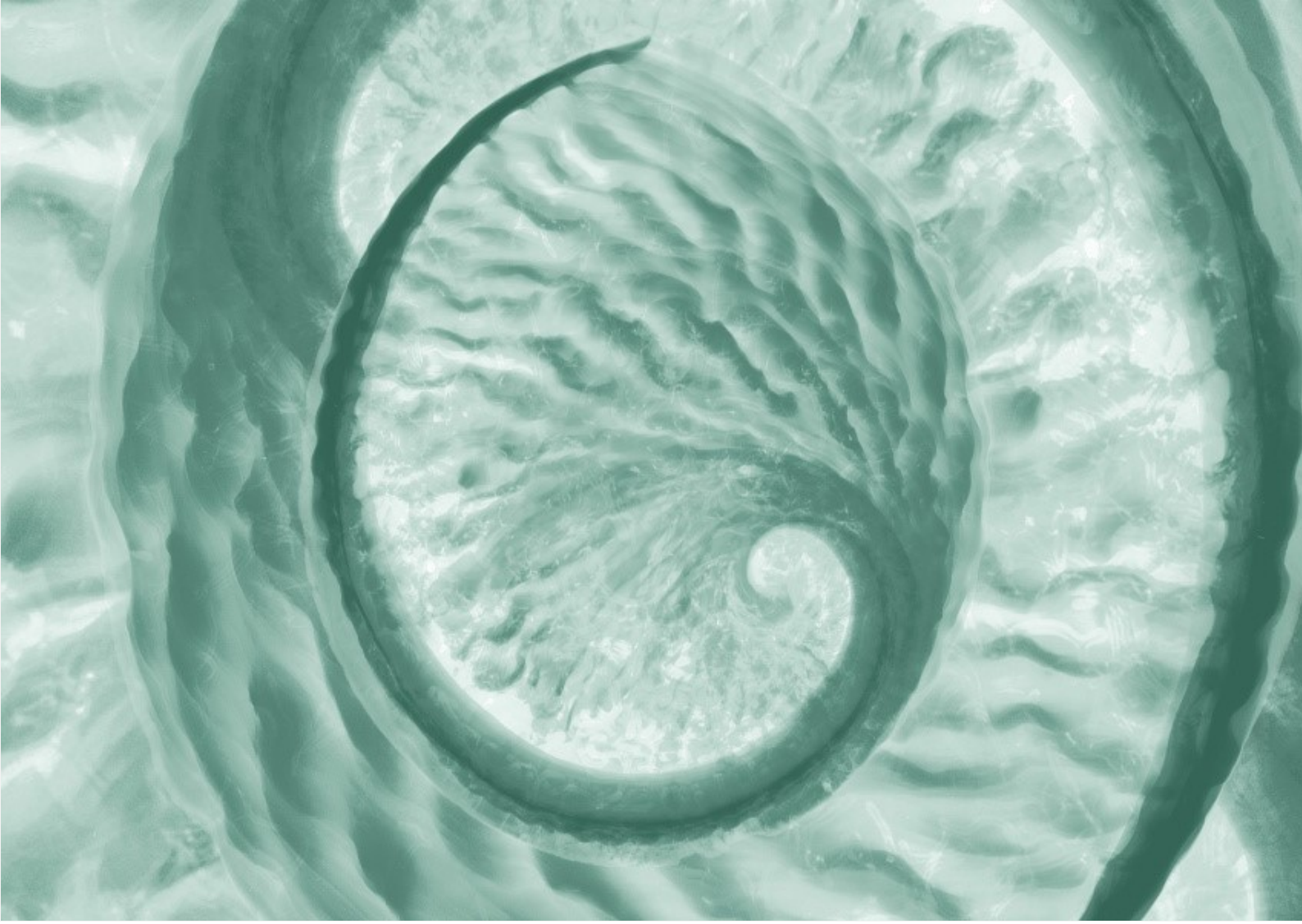

RÉPUBLIQUE D'HAÏTI
Ministère de la Santé Publique
et de la Population

Immediate Public Health Response to Contain and Control Coronavirus and Mitigate Its Impact on Service Delivery in Haiti

Environmental and Social Management Plan (ESMP)

15 July 2020

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Immediate Public Health Response to Contain and Control Coronavirus and Mitigate Its Impact on Service Delivery in Haiti

Environmental and Social Management Plan (ESMP)

Ricardo N. Calvo, PhD
Partner

Eloise Canfield
Principle Consultant

Environmental Resources Management
1776 I (Eye) St. NW, Suite 725
Washington, D.C. 20006

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1. INTRODUCTION

The Inter-American Development Bank (hereinafter the IDB or the Bank) is supporting the countries of the region in their responses to the global pandemic caused by the novel-Coronavirus or nCoV-2019 (COVID-19). As the number of COVID-19 cases increases in the Latin American and Caribbean (LAC) region, countries will need more investment to close gaps in their disease preparedness and response capacity and to implement key actions to contain the transmission of the disease and mitigate the health and economic consequences of the pandemic.

The IDB is evaluating the Immediate Public Health Response to Contain and Control Coronavirus and Mitigate its Impact on Service Delivery in Haiti (the "Health Program" or "Program"). The financing of the Program has a budget of USD 26.9 million. The Executing Agency of the Program is Haiti's Ministry of Public Health and Population (Ministère de la Santé Publique et de la Population, MSPP) together with the three non-governmental organizations (NGOs) that will be involved in project implementation including PanAmerican Health Organization (PAHO), UNOPS and OPS, and Partners in Health (PIH).

The IDB categorized the Health Program as Category C because the activities to be financed are considered low risk and have an environmental impact. Therefore, it does not require consultations or a socio-environmental evaluation. However, the IDB will require the development and implementation of an Environmental and Social Management Plan (ESMP) to ensure the following:

- That there are effective and adequate systems to manage medical waste that can be produced by the care of patients with COVID-19 and laboratories;
- That there is adequate and appropriate management, handling and final disposition of COVID-19 deceased persons to prevent potential further infection of the population;
- That there is communication with communities including indigenous communities near isolation sites and other project activities which is initiated and maintained in order to guarantee access to services and activities in a socioculturally appropriate manner and for vulnerable populations;
- That measures and best management practices are applied to protect workers, users of facilities and neighboring communities against the adverse impacts of health activities and services; and
- That an emergency response plan is developed, reviewed, improved, and/or available to respond to any such event.

In compliance with the requirement of the IDB, this ESMP addresses the five aspects identified by the IDB for the activities of the Program. As part of the Program, the IDB will provide financial support for the administration of the Program and implementation of the ESMP. The ESMP includes the following five plans:

1. Medical Waste Management Plan;
2. COVID-19 Corpse Management Plan;
3. Communication Plan;
4. Occupational Safety and Health Plan; and
5. Emergency Response Plan.

The Bank developed a prototype document, Strategic Environmental and Social Assessment of the Health System Support Program for Containment and Control of Coronavirus and Mitigation of its Effect on Care (EASE Health Prototype) for all health programs in the region, which was a guide for this ESMP.

2. PROGRAM DESCRIPTION

2.1 Objectives of the Program

The overall objective of the Health Program is to contribute to the reduction of mortality and morbidity from COVID-19 and to mitigate the indirect effects of the pandemic on health. The Program has the following four specific objectives:

- Strengthen response coordination at the country level;
- Improve detection and monitoring of cases;
- Support efforts to interrupt the chain of transmission of the disease; and
- Improve the capacity of provision of care.

