II. CIVIL WORKS

### A. Responsibilities of the Project Proponent

1. The Project Proponent should request details in writing from the main Contractor of the measures being taken to address the risks. The construction contract should include health and safety requirements, and these can be used as the basis for identification of, and requirements to implement, COVID-19 specific measures. The measures may be presented as a contingency plan, as an extension of the existing project emergency and preparedness plan or as standalone procedures. The measures may be reflected in revisions to the project's health and safety manual.

2. The Project Proponent should require the Contractor to convene regular meetings with the project health and safety specialists and medical staff (and where appropriate the local health authorities), and to take their advice in designing and implementing the agreed measures.

3. Where possible, a senior person should be identified as a focal point to deal with COVID-19 issues. This can be a work supervisor or a health and safety specialist. This person can be responsible for coordinating preparation of the site and making sure that the measures taken are communicated to the workers, those entering the site and the local community. It is also advisable to designate at least one back-up person, in case the focal point becomes ill; that person should be aware of the arrangements that are in place.

4. On sites where there are a number of contractors and therefore (in effect) different work forces, the request should emphasize the importance of coordination and communication between the different parties. Where necessary, the Project Proponent

should request the main contractor to put in place a protocol for regular meetings of the different contractors, requiring each to appoint a designated staff member (with back up) to attend such meetings. If meetings cannot be held in person, they should be conducted using whatever IT is available. The effectiveness of mitigation measures will depend on the weakest implementation, and therefore it is important that all contractors and sub-contractors understand the risks and the procedure to be followed.

5. The Project Proponent may provide support to projects in identifying appropriate mitigation measures, particularly where these will involve interface with local services, in particular health and emergency services. In many cases, the Project Proponent can play a valuable role in connecting project representatives with local Government agencies, and helping coordinate a strategic response, which takes into account the availability of resources. To be most effective, projects should consult and coordinate with relevant Government agencies and other projects in the vicinity.

6. Workers should 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.

7. The head of the concerned Implementing Office (IO) shall issue construction quarantine pass (QP) to the individual qualified personnel of the concessionaires, contractors, subcontractors, and suppliers, clearly stating the identification, designation, nature of work, validity and destination. It is understood that the QP shall cover transit of personnel from (a) GCQ area to ECQ area, and vice versa and (b) an area not under community quarantine to a GCQ or ECQ area, and vice versa.

B. Responsibilities of the Contractor

**Prior to Deployment**

1. Only persons from Twenty-One (21) to Fifty-Nine (59) years of age, without pre-existing health conditions, such as, but not limited to, immunodeficiency, comorbidities, or other health risks, including any person who resides with the aforementioned; and who did not come into contact with someone with COVID-19 shall be allowed to be included in the workforce. Employees or consultants who are 60 years of age or above may be part of the workforce for construction projects as may be allowed under GCQ and ECQ guidelines under Omnibus Guidelines on the Implementation of Community Quarantine in the Philippines ("OG") dated 29 April 2020.

2. Construction personnel shall be required to undergo any available COVID-19 test, as may be prescribed by DOH, and retested as the need arises. In this regard, consultation

with medical doctors (duly accredited by DOH, if possible) prior to the conduct of COVID-19 test shall be made.

3. The concessionaires, contractors, subcontractors, and suppliers shall provide for their personnel/workers the necessary welfare facilities and amenities, such as employees' quarters for board and lodging, ensuring compliance to social distancing, proper hygiene, etc. Contractors shall submit the design for the said welfare facilities and amenities, for monitoring, to the District Engineering Offices or Regional Offices.

4. Contractors shall ensure that their projects are in compliance with DOLE D.O. NO. 13 series of 1998. Contractors shall provide their personnel and workers continuous supply of vitamins, particularly vitamin C, other over - the - counter medicines, quarantine facilities, and oxygen tanks for emergency purposes.

5. Contractors shall provide disinfection facilities in their respective project sites in compliance with pertinent DOH and IATF Guidelines, to be placed at strategic locations to ensure the safety and welfare of all personnel.