2.2 Relevant Components of the Program

This reformulated program responds to the health crisis of COVID-19 in Haiti. The main objective of this program is to help reduce the morbidity and mortality caused by COVID-19 and to mitigate other indirect impacts of the pandemic on health. The four specific objectives include: 1) strengthening response coordination at the country level, 2) improving case detection and monitoring, 3) supporting initiatives to break the chain of transmission of the illness, and 4) improving capacity for provision of care.

The main components of the Health Program include:

- Support activities and investment for the MSPP and Multisector Management Commission for COVID-19 Response (CMGP) to implement cross-sector emergency management mechanisms.
- Support actions to speed up timely case detection and monitoring.
  - Support for rapid-response teams, surveillance, and case investigation; and
  - Finance the building of diagnostic capacity.
- Support interventions to contain transmission.
  - Finance implementation in the prioritized territories of the communication strategy in the national plan;
  - Finance preparation and dissemination of health care guidelines aimed at decreasing and interrupting the COVID-19 transmission; and
  - Support efforts to control country's points of entry by land or areas subject to an epidemiological barrier.
- Support capacity building for the entire population for case management and to ensure the continuity of essential care for people during the emergency.
  - Funding will cover expenses to outfit physical spaces, procure and install diagnostic and treatment equipment, hire incremental staff and/or offer economic incentives in the form of hazard pay and insurance to current staff; adjust protocols if needed and train personnel in their implementation, procure all necessary inputs, and cover logistics expenses such as transportation of patients, personnel and supplies;
  - Finance interventions to ensure continuity of care to vulnerable segments of the population; and
  - Finance interventions to support temporary supply of water, waste management, and basic sanitation services.

2.3 Principal Environmental and Social Risks and Impacts

This Program is overall a low-risk operation that will finance low-risk projects that have been classified as Category C. However, some specific minor impacts have been identified by the IDB that require development of a management plans to mitigate impacts including (i) medical waste management, especially resulting from the care of COVID-19 patients and laboratories, to include mitigation measures from generation, transport, temporary storage, and final disposal, and to be consistent with the World Health Organization (WHO) Guidelines for this type of waste; (ii) COVID-19 corpse management to be aligned with the WHO recommendations; (iii) communication plan; (iv) occupational health and safety plan, including safety protocols for medical personnel exposed by the care of patients COVID-19 to be aligned with those of the WHO, and (v) emergency response plan, specifically to natural disasters threats in Haiti (flood, earthquakes, and hurricanes). In addition, due to the relationship of these projects to the COVID-19 situation, this is a sensitive topic and it requires additional attention to minimize possible impacts from these projects.

The potential general environmental and social risks and impacts of all projects include:

- Human health impacts such as exposure to medical waste, exposure to laboratory waste, accidents, cuts, slips and falls, construction hazards from handling equipment and materials, exposure to individuals with infectious diseases, transmission of diseases, and potentially death;
- Vulnerable populations, gender discrimination, and inequality of services;
- Stakeholder engagement and communication with socioculturally appropriate information and appropriate methodology to prevent transmission of disease;
- Disaster risk from construction accidents and natural disasters;
- Pollution and contamination of soils and water resources;
- Visual impacts in the areas of the projects and construction works;
- Odors from residues in surrounding areas;
- Animal impacts including contamination of habitat and water resources, health impacts from contact with medical waste, possibly death from consumption of medical waste.

This ESMP addresses these specific environmental and social risks and impacts as they pertain to the projects including the management of medical waste, COVID-19 corpse management, communication with community, occupational health and safety for workers, and emergency response.

2.4 Development of an Environmental and Social Management Plan

The Health Program was categorized as Category C for being low risk and low environmental impact and for being an emergency program. However, to ensure that the environmental and social impacts and risks of the Program are effectively addressed, the IDB has requested an ESMP that includes mitigation measures and respond to these specific issues.

Therefore, the ESMP includes the following five plans:

1. Medical Waste Management Plan
2. COVID-19 Corpse Management Plan
3. Communication Plan
4. Occupational Safety and Health Plan
5. Emergency Response Plan

These management plans contain key elements including objectives, regulatory framework, guidelines and references for management, procedure/methodology/activities, sources of impacts,

management/mitigation measures, training and communication, responsibilities, and monitoring measures.

2.5 Execution and Administration

The Executing Agency of the Program is Haiti's Ministry of Public Health and Population (Ministère de la Santé Publique et de la Population, MSPP) together with the three NGOs that will be involved in project implementation including PAHO, UNOPS and OPS, and PIH.

The Investigation and Programing Unit (UEP), MSPP's planning directorate, will coordinate implementation with support from the Contract Unit (UC) to carry out the processes included in the Procurement Plan approved by the Bank, and from the Project Management Unit (UGP dedicated to managing donors funding) for financial processes. The UEP will be responsible for the timely presentation of specific operations plan- per Bank request and the quarterly progress reports, coordinating with other substantive areas. UEP, UGP and UC are part of the General Director's office and, as such, have the mandate to engage with the Health Departmental Directorates (DDS), and have experience interacting with the implementing partners.

2.6 Supervision and Compliance Reports

PIH, UNOPS, and OPS will report on a monthly basis to the Executing Agency on the compliance with the applicable ESMP programs and, in turn, will periodically monitor and report to the IDB on the compliance of the ESMP in the program. The Executing Agencies of both operations under reformulations will report to the IDB on the implementation of the programs/plans addressing COVID-19 issues during constructions activities. The content of the monitoring report should include a focus on demonstrating compliance with the ESMP in the reporting period.

2.6.1 Medical Waste Management Compliance Report

The compliance report will document the status of compliance with the "Procedures" and "General Approach" described in the Medical Waste Management Plan. The minimum information for the implementer to include in the compliance report narrative submitted to the Executing Agency is the following:

- Compliance with the procedures and general approach for medical waste management;
- Management of medical waste;
- Reduction of medical waste;
- Reuse and recycling of medical waste;
- Classification of medical waste;
- Accumulation and temporary storage of medical waste procedures;
- On-site treatment procedures for medical waste; and
- Transportation and disposal procedures for medical waste.

In addition, the indicator table in the Medical Waste Management Plan must be completed and included in the compliance report following the narrative section.

2.6.2 COVID-19 Corpse Management Compliance Report

The compliance report will document the status of compliance with the "Procedures" described in the COVID-19 Corpse Management Plan. The minimum information for the implementer to include in the compliance report narrative submitted to the Executing Agency is the following:

- Establishment of team for coordination of COVID-19 corpse management at the local and regional level;

- Procedures defined for the management of COVID-19 deceased persons' corpses;
- Procedures described for handling and disposal of COVID-19 corpses;
- Definition of the roles and responsibilities;
- Definition of the entities in charge of implementing the plan;
- Definition of the procedures for monitoring, measuring progress and generating reports; and
- Establishment of training and communications commitments.

In addition, the indicator table in the COVID-19 Corpse Management Plan must be completed and included in the compliance report following the narrative section.

2.6.3 Communication Compliance Report

The compliance report will document the status of compliance with the "Principles" described in the Communication Plan. The minimum information for the implementer to include in the compliance report narrative submitted to the Executing Agency is the following:

- Identification of interest groups;
- Identification of the concerns and views of stakeholders related to the risks, impacts, and mitigation measures of each Project;
- Involvement of the affected communities in the decision-making process of each Project, to the extent possible;
- Responses to concerns of the affected community, with attention to inclusive and culturally appropriate approach;
- Dissemination and reporting of relevant information regarding possible adverse impacts, in a timely, accessible, and understandable manner, and in the appropriate languages;
- Under current COVID-19 circumstances, respond to restrictions and adhere to social distancing recommendations; and
- Establishment of a grievance mechanism that allows for timely feedback from interested parties about Project plans and activities throughout the life of the projects.

In addition, the indicator table in the Communication Plan must be completed and included in the compliance report following the narrative section.

2.6.4 Occupational Safety and Health Management Compliance Report

The compliance report will document the status of compliance with the recommendations described in the "Key Activities and/or Actions" section of the Occupational Safety and Health Management Plan. The minimum information for the implementer to include, with compliance and status update, in the compliance report narrative submitted to the Executing Agency is the following:

- Protective equipment;
- Permanent services and sanitation equipment;
- Environmental protection;
- Contractor obligations;
- Worker obligations;
- Prohibitions for contractors and workers; and
- Security measures.

In addition, the indicator table in the Occupational Safety and Health Management Plan must be completed and included in the compliance report following the narrative section.

2.6.5 Emergency Response Compliance Report

The compliance report documents the status of compliance with the “Procedures” described in the Emergency Response Management Plan. The minimum information for the implementer to include in the compliance report narrative submitted to the Executing Agency is the following:

- Identification and description of available resources including people and equipment;
- Confirmation and description of access to information needed;
- Communication systems and plans for use;
- Priority setting plans prior to an incident;
- Plans for and evidence of coordination between the Authorities; and
- Plans for and evidence of communication with the communities.

In addition, the indicator table in the Emergency Response Management Plan must be completed and included in the compliance report following the narrative section.

2.7 Service Continuity Plan

Prior to the hospital facilities internal remodeling or equipment installation activities, it will be necessary to carry out a Service Continuity Plan to maintain provisioning of medical service activities. The actions that to be considered at the time of carrying out remodeling or equipment installation activities should guarantee the continuity of service and the minimization of impacts. It is important to identify all services, systems, infrastructure, facility dependencies so that continuity plans can be developed in the appropriate order and the expected amount of time required for a response can be estimated.

The key issues to be considered in the Service Continuity Plan should include the following:

- Preventing transmission;
- Avoiding involvement of existing patients;
- Minimizing time required to complete the intervention;
- Ensuring resources are available prior to starting the intervention.

The planning phase for the remodeling or equipment installation activities and development of the Service Continuity Plan should also include:

- Identification of all hazards;
- A vulnerability assessment to determine the effect of all hazards;
- A cost-benefit analysis of risk mitigation, prevention, and/or control measures;
- Evaluation of physical security required to protect against identified threats.

3. MEDICAL WASTE MANAGEMENT PLAN

During the operation and closure phases of the Projects executed under this Program, there is the possibility of generating medical waste. Proper medical waste management ensures adequate hygiene and safety of workers and communities. The plan should describe the measures and best management practices proposed for each of the phases of the projects that will be used to protect workers, users of the facilities, and neighbouring communities against adverse impacts. The plan must follow the guidelines and guides, including guidelines for COVID-19, established by recognized entities such as the World Health Organization (WHO) (WHO, 2020c), the Centers for Desease Control and Prevention (CDC, 2020), the World Bank (IFC, 2007), non-governmental organizations (Health Care Without Harm), and national legislation.

This plan, based on international guidelines, is a guide that defines the various potential sources of medical waste and proposes ways to control and monitor them for the duration of the projects. Although this plan describes methods for managing medical wastes, this document is an environmental and social management plan whose scope does not include medical recommendations. The resulting plan should be prepared and reviewed by experts in the health field complying with the appropriate requirements of that specialty.

3.1 Objectives

The objectives and goals of the Medical Waste Management Plan are:

- Avoid and control the generation of medical waste related to projects during the operation and closure phases;
- Define the procedures, integrated controls and mitigation measures to be used during construction (if applicable) and operation activities that have the potential to affect the environment and communities; and
- Comply with the national legislation and regional requirements of Haiti as well as international guidelines regarding the management and disposal of medical waste.

Additionally, the local government in the constituencies may have their own requirements on medical waste management that must be included in the management plans of each project.

3.2 Regulatory Framework

The national legislation and regional requirements (and international guidelines described further below) that need to be taken into account regarding medical waste includes the following:

- Constitution de la Republique D'Haïti (1987)
- Loi relative à la gestion des déchets et à leur élimination (Loi nº 28-00)
- Loi portant création, organisation et fonctionnement du service national de gestion des résidus solides (SNGRS, 2017)
- Loi Organique du Ministère de la Santé Publique et de la Population (MSPP)
- Lois relatives à l'environnement côtier et à la pêche en Haïti (UNESCO, 2002)
- Code D'Hygiène D'Assistance Publique et Sociale (1954)
- Politique nationale de santé, Ministère de la Santé Publique et de la Population (MSPP, 2012)
- Plan de Préparation et de Réponse du MSPP au Coronavirus (MSPP, 2020)
- Plan de Réponse Humanitaire Révisé: Révision due à la Pandémie de COVID-19 (UNOCHA, 2020)

3.3 References and Guidelines for Management

The management of medical waste must comply with the requirements established by national legislation, regional requirements, and the local government in the constituencies, together with the relevant IDB policies, international guidelines, and best practices at the international level. In addition to the requirements established in this ESMP, the management plans developed by contractors and implementers must follow the guidelines prepared by the Haiti Ministry of Public Health and Population (Ministère de la Santé Publique et de la Population, MSPP) and should also reference the international entity guidelines for management of medical waste. The national legislation and international guidance includes the following:

- Constitution de la Republique D'Haïti (1987) - http://www.haiti.org/wp-content/uploads/2012/09/constitution_francais.pdf http://extwprlegs1.fao.org/docs/pdf/hai127411.pdf
- Loi relative à la gestion des déchets et à leur élimination (Loi nº 28-00) - https://www.google.com/url?sa=t&rct=j&q=&esrc=s&source=web&cd=&ved=2ahUKEwjQmOyyl57qAhXimHIEHWmcA2YQFjACegQIAhAB&url=https%3A%2F%2Fwww.a-mla.org%2Fmasteract%2Fdownload%2F826&usg=AOvVaw2NI2JXiLDYIPcRH3I6UFWg
- Loi portant création, organisation et fonctionnement du service national de gestion des résidus solides (SNGRS, 2017) - http://extwprlegs1.fao.org/docs/pdf/Hai172031.pdf
- Loi Organique du Ministère de la Santé Publique et de la Population (MSPP) - https://www.mspp.gouv.ht/site/downloads/Loi_Organique.pdf
- Lois relatives à l'environnement côtier et à la pêche en Haïti (UNESCO, 2002) - https://wayback.archive-it.org/10611/20161020193216/http:/www.unesco.org/csi/pub/info/haiti.pdf
- Code D'Hygiene D'Assistance Publique et Sociale (1954) - https://ufdc.ufl.edu/AA00000464/00001/3j
- Politique nationale de santé, Ministère de la Santé Publique et de la Population (MSPP, 2012) - http://mspp.gouv.ht/site/downloads/PNS%2021juillet%20version%20finale.pdf
- Plan de Préparation et de Réponse du MSPP au Coronavirus (MSPP, 2020) - https://www.humanitarianresponse.info/sites/www.humanitarianresponse.info/files/documents/files/plan_de_preparation_et_de_reponse_du_mspp_au_coronavirus.pdf
- Haïti Plan de Réponse Humanitaire Révisé: Révision due à la Pandémie de COVID-19 (UNOCHA, 2020) - https://www.humanitarianresponse.info/sites/www.humanitarianresponse.info/files/documents/files/haiti_hrp_2019-2020_revise-covid19-annex_fr.pdf
- Haïti Plan de Réponse Humanitaire Révisé (UNOCHA, 2020) - https://www.humanitarianresponse.info/sites/www.humanitarianresponse.info/files/documents/files/2020_haiti_hrp_revise_complet_fr.pdf
- Health in the Americas: Haiti (PAHO, 2018) - https://www.paho.org/salud-en-las-americas-2017/?p=4110
- The Basel Convention on the Control of Transboundary Movements of Hazardous Wastes and their Disposal (Ministry of Environment, 1996) - https://www.basel.int/Portals/4/Basel%20Convention/docs/text/BaselConventionText-e.pdf http://www.basel.int/TheConvention/Overview/tabid/1271/Default.aspx
- The Environmental Health and Safety (EHS) guidelines of the World Bank, including the General Guidelines (2007), the EHS Guideline for Health Care Facilities (2007), and the EHS Guideline for Waste Management Facilities (2007) -