6. Proper information dissemination regarding COVID-19 construction protocols on top of existing construction safety practices shall be conducted by Safety Officers to all personnel.

7. For Government construction projects, personal records of all personnel necessary for contact tracing shall be submitted by the concessionaires, contractors, subcontractors, and suppliers to the DPWH IO and shall be resubmitted and updated monthly, or as the need arises.

**<u>During Deployment</u>**

1. Conduct an inventory of works for the construction sequencing to be followed and undertaken to uphold the required social distancing. Break times shall be conducted in a staggered manner.

2. Employees shall be housed in their respective quarters for the entire duration of the project covered by the ECQ and GCQ. Otherwise, "Prior to Deployment" procedures shall be conducted at every instance of re-entry.

3. Errands to be conducted outside the construction site premises shall be kept to a minimum. Number of personnel running errands shall be limited and shall be properly disinfected and closely monitored for symptoms within fourteen (14) days upon re-entry.

4. Field offices, employees' quarters, and other common areas shall be regularly maintained including the daily disinfection of such facilities.

5. Adequate food, safe/potable drinking water, disinfectants, and hand soaps shall be made available by the concessionaires, contractors, subcontractors, and suppliers to its in – house personnel.

6. Daily monitoring of the pre and post work health conditions of workers shall be undertaken by the concessionaires, contractors, subcontractors, and suppliers including, but not limited to, temperature, health, and exposure monitoring, as preventive measures. Personnel with manifestations or symptoms relative to COVID-19 shall be immediately isolated and quarantined for fourteen (14) days and if necessary, brought to the nearest DOH COVID-19 treatment facility under strict confidentiality and privacy. Proper protocols in accordance with the DTI and DOLE Interim Guidelines on Work Place Prevention and Control of COVID-19 shall likewise be strictly observed. For Government construction projects, a daily health monitoring report to be prepared by the Safety Officer shall be submitted to the DPWH IO.

7. Work activities shall be under daily strict monitoring by the Safety Officer at site to ensure compliance to safety standards and quarantine protocols.

8. For government construction projects, the DPWH Engineers assigned at the site shall ensure strict compliance to DOLE D.O. 13, series of 1998, and implementation of wearing additional Personal Protective Equipment (PPE) required such as, but not limited to, face masks, safety glasses/goggles, face shields, and long sleeve T-shirts, to contain the spread of COVID-19 in the workplace. On the other hand, contractors for essential private construction projects under GCQ shall assign a full time safety officer devoted to ensure compliance with D.O. 13, series of 1998 and implementation of social distancing measures provided herein.

9. For off-site employees' quarters, transport service, duly disinfected before and after use, shall be provided, with social distancing observed.

10. Sharing of construction and office equipment is discouraged. However, if necessary, the shared equipment must be disinfected in between transfers amongst personnel.

11. All material and equipment delivery and disposal shall be conducted by a specific team of personnel on an isolated loading/unloading zone while limiting contact with the delivery/disposal personnel. All material and/or equipment entering the construction site shall be duly disinfected, as possible.

12. Non-essential personnel, visitors, and the general public shall be restricted to enter the construction site, employees' quarters, and field offices. Otherwise, all personnel entering the construction site premises on a temporary basis (e.g. Delivery truck drivers,

inspectors, etc.) shall be properly logged and checked for symptoms. Gatherings, Liquors, and/or merry – making are strictly prohibited within the construction site premises.

13. Clustered and staggered deployment of employees within the construction site shall be observed to minimize personnel contact and for easier contact tracing.

14. Proper waste disposal shall be provided for infectious waste such as PPEs and other waste products coming from outside the construction premises.

15. Requirements on general hygiene should be communicated and monitored, to include:

- Training 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.

- Placing posters and signs around the site, with images and text in local languages.

- 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.

- Setting aside part of worker accommodation for precautionary self-quarantine as well as more formal isolation of staff who may be infected.