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

- Health care waste management: Coronavirus Update (2020) Prepared by Health Care Without Harm - https://noharm-uscanada.org/sites/default/files/documents-files/6339/HCWH%20Covid-19%20Waste%20Facts_0.pdf
- Waste Minimization, Segregation, and Recycling in Hospitals, published by Health Care Without Harm (2001) - https://noharm-uscanada.org/sites/default/files/documents-files/2386/Waste_Min_Seg_Recyc_in_Hosp.pdf
- Healthcare or Medical Waste, published by the UNEP (2020) - http://www.brsmeas.org/Implementation/MediaResources/NewsFeatures/COVID19Factsheet/tabid/8409/language/en-US/Default.aspx
- Safe Management of Wastes from Health-care Activities, published by WHO (2014) - https://www.who.int/water_sanitation_health/publications/wastemanag/en/
- Technical Documents - Coronavirus (COVID-19), published by the PanAmerican Health Organization (PAHO) - https://www.paho.org/en/technical-documents-coronavirus-disease-covid-19
- Guidelines for Environmental Infection Control in Health Care Facilities (2003), published by the CDC - https://www.cdc.gov/infectioncontrol/guidelines/environmental/background/medical-waste.html

3.4 Procedures

Each project must present an outline of the plan and establish its objectives and goals following the steps below:

1. Identify medical waste sources and their potential impacts for each phase of the Project;
2. Define the procedures for the management of medical waste;
3. Describe the disposal and treatment facilities (including autoclave) for medical waste;
4. Define roles and responsibilities;
5. Define the entities in charge of implementing the plan;
6. Define the procedures for monitoring, measuring progress and generating reports; and
7. Establish training and communication commitments.

3.5 General Approach

The projects executed under the Program will need to comply with national laws and requirements, as well as with the best international practices and standards for the management of medical waste. As with other types of waste, it is important to reduce medical waste generation to a minimum, resulting in reduced medical waste quantity for treatment (including autoclave) and transport to disposal facilities. Segregation of different categories of waste is important to enable proper disposal since approximately 80% of all medical waste can be disposed of through common municipal approved methods for that type of waste, while the remaining 20% must be disposed in the ways described below.

The general approach to waste management is described below:

- **Management:** The management of medical waste requires proper training, appropriate personal equipment, and availability of emergency equipment. The hospital staff such as doctors, nurses, cleaning staff, mechanics, etc. who handle medical waste must be trained on the proper labelling, storage, and handling techniques for the different types of waste. The types of waste in the

medical waste stream could include sharps from syringes, infectious waste from medical supplies, pathology waste from medical procedures, chemical waste from medical laboratory evaluation, heavy metal from equipment such as thermometers, radioactive from medical equipment and treatment, recyclable after disinfection treatment, among others (see Classification section below for additional information). The staff that handles medical waste must be administered the appropriate personal protective equipment (PPE) (footwear, masks, gloves, clothing and eye protection) for protection from medical waste. In addition, emergency equipment for accidental spills, emissions, exposure to medical waste should be available for use including emergency showers, eye-wash stations, ventilation systems and sanitary facilities, with particular attention to requirements for COVID-19.

- **Reduction:** Whenever possible, waste generation will be minimized, not only to save money but also to reduce the need for storage, treatment (including autoclave) and transportation resources, as well as to promote sustainable work environments. During the project operation phase, project management or administration should be required to supply specific waste reduction plans and procedures. Hospital employees, including medical and maintenance staff, should avoid excessive use of materials and work in a sustainable manner.
- **Reuse and Recycling:** Where possible, as part of waste reduction, materials that can be recycled and or reused (after being treated/decontaminated) should be identified. After treatment, decontamination, and sorting, items will be transported to pre-approved recycling centres.
- **Classification:** Personnel must be trained to work within an accounting system, which includes the correct and safe separation of waste, the labelling of all bags and containers, the proper storage at each point in the cycle of the waste, the appropriate treatment (including autoclave), and transportation for safe disposal of medical waste. The categories of medical waste (according to the WHO) are as follows :
  - Infectious: Wastes that could contain pathogens, such as laboratory cultures, wastes from isolation wards, gauzes (swabs), materials or equipment that have been in contact with infected patients including excrement;
  - Pathological: Human tissues or fluids such as body parts, blood and other bodily fluids as well as foetuses;
  - Sharp: Sharp waste such as needles, infusion sets, scalpels, knives, sharp blades, broken glass;
  - Pharmaceutical: Pharmaceutical products containing waste, for example: pharmaceutical products that have expired and are no longer needed, contaminated items that contain or have been contaminated by pharmaceutical substances (bottles, boxes);
  - Genotoxic: Substances containing waste that can cause DNA damage, for example: waste that contains cytostatic drugs (often used in cancer therapies), genotoxic chemicals;
  - Chemical Substances: Substances containing waste chemicals, for example: laboratory reagents, film rolls, disinfectants already expired and not needed, solvents;
  - High content of heavy metals: Batteries, broken thermometers, blood pressure measuring, etc.;
  - Pressurized containers: Gas cylinders, gas cartons, aerosol cans; and
  - Radioactive: Substances containing radioactive waste, for example: liquids removed from radiotherapy or laboratory investigations, contaminated crystals, absorbent paper packages, urine and excrement from treated patients and with whom it has been experimented with radionuclides, sealed sources.
- **Accumulation:** The health care facilities should try to dispose of medical waste often in order to avoid its accumulation. Still, accumulation is typically required before disposal. Medical waste

requiring storage should be kept in labelled, leak-proof, puncture/break resistant containers, and in conditions that minimize or prevent odors. The storage area must be well ventilated and inaccessible to unauthorized persons and to animals and pests.

- **On-site treatment and/or Transportation and Disposal**: Treatment and disposal methods vary according to the type of waste, the local environment, the available technology, the costs and financing, and the social acceptance (for reasons of religion, customs, etc.). Each health institution or authority should assess local conditions and decide the most appropriate waste management solutions. There is no optimal method or a combination of unique methods. Below is a description of different ways to treat and dispose of medical waste with some advantages and disadvantages:
  - Burial or encapsulation at a disposal site (simple and cheap). This disposal method is a simple and inexpensive option; however, it involves a larger volume of waste, requires a large landfill space, requires a specialized landfill with liners for containing contaminated waste to prevent leaching into soil and water, and requires security to ensure that people do not enter the landfill area.
  - Steam autoclave on-site or at a disposal site (disinfects, small volume reduction, produces secondary waste source). This method disinfects the waste and produces a small volume reduction. This is an environmentally improved method that minimizes generation of contamination during autoclaving process and disinfects waste during the high temperature, high pressure, steam autoclaving process. This technique requires proper equipment, which involves an additional cost, as well as training on use and maintenance of equipment. This waste treatment method produces secondary waste that must be disposed at a managed landfill. The disinfected secondary waste can be disposed in a less specialized landfill, though with proper design, liners, and management procedures.
  - Incineration (disinfects and reduces volume significantly, produces source of secondary waste). This disposal technique disinfects waste and significantly reduces the volume of waste. However, it produces contamination in the form of ash, particulate matter, and air emissions. This technique requires proper equipment including scrubbers to minimize air emissions, which presents an additional cost. In addition, training on use and maintenance of equipment is required. The incinerator can be located in-situ or at a disposal site, and in either location it must follow all local legal requirements and establish strict management measures. It is recommended that this technique be avoided for projects in the Program.
  - Microwave on-site or a disposal site (disinfects, little volume reduction, produces secondary waste source). This method disinfects the waste and produces a small volume reduction. This technique requires proper equipment, which involves an additional cost, as well as training on use and maintenance of equipment. It also generates secondary waste that must be disposed at a managed landfill. The disinfected secondary waste can be disposed in a less specialized landfill, though with proper design, liners, and management procedures.
  - Chemical/mechanical treatment on-site or at a disposal site (disinfects, can increase volume, and produces secondary waste source). This technique disinfects the waste, but can increase the volume of the waste. In addition, it requires use of chemicals or other specialized mechanical treatment that involves additional cost as well as training. This method produces secondary waste that must be appropriately disposed at a landfill. The disinfected secondary waste can be disposed in a less specialized landfill, though with proper design, liners, and management procedures.

When medical waste materials have to be transferred to an external facility either for treatment or for disposal, these facilities must be previously designated and approved as facilities specifically for medical waste. Such facilities must meet and comply with all relevant regulations, as established by local laws. Contractors must document and record all waste transportation, which will include

information such as: type of waste, quantity, source of waste, location of disposal site, and receiving facilities.

3.6 Source of Impacts

The medical waste related to the projects will be produced during the operation phase (use of facilities), and the closure phase (mostly related to cleaning). If not managed properly, the potential types of negative impacts associated with inappropriate or unsafe disposal of these wastes include:

- Human health impacts, including health hazards such as cuts and punctures from sharps, accidents such as slip and fall while handling waste, the transmission of diseases to health workers and patients, and potentially death;
- Animal impacts, including contamination of habitat, cuts and punctures, possibly death from contact with waste;
- Pollution of soils and water resources;
- Visual impacts in the areas of the projects; and
- Residual odors in surrounding areas.

3.7 Management Measures

The management staff and/or administration of each project will be responsible for the implementation of the medical waste management plan. These management plans must include specific information for each activity, demonstrating compliance with the following (as a minimum):

- Review of the legal framework for integrated management of medical waste, defining processes for such management within the hospital network of the country;
- Identify and define the most appropriate technologies for the adequate management of medical waste and hospital wastewater appropriate to the context of the region;
- Have a maintenance plan for the equipment and infrastructure which includes the management of hazardous and non-hazardous medical waste and hospital wastewater;
- Measures to avoid the generation of waste and/or to minimize it at the point of generation (hospital wards, laboratories, or doctor's offices);
- Mechanisms for separation, collection, transportation, identification and temporary storage of the waste before its transfer outside the Project areas;
- Staff awareness training;
- Expected types and volumes of waste;
- Options for recycling, treatment and disposal of waste, including proposed final destinations of those that cannot be recycled; and
- Procedures for registering and documentation of waste transfers

Government-approved contractor companies must be used to ensure that the transportation, treatment and/or disposal of Project waste is performed correctly.

3.8 Training and Communication

Before starting construction and operations for each project, all project personnel must have received specific training for their work, as well as have participated in various induction trainings (including all personnel who have contact with medical waste, cleaning personnel, and machine operators). Detailed information about the importance of proper medical waste management should be provided to employees and contractors including:

- techniques related to recently purchased medical or hospital items and equipment;
- techniques and protocols for cleaning;
- protection mechanisms including personal protective equipment such as gloves, gowns, eyewear, masks, etc.;
- corresponding vaccines (if necessary); and
- roles and responsibilities.

This information should be available to all personnel in a prominent place.

3.9 Responsibilities

The management and/or administration staff for each Project will be responsible for supervising the implementation of the Medical Waste Management Plan. Before beginning the operation stage, they must prepare and deliver a list of all the medical waste management procedures, specific to each function and their own inspection procedures. These management plans will be reviewed and approved by the executing agency before the start of operations. The typical responsibilities for healthcare facilities are described below:

- Hospital management or administration is in charge of supervising the budget, purchasing, legal and training aspects. They must also manage and appropriately dispose the waste generated at the facilities;
- The doctors, nurses, cleaning staff, machine operators, and inspectors are responsible for the day to day waste management. The doctors, nurses, and cleaning staff responsible for managing the separation of medical waste in appropriate receptacles such as sharps, contaminated solid waste, and recyclables. The machine operators are responsible for basic maintenance of equipment that may generate medical waste and must be disposed in appropriate receptacles. The inspectors are responsible for observing and confirming that medical waste is appropriately separated, handled, and disposed;
- Workplace supervisors will supervise employee health and safety aspects of medical waste management and enforce established practices for the prevention of environmental and safety incidents. For example, they will supervise the classification, control, mitigation, transportation and disposal activities for all of the medical waste generated by the projects; and
- The administrators (i.e. CEO, president, vice-president) and leading authorities (i.e. head doctors, department leaders) of each hospital or medical facility must be included in the management plan, have specific roles and responsibilities during implementation of the management plan, and place high priority on effective implementation of the management plan.

3.10 Monitoring Measures

Monitoring and documenting the generation, transportation, and disposal of medical waste is essential to projects. Measures and standards must be implemented to ensure compliance and to detect non-conformities with said standards. When a nonconformity is detected, such as mis-labelled waste, improper storage of waste, undocumented transport of waste, inappropriate disposal method, etc., a formal investigation will be conducted to determine its origin and establish the necessary corrective actions to comply with the standards.

The monitoring activities including inspections, audits, and sampling (if needed) shall be conducted in all areas associated with the generation and reception of medical waste. Inspections are periodic reviews, monthly, weekly, or daily, on the status of conformity with the medical waste management plan for example proper labelling of medical waste, proper storage of waste, documented transportation of waste, and appropriate disposal methods and to document and correct any nonconformities through a corrective action plan. An audit is generally conducted annually to review

overall medical waste management procedures and processes, to evaluate their effectiveness, to identify recurring nonconformities, and to develop corrective action plans if needed. A part of the audit may involve sampling, if necessary, for example to evaluate protocol compliance, identify contamination points, and assess issues associated with nonconformities. Checklists will be prepared for use during the inspections and audits, which will be documented for reporting and monitoring purposes.

Inspection lists will include:

- Treatment and disposal list for medical waste including dates, quantity, source, type, and final disposal site, location, and facility name;
- Any spill, leak, absence of identification markings, containment problems and any other factor that may require corrective actions; and
- Records and documentation of any corrective and follow-up action on issues identified.

Additionally, inspections of all buildings related to the facilities will be carried out in order to establish their current conditions and maintenance, cleanliness and order, the contractor's performance, the classification process, and the assessment of additional processing areas.