- Conducting 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).

- Providing cleaning staff with adequate cleaning equipment, materials and disinfectant.

- Reviewing 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, 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).

- Any medical waste produced during the care of ill workers should be collected safely in designated containers or bags and treated and disposed of following relevant requirements (e.g., national, WHO). If open burning and incineration of medical wastes is necessary, this should be for as limited a duration as possible. Waste should be reduced and segregated, so that only the smallest amount of waste is incinerated.

16. Consider whether existing project medical services are adequate, taking into account existing infrastructure (size of clinic/medical post, number of beds, isolation facilities), medical staff, equipment and supplies, procedures and training. Where these are not adequate, consider upgrading services where possible, including:

    - Expanding medical infrastructure and preparing areas where patients can be isolated. (Guidance on setting up isolation facilities is set out in WHO interim guidance on considerations for quarantine of individuals in the context of containment for COVID-19). Isolation facilities should be located away from worker accommodation and ongoing work activities. Where possible, workers should be provided with a single well-ventilated room (open windows and door). Where this is not possible, isolation facilities should allow at least 1 meter between workers in the same room, separating workers with curtains, if possible. Sick workers should limit their movements, avoiding common areas and facilities and not be allowed visitors until they have been clear of symptoms for 14 days. If they need to use common areas and facilities (e.g. kitchens or canteens), they should only do so when unaffected workers are not present and the area/facilities should be cleaned prior to and after such use.

    - Training medical staff, which should include current WHO advice on COVID-19 and recommendations on the specifics of COVID-19. Where COVID-19 infection is suspected, medical providers on site should follow WHO interim guidance on infection prevention and control during health care when novel coronavirus (nCoV) infection is suspected.

    - Training medical staff in testing, if testing is available.

    - Assessing the current stock of equipment, supplies and medicines on site, and obtaining additional stock, where required and possible. This could include medical

PPE, such as gowns, aprons, medical masks, gloves, and eye protection. Refer to WHO guidance as to what is advised.

- If PPE items are unavailable due to world-wide shortages, medical staff on the project should agree on alternatives and try to procure them. Alternatives that may commonly be found on constructions sites include dust masks, construction gloves and eye goggles. While these items are not recommended, they should be used as a last resort if no medical PPE is available.

- Ventilators will not normally be available on work sites, and in any event, intubation should only be conducted by experienced medical staff. If a worker is extremely ill and unable to breathe properly on his or her own, they should be referred immediately to the local hospital.

- Review existing methods for dealing with medical waste, including systems for storage and disposal.

17. Given the limited scope of project medical services, the project may need to refer sick workers to local medical services. Preparation for this includes:

    - Obtaining information as to the resources and capacity of local medical services (e.g. 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.

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

18. WHO provides detailed advice on what should be done to treat a person who becomes sick or displays symptoms that could be associated with the COVID-19 virus (for further information see WHO interim guidance on infection prevention and control during health care when novel coronavirus (nCoV) infection is suspected). The project should set out risk-based procedures to be followed, with differentiated approaches based on case severity (mild, moderate, severe, critical) and risk factors (such as age, hypertension, diabetes) (for further information see WHO interim guidance on operational considerations for case management of COVID-19 in health facility and community). These may include the following:

    - If a worker has symptoms of COVID-19 (e.g. fever, dry cough, fatigue) the worker should be removed immediately from work activities and isolated on site.

    - If testing is available on site, the worker should be tested on site. If a test is not available at site, the worker should be transported to the local health facilities to be tested (if testing is available).

    - If the test is positive for COVID-19 or no testing is available, the worker should continue to be isolated. This will either be at the work site or at home. If at home, the worker should be transported to their home in transportation provided by the project.

    - Extensive cleaning procedures with high-alcohol content disinfectant should be undertaken in the area where the worker was present, prior to any further work being undertaken in that area. Tools used by the worker should be cleaned using disinfectant and PPE disposed of.