3.11 Key Indicators

The Executing Agency should measure and monitor key indicators to evaluate the correct and successful implementation of the Solid Waste Management Plan. These indicators should be included in the content of the monitoring report submitted to the Executing Agency and the IDB by the implementers (PAHO, UNOPS and OPS, and PIH). Below is an initial list of indicators to include in the monitoring and compliance report.

Indicator	Variables	Goal	Actual Value during the Evaluation Period	Frequency	Responsible Party
Medical Waste Management	• Total amount of medical waste managed according to the standards established in the plan / Total amount of medical waste generated	100%		Monthly	Implementing Institution
Non-conformities on handling of medical waste	• Total number of non-conformities resolved / total number of non-conformities • Non-conformities by type (spill, leak, mislabeling,	100% 100%		Monthly	Implementing Institution

	other) resolved / total number of non-conformities by type				

4. COVID-19 CORPSE MANAGEMENT PLAN

During the COVID-19 health crisis there is a need to manage deceased persons carefully in order to minimize further impacts of the coronavirus (COVID-19) during the construction (if applicable), operation, and abandonment phases of the projects supporting the health facilities under this Program. The proper management of COVID-19 deceased persons' corpses ensures adequate safety and hygiene for family members, workers, and local communities. The management procedures should describe the techniques and best management practices, which will be used to protect against adverse impacts on family members, workers, the medical team and community members. The management procedures must follow the guidelines and guides, including guidelines for COVID-19, established by national legislation including Haiti's Ministry of Public Health and Population (Ministère de la Santé Publique et de la Population, MSPP), in addition to the procedures recommended by recognized entities such as the World Health Organization (WHO, 2020e and 2004), Pan American Health Organization (PAHO), international organizations (Health Care Without Harm), and non-governmental organizations.

This management procedure is a guide that defines the environmental and social risks and impacts related to the management of COVID-19 deceased persons' corpses and proposes ways to control and monitor them during the duration of the projects based on international guidelines. Although methods for the management of COVID-19 corpses are described here, this document is an environmental and social management protocol whose scope does not include medical experience.

4.1 Objective

The objectives and goals of the COVID-19 Corpse Management Plan are:

- Control and prevent the transmission of COVID-19;
- Define the procedures, integrated controls and mitigation measures to be used in activities that have the potential to affect people around the COVID-19 deceased person's corpse, the environment, and communities; and
- Comply with the requirements of national legislation and recommendations of international institutions regarding the management of corpses.

4.2 Regulatory Framework

The national legislation and regional requirements (and international guidelines described further below) that need to be taken into account regarding management of corpses includes the following:

- Constitution de la Republique D'Haïti (1987)
- Loi relative à la gestion des déchets et à leur élimination (Loi nº 28-00)
- Code D'Hygiène D'Assistance Publique et Sociale (1954)
- Politique nationale de santé, Ministère de la Santé Publique et de la Population (MSPP, 2012)

Additionally, the local government in the constituencies may have their own requirements on management of corpses that must be included in the management plans of each project.

4.3 References and Guidelines for Management

The management of COVID-19 corpses must comply with the requirements established by national legislation and the local government in the constituencies, together with the relevant IDB policies and best practices at the international level. In addition to the recommendations established in this ESMP, the management plans developed by contractors and implementers must follow the guidelines prepared by the Haiti Ministry of Health and should also reference the guides available for

management of COVID-19 deceased persons' corpses that were prepared by international entities. The national and international guidance includes the following:

- Constitution de la Republique D'Haïti (1987) - http://www.haiti.org/wp-content/uploads/2012/09/constitution_francais.pdf http://extwprlegs1.fao.org/docs/pdf/hai127411.pdf
- Loi relative à la gestion des déchets et à leur élimination (Loi nº 28-00) - https://www.google.com/url?sa=t&rct=j&q=&esrc=s&source=web&cd=&ved=2ahUKEwjQmOyyl57qAhXimHIEHWmcA2YQFjACegQIAhAB&url=https%3A%2F%2Fwww.a-mla.org%2Fmasteract%2Fdownload%2F826&usg=AOvVaw2NI2JXiLDYlPcRH3I6UFWg
- Code D'Hygiene D'Assistance Publique et Sociale (1954) - https://ufdc.ufl.edu/AA00000464/00001/3j
- Politique nationale de santé, Ministère de la Santé Publique et de la Population (MSPP, 2012) - http://mspp.gouv.ht/site/downloads/PNS%2021juillet%20version%20finale.pdf.
- Dead body management in the context of novel coronavirus (COVID-19) (Interim recommendations) (PAHO, 2020) - https://iris.paho.org/handle/10665.2/52001
- Management of Dead Bodies in Disaster Situations (PAHO/WHO, 2004) - https://www.paho.org/disasters/index.php?option=com_content&view=article&id=666:management-of-dead-bodies-in-disaster-situations&Itemid=924&lang=en
- Management of Disasters: A Field Manual for First Responders (ICRC, 2017) - https://www.icrc.org/en/publication/0880-management-dead-bodies-after-disasters-field-manual-first-responders
- Guidelines for the Management of Deceased Individuals Harbouring Infectious Disease, (Health Protection Surveillance Centre, 2013) - https://www.hpsc.ie/a-z/lifestages/modi/File,14302,en.pdf
- Information for Healthcare Professionals about Coronavirus (COVID-19) (CDC, 2002) - https://www.cdc.gov/coronavirus/2019-ncov/hcp/index.html
- Operational Considerations for Containing COVID-19 in non-US Healthcare Settings (CDC, 2020) - https://www.cdc.gov/coronavirus/2019-ncov/hcp/non-us-settings/index.html
- Collection and Submission of Postmortem Specimens from Deceased Persons with Known or Suspected COVID-19 (Interim Guidance) (CDC, 2020) - https://www.cdc.gov/coronavirus/2019-ncov/hcp/guidance-postmortem-specimens.html

Additional specific guidelines on the protection of workers with respect to COVID-19 have been published which include the following:

- Assessment of infection prevention and control practices in isolation areas in acute healthcare settings in the context of the novel coronavirus (COVID-19) (interim recommendations) (PAHO, 2020) - https://www.paho.org/en/documents/assessment-infection-prevention-and-control-practices-isolation-areas-acute-healthcare
- Guidelines for Critical Care of Seriously Ill Adult Patients with Coronavirus (COVID-19) in the Americas (Short Version) (PAHO, 2020) - https://www.paho.org/en/documents/guidelines-critical-care-seriously-ill-adult-patients-coronavirus-covid-19-americas-short
- Key Recommendations on Water Sanitation and Hygiene: COVID-19 (PAHO, 2020) - https://www.paho.org/en/documents/key-recommendations-water-sanitation-and-hygiene-covid-19
- Technical Documents – Coronavirus Disease (COVID-19) (PAHO, 2020) - https://www.paho.org/en/technical-documents-coronavirus-disease-covid-19