    - Co-workers (i.e. workers with whom the sick worker was in close contact) should be required to stop work, and be required to quarantine themselves for 14 days, even if they have no symptoms.
    - Family and other close contacts of the worker should be required to quarantine themselves for 14 days, even if they have no symptoms.

    - If a case of COVID-19 is confirmed in a worker on the site, visitors should be restricted from entering the site and worker groups should be isolated from each other as much as possible.

- If workers live at home and has a family member who has a confirmed or suspected case of COVID-19, the worker should quarantine themselves and not be allowed on the project site for 14 days, even if they have no symptoms.

- Workers should continue to be paid throughout periods of illness, isolation or quarantine, or if they are required to stop work, in accordance with national law.

- Medical care (whether on site or in a local hospital or clinic) required by a worker should be paid for by the employer.

19. Ensure continuity of supplies and project activities with the following measures:

- Identify back-up individuals, in case key people within the project management team (PIU, Supervising Engineer, Contractor, sub-contractors) become ill, and communicate who these are so that people are aware of the arrangements that have been put in place.

- Document procedures, so that people know what they are, and are not reliant on one person's knowledge.

- Understand the supply chain for necessary supplies of energy, water, food, medical supplies and cleaning equipment, consider how it could be impacted, and what alternatives are available. Early pro-active review of international, regional and national supply chains, especially for those supplies that are critical for the project, is important (e.g. fuel, food, medical, cleaning and other essential supplies). Planning for a 1-2 month interruption of critical goods may be appropriate for projects in more remote areas.

- Place orders for/procure critical supplies. If not available, consider alternatives (where feasible).

- Consider existing security arrangements, and whether these will be adequate in the event of interruption to normal project operations.

- Consider at what point it may become necessary for the project to significantly reduce activities or to stop work completely, and what should be done to prepare for this, and to re-start work when it becomes possible or feasible.

20. Ensure proper training and communication with workers through the following:

- 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 procedures that have been put in place by the project, and their own responsibilities in implementing them.

- It is important to be aware that in communities close to the site and amongst workers without access to project management, social media is likely to be a major source of information. This raises the importance of regular information and engagement with workers (e.g. through training, town halls, tool boxes) that emphasizes what management is doing to deal with the risks of COVID-19. Allaying fear is an important aspect of work force peace of mind and business continuity. Workers should be given an opportunity to ask questions, express their concerns, and make suggestions.

- Training of workers should be conducted regularly, providing 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 ill 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.

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

21. Relations with the community should be carefully managed, with a focus on measures that are being implemented to safeguard both workers and the community. The community may be concerned about the presence of non-local workers, or the risks posed to the community by local workers presence on the project site. The project should set out risk-based procedures to be followed , which may reflect WHO guidance (for further information see WHO Risk Communication and Community Engagement (RCCE) Action Plan Guidance COVID-19 Preparedness and Response). The following good practice should be considered:

    - Communications should be clear, regular, based on fact and designed to be easily understood by community members.

    - Communications should utilize available means. In most cases, face-to-face meetings with the community or community representatives will not be possible. Other forms of communication should be used; posters, pamphlets, radio, text message,

electronic meetings. The means used should take into account the ability of different members of the community to access them, to make sure that communication reaches these groups.

- The community should be made aware of procedures put in place at site to address issues related to COVID-19. This should include all measures being implemented to limit or prohibit contact between workers and the community. These need to be communicated clearly, as some measures will have financial implications for the community (e.g. if workers are paying for lodging or using local facilities). The community should be made aware of the procedure for entry/exit to the site, the training being given to workers and the procedure that will be followed by the project if a worker becomes sick.

- If project representatives, contractors or workers are interacting with the community, they should practice social distancing and follow other COVID-19 guidance issued by relevant authorities, both national and international (e.g. WHO).

## III. CONTINGENCY PLANNING FOR PROJECT SITES

- At each project where there is a workforce, the Project Proponent should request details from the senior manager of that workforce (for example, a contractor's project manager) of the preparations being made on site, and as necessary assist the projects with these preparations.

- The senior manager should be taking the advice of their healthcare team and their health and safety specialists in preparing the site, although the Project Proponent may also need to assist, for example with coordinating responses and/or connecting project sites with national/local healthcare specialists.

- Each project should put in place measures to minimize the chances and contain the spread of the virus as a result of the movement of workers, ensure their sites are prepared for an outbreak, and develop and practice contingency plans so that personnel know what to do if an outbreak occurs and how treatment will be provided.

- These preparation measures should 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.

### A. Movement of staff

- Movement of staff can increase the risk of transmission of COVID-19 to a work site and the local community. Overseas, international and transient workers should

adhere to national requirements and guidelines with respect to COVID-19 when travelling to or from worksites.

- Workers coming from or passing through countries/regions with cases of the virus should not return if displaying symptoms or should self-isolate for 14 days following their return.

- For self-isolation, workers should be provided with a single room that is well-ventilated (i.e., with open windows and an open door), otherwise, adequate space should be provided to maintain a distance of at least 2m and a curtain to separate workers sharing a room. Men and women should not share a room. A dedicated bathroom should be provided for the isolation facilities and there should be separate bathroom facilities for men and women.

- Workers in isolation should limit their movements in areas which are also used by unaffected workers shared areas), and should avoid using these areas when unaffected workers are present. Where workers in isolation need to use shared spaces (such as kitchens/canteens), arrangements should be made for cleaning prior to and after their use of the facilities. The number of staff involved in caring for those in isolation, including providing food and water, should be kept to a minimum and appropriate PPE should be used by those staff.

- At a minimum, isolation areas should be cleaned daily and healthcare professionals should visit workers in the isolation areas daily. Cleaners and healthcare professionals should wear appropriate PPE and ensure good hygiene when visiting workers in isolation. Further information is provided by WHO in Home care for patients with suspected novel coronavirus (COVID-19).

- Visitors should not be allowed until the worker has shown no signs and symptoms for 14 days.

B. Preparing for an Outbreak

- Medical staff at the facilities should be trained and be kept up to date on WHO advice (https://www.who.int/emergencies/diseases/novel-coronavirus-2019/technical-guidance) and recommendations on the specifics of COVID-19. They should take stock of the equipment and medicines that are present on site and ensure that there are good supplies of any necessary treatments.

- Ensure medical facilities are stocked with adequate supplies of medical PPE, as a minimum:
    - Gowns, aprons

- Medical masks and some respirators (N95 or FFP2)
- Gloves
- Eye protection (goggles or face screens)

- Cleaners also need to be provided with PPE and disinfectant. Minimum PPE to be used when cleaning areas that have been or suspected to have been contaminated with COVID-19 is:
  - Gowns, aprons
  - Medical masks
  - Gloves
  - Eye protection (goggles or face screens)
  - Boots or closed work shoes

- Cleaners should be trained in how to safely put on and use PPE by medical staff, in necessary hygiene (including hand washing) prior to, during and post cleaning duties, and in waste control (including for used PPE and cleaning materials).

- The medical staff/management should run awareness campaigns, training and arrange for appropriate posters, signs and advisory notices to be posted on site to advise workers on how to minimize the spread of the disease, including:
  - to self-isolate if they feel ill or think they may have had contact with the virus, and to alert medical staff;
  - to regularly wash hands thoroughly with soap and water – many times per day;
  - how to avoid disease spread when coughing/sneezing (cough sneeze in crook of elbow or in a tissue that is immediately thrown away), and not to spit;
  - to keep at least 2m or more away from colleagues;

- Hand washing stations should be set up at key places throughout site, including at entrances/exits to work areas, wherever there is a toilet, canteen/food and drinking water, or sleeping accommodation, at waste stations, at stores and at communal facilities. Each should have a supply of clean water, liquid soap and paper towels (for hand drying), with a waste bin (for used paper towels) that is regularly emptied and taken to an approved waste facility (not just dumped).