- Coronavirus disease (COVID-19) technical guidance: Patient management (WHO, 2020) - https://www.who.int/emergencies/diseases/novel-coronavirus-2019/technical-guidance/patient-management
- Rational use of personal protective equipment for coronavirus disease (COVID-19) and considerations during severe shortages (WHO, 2020) - https://www.who.int/publications-detail/rational-use-of-personal-protective-equipment-for-coronavirus-disease-(covid-19)-and-considerations-during-severe-shortages
- Advice on use of masks in the context of COVID-19 (WHO, 2020) - https://www.who.int/publications-detail/advice-on-the-use-of-masks-in-the-community-during-home-care-and-in-healthcare-settings-in-the-context-of-the-novel-coronavirus-(2019-ncov)-outbreak
- Coronavirus disease (COVID-19) Pandemic (WHO, 2020) - https://www.who.int/emergencies/diseases/novel-coronavirus-2019
- International minimum requirements for health protection at the workplace (WHO, 2017) - https://www.who.int/occupational_health/publications/minimum-requirements-for-health-protection/en/
- Occupational safety and health in public health emergencies: a manual for protecting health workers and responders (WHO and ILO, 2018) - https://www.who.int/occupational_health/publications/safety-health-public-health-emergencies/en/
- Department of Health and Ageing, Infection Control Guidelines for the Prevention of Transmission of Infectious Disease in the Health Care Setting (ILO, 2004) - https://www.ilo.org/aids/legislation/WCMS_115837/lang--en/index.htm
- Prevent Worker Exposure to Coronavirus (COVID-19) (OSHA, 2020) - https://www.osha.gov/Publications/OSHA3989.pdf
- Guidelines for Control and Prevention of COVID-19 (OSHA, 2020) - https://www.osha.gov/SLTC/covid-19/controlprevention.html#interim
- Information for Healthcare Professionals about Coronavirus (COVID-19) (CDC, 2002) - https://www.cdc.gov/coronavirus/2019-ncov/hcp/index.html
- Operational Considerations for Containing COVID-19 in non-US Healthcare Settings (CDC, 2020) - https://www.cdc.gov/coronavirus/2019-ncov/hcp/non-us-settings/index.html
- Interim Clinical Guidance for Management of Patients with Confirmed Coronavirus Disease (COVID-19) (CDC, 2020) - https://www.cdc.gov/coronavirus/2019-ncov/hcp/clinical-guidance-management-patients.html
- Collection and Submission of Postmortem Specimens from Deceased Persons with Known or Suspected COVID-19 (Interim Guidance) (CDC, 2020) - https://www.cdc.gov/coronavirus/2019-ncov/hcp/guidance-postmortem-specimens.html
- Clinical Care Guidance for Healthcare Professionals about Coronavirus (COVID-19) (CDC, 2020) - https://www.cdc.gov/coronavirus/2019-ncov/hcp/clinical-care.html
- Infectious Diseases Society of America Guidelines on the Treatment and Management of Patients with COVID-19 (IDSA, April 2020) - https://www.idsociety.org/practice-guideline/covid-19-guideline-treatment-and-management/

4.4 Procedures

Each project must present an outline of the plan and establish its procedures following the steps below:

1. Establish a team for coordination of COVID-19 corpse management at the local and regional level;
2. Define the procedures for the management of COVID-19 deceased persons' corpses;
3. Describe the handling and disposal of COVID-19 corpses;
4. Define the roles and responsibilities;
5. Define the entities in charge of implementing the plan;
6. Define the procedures for monitoring, measuring progress and generating reports; and
7. Establish training and communications commitments.

4.5 Sources of Impacts

The COVID-19 deceased persons' corpses could produce negative impacts to the surrounding people including family members, medical workers and employees, patients and the community. If not properly managed, the potential impacts associated with COVID-19 deceased person's corpse include:

1. Impact on human health, including transmission of COVID-19 to family members, medical workers and employees, patients and the community;
2. Impacts on the customs and beliefs of the community.

4.6 Mitigation Measures

The managerial and administrative staff of each Project will be responsible for directing the implementation of the COVID-19 corpse management procedures. These management plans must include specific information, demonstrating compliance with the following (as a minimum):

- Review the legal framework and international guidelines for the management of COVID-19 corpses and define the processes for corpse management within the framework of the hospital network and within the community;
- Measures to prevent the transmission of COVID-19 from deceased persons (for family members, medical workers and employees, patients, and people in the community);
- The expected number of deceased persons; and
- Trainings for medical staff and community awareness.

Government-approved medical facilities must be used to ensure that the appropriate and quality management and handling of COVID-19 deceased persons corpses.

4.7 Training and Communication

Prior to the start of construction or operation for each project and during the operation for each project, all project personnel must have or receive specific training for their work and participate in various trainings (including all personnel who have contact with people with COVID-19). Employees and contractors must be provided with detailed information about the importance of proper COVID-19 corpse management including:

- protective measures such as gloves, masks, face shields, gowns, etc;
- procedures for handling COVID-19 corpses;
- cleaning techniques and protocols; and
- roles and responsibilities.

This information should be available to all personnel in a prominent place.

4.8 Responsibilities

The managerial and administrative staff of each project will be responsible for supervising the implementation of the COVID-19 corpse management procedures. Before beginning operation, these staff must prepare and deliver a list of all the COVID-19 corpse management procedures, specific to each function and their own inspection procedures. The executing agency will review and approve these management plans prior to the start of operations.

4.9 Monitoring Measures

Monitoring and evaluation of the effective implementation of the COVID-19 corpse management procedure is essential for the proper management of COVID-19 deceased persons' corpses. Inspections and monitoring activities must be carried out on the COVID-19 corpse management procedure to ensure that the it is well managed. Measures and standards must be implemented to ensure compliance and to detect non-conformities with the standards. When a nonconformity is detected, a formal investigation will be conducted and the necessary corrective actions will be established to comply with the standards.

4.10 Key Indicators

The Executing Agency should measure and monitor key indicators to evaluate the correct and successful implementation of the COVID-19 Corpse Management Plan. These indicators should be included in the content of the monitoring report submitted to the Executing Agency and the IDB by the implementers (PAHO, UNOPS and OPS, and PIH). Below is an initial list of indicators to include in the monitoring and compliance report.

Indicator	Variables	Goal	Actual Value during the Evaluation Period	Frequency	Responsible Party
COVID-19 Corpse Management	• Total number of COVID-19 corpses managed according to the standards established in the plan / Total number of COVID-19 corpses handled	100%		Monthly	Implementing Institution

5. COMMUNICATION PLAN

This Plan is relevant for Program projects that are classified as category C according to OP-703 and details the IDB requirements at the project level for communicating with the community, the relationship with the community, and the establishment of a grievance mechanism. While this category does not require a formal public consultation, these elements are necessary to share information about the project and offer opportunities for stakeholders to express their points of view and concerns about the project and receive consideration and response from the project personnel. This Plan discusses how to achieve the objectives and meet the IDB's requirements regarding these issues in a **virtual** manner, in response to the current environment due to the global pandemic and the particular circumstances regarding social distancing and restrictions of meetings/face-to-face events that are being deploying in many places in order to protect public health.

5.1 Principles

The main objectives and principles of this Communication Plan are:

- Identify interest groups;
- Understand the concerns and views of stakeholders related to the risks, impacts, and mitigation measures of each Project;
- To the extent possible, involve the affected communities in the decision-making process of each Project;
- Respond to the concerns of the affected community in an inclusive and culturally appropriate manner;
- Disseminate and report relevant information regarding possible adverse impacts, in a timely, accessible, and understandable manner, and in the appropriate languages;
- Under current COVID-19 circumstances, be responsive to restrictions and adhere to social distancing recommendations; and
- Establish a grievance mechanism that allows for timely feedback from interested parties about Project plans and activities throughout the life of the projects.

All the information provided by the Projects should be in a format and language that is easily understandable, adapted to the needs of the public, and disseminated in places that make it easy for stakeholders to access. All information provided to stakeholders should respect local traditions, languages, deadlines, and decision-making processes.