- Where wash stations cannot be provided (for example at remote locations), alcohol-based hand rub should be provided.

- Enhanced cleaning arrangements should be put in place, to include regular and deep cleaning using disinfectant of catering facilities/canteens/food/drink facilities, latrines/toilets/showers, communal areas, including door handles, floors and all surfaces that are touched regularly (ensure cleaning staff have adequate PPE when cleaning consultation rooms and facilities used to treat infected patients). Worker

accommodation that meets or exceeds IFC/EBRD worker accommodation requirements (e.g. in terms of floor type, proximity/no of workers, no 'hot bedding', drinking water, washing, bathroom facilities etc.) will be in good state for keeping clean and hygienic, and for cleaning to minimize spread of infection.

- Working methods should be reviewed and changed as necessary to reduce use of PPE, in case supplies of PPE become scarce or hard to obtain. For example, water sprinkling systems at crushers and stockpiles should be in good working order, trucks covered, water suppression on site increased and speed limits on haul roads lowered to reduce the need for respiratory (N95) dust masks.

C. Contingency Planning for an Outbreak

- The contingency plan to be developed at each site should set out what procedures will be put in place in the event of COVID-19 reaching the site. The contingency plan should be developed in consultation with national and local healthcare facilities, to ensure that arrangements are in place for the effective containment, care and treatment of workers who have contracted COVID-19. The contingency plan should also consider the response if a significant number of the workforce become ill, when it is likely that access to and from a site will be restricted to avoid spread.

- Contingencies should be developed and communicated to the workforce for:
    - Isolation and testing procedures for workers (and those they have been in contact with) that display symptoms;
    - Care and treatment of workers, including where and how this will be provided;
    - Getting adequate supplies of water, food, medical supplies and cleaning equipment in the event of an outbreak on site, especially should access to the site become restricted or movements of supplies limited.

- Specifically, the plan should set out what will be done if someone may become ill with COVID-19 at a worksite. The plan should:
    - Set out arrangements for putting the person in a room or area where they are isolated from others in the workplace, limiting the number of people who have contact with the person and contacting the local health authorities;
    - Consider how to identify persons who may be at risk (e.g. due to a pre-existing condition such as diabetes, heart and lung disease, or as a result of older age), and support them, without inviting stigma and discrimination into your workplace; and
    - Consider contingency and business continuity arrangements if there is an outbreak in a neighboring communities.

- Contingency plans should consider arrangements for the storage and disposal arrangements for medical waste, which may increase in volume and which can remain infectious for several days (depending upon the material). The support that site medical staff may need, as well as arrangements for transporting (without risk of cross infection) sick workers to intensive care facilities or into the care of national healthcare facilities should be discussed and agreed.

- Contingency plans should also consider how to maintain worker and community safety on site should work be suspended or illness affect significant numbers of the workforce at any point.

- It is important that worksite safety measures are reviewed by a safety specialist and implemented prior to work areas being suspended.

- In drawing up contingency plans, it is recommended that projects communicate with other projects/workforces in the area, to coordinate their responses and share knowledge. It is important that local healthcare providers are part of this co-ordination, to minimize the changes of the local providers being overwhelmed in the event of an outbreak and unable to serve the community.

D. Communicating the plans

- In order to reduce the risk of stigma or discrimination, and to ensure that individuals roles and responsibilities are clear, the preparation measures and contingency plans should be communicated widely. Workers, sub-contractors, suppliers, adjacent communities, nearby projects/workforces, and local healthcare authorities should all be made aware of the preparations that have been made.

- When communicating to the workforce, their roles and responsibilities should be outlined clearly, and the importance for their colleagues, the local communities and their families that the workers follow the plans should be stressed. Workers may need to be reassured that they there will be no retaliation or discrimination if they self-isolate as a result of feeling ill, and also with respect to the compensation or insurance arrangements that are in place.

- "A guide to preventing and addressing social stigma" provides further guidance on preventing social stigma as a result of COVID-19.