5.2 Methodology

This plan has been developed in accordance with IDB policies. The purpose of stakeholder engagement and communication with local communities is to establish and maintain a constructive relationship with a variety of external stakeholders throughout the life of the different Projects.

Stakeholder engagement involves establishing two-way communication that can take many forms, including formal and informal meetings, workshops, round tables, consultation processes, and one-on-one meetings. It is a continuous and explanatory process, culturally appropriate and aimed at providing the stakeholders of each Project with opportunities to express their points of view so that they can be taken into account in the decision-making process. It also involves continuous reports to the affected communities of each Project, reporting problems or action plans or impacts that involve risks or that affect those communities. Stakeholder engagement is free from outside interference, coercion, or manipulation, and will be documented by each Project.

In the context of COVID-19 and the restrictions imposed by the government, regarding social distancing, it is understood that the activities of community relations and communication of information should use virtual means appropriate to the communities where the activities of the Program are

carried out. The methods of contact may include telephone, radio and television, web pages or social media networks, such as Facebook or Twitter, and messaging applications, such as WhatsApp.

5.2.1 Identification of Interest Groups

The Community Relations Coordinator of each Project identifies the interested parties, determining the groups and subgroups that are directly and indirectly affected by the project (positively or negatively).

The identification process is carried out quarterly or when a significant change occurs (for example, the project design or change in construction method that may involve or significantly affect new or existing stakeholders).

Stakeholders are identified using the following steps:

1. Delineate the geographical area of influence of the project. The Community Relations Coordinator shall take into account the project site and its associated facilities, transportation routes, areas potentially affected by the activity, and environmental and social issues of each project, as appropriate.
2. Determine interest groups and impacts. The Community Relations Coordinator will use the project area of influence to identify affected stakeholders from larger groups, institutions and individuals that could potentially affect or be affected by the project, as well as related impacts.

The Community Relations Coordinator can use the following questions to provide the inputs to the stakeholder identification:

- With whom does each Project have legal obligations?
- Who could be positively or negatively affected by the decisions or activities of each Project?
- Who can express concerns about the decision and activities of each Project?
- Who can help each Project to address specific impacts?
- Who can affect the ability of each Project to fulfill its responsibilities?
- Who would be at a disadvantage if excluded from the engagement?
- Who are the possible beneficiaries?
- Who are members of vulnerable groups?
- What are the relationships between stakeholders?

5.2.2 Stakeholder Identification

In general, the identification of stakeholders must consider individuals, groups, or entities that will have some interest in the project. Interests may be for any reason, whether it be directly or indirectly affected (positive or negative), any commercial interest, administrative or regulatory relationship with the project, etc. When identification is carried out, projects should focus especially on identifying groups of stakeholders that could be negatively or differently affected by the project's impacts or excluded from its benefits, with special emphasis on identifying any stakeholder that is vulnerable for reasons such as socioeconomic status, ethnic identity, gender, etc.

The identified stakeholders should include a diverse group of people who must be identified by the Haiti Ministry of Health team. The stakeholders should include representatives of communities, hospitals, environmental areas of departmental or municipal ministries of health, relevant non-governmental organizations (NGOs) and key actors involved in environmental and health issues. Haiti Ministry of Health should identify the main groups with whom it has an information exchange relationship and that are related to communities and health.

Some categories of stakeholders are presented below. However, these categories are not exclusive and should be adapted to the context and reality of each project.

- **Communities within the Project's Area of Influence:** Refers to those localities that are within the perimeter of the project and may be directly affected by the project, or people in other areas relevant to the project (for example, on a transportation route).
- **Expected beneficiaries of the project:** They could include the target population to receive reinforced health services or people interested in obtaining employment with the project.
- **Indigenous and Ethnic Groups:** Indigenous and ethnic groups in the project area or close to the project that may be impacted by it.
- **Government entities relevant to the Project:** Includes representations of regional, state and municipal government and other units that may be potentially involved in the various stages of the project (e.g. issuing permits, implementation partner, community liaison, etc.)
- **Civil Society Organizations:** Includes NGOs that are local, national and international in scope that could generate an opinion on the development of the project or participate in outreach activities with the community (for example, neighborhood associations, religious groups, etc.)
- **International or Development Cooperation Agencies:** International agencies or development agencies that promote development projects in the area and that may have interrelation or opinions on the project, especially with regard to the protection of vulnerable and indigenous populations.
- **Private Sector:** Representatives of the private sector that could be affected or benefited by the project.
- **Organized interest groups:** business associations, unions, etc.

In general, the identification of stakeholders can be done on the basis of impact analysis documents, which generally have baseline information on the project area. Then, key informants can be procured to validate the list or expand it if necessary. In the COVID-19 constraint situation, these methods must be supplemented or replaced by virtual methods. In many places, especially urban areas with good connectivity, is likely that sufficient information may be obtained through online sources such as data from the local government or webpages, or civil society groups in social networks. On the other hand, free mapping programs such as Google Earth/Google Maps can be used to validate the existence or not of housing and/or economic activities close to a project site. As another option if the project area is very rural without updated/reliable information in one of these programs, high resolution satellite imagery can be procured to meet the same objective.

To overcome any difficulties, projects must double their efforts to seek remote contact with key local informants who can provide input based on their local knowledge and relationships. When relying on key stakeholders, you should always consider their own interests, and seek to have a balance and diversity to ensure a broad perspective.

5.3 Communication with the Community

Once the specific projects of the Program are defined, the Executing Agency should conduct public communications in the communities near the health activities and services using virtual or remote methods, such as television, radio, web pages, social networks, or messaging applications. As much as possible, at least one mechanism should be provided that allows an exchange of information and discussion with the communities about specific projects and their management plans at a local level in accordance with IDB requirements.

The information to be shared should include a description of the activity, its benefits, its potential impacts and risks, and any other relevant information. In the context of COVID-19, information should also alleviate community concerns about the spread and spread of the disease.

5.3.1 Objectives

The guiding principles of communication with the community are the following: accessibility, opportunity, exchange, inclusion, diversity and representativeness.

The primary objective of stakeholder engagement is to establish and maintain a constructive relationship with a variety of external stakeholders throughout the life of the projects. Other objectives of the activities include:

- Understand stakeholder concerns and views on project risks, impacts, and mitigation measures;
- Respond to the concerns of the affected community in an inclusive and culturally appropriate manner;
- Involve affected communities in the decision-making process of each project; and
- Disseminate relevant information related to possible adverse impacts in a timely, accessible and understandable manner, and in the appropriate languages; and
- Establish a grievance mechanism that allows for timely feedback from interested parties about project plans and activities throughout the life of projects.

5.3.2 Information Disclosure

In general, all the information provided by the projects should be in a format and language that is easily understandable and adapted to the needs of the public. All information provided to stakeholders should respect local traditions, languages, deadlines and decision-making processes. Disclosure is not only about providing information about the project itself during the preparation stage, but also about keeping the public informed about the progress of the project throughout its life. This is even more important during construction and operation processes for communities that are physically close to the project so that they have current information on news such as detours from pedestrian crossings due to construction activity, or to inform potential beneficiaries about dates and times of medical care, or to encourage them to use the services.

Under normal circumstances, it is recommended to disclose information in places that make it easy for stakeholders to access, such as community centers, schools, etc. Due to the global pandemic of COVID-19, it should focus on the provision of information through channels compatible with the recommendations of governments regarding social distance/quarantines. The use of existing communication channels that are already in common use in the communities should be evaluated, for example, radio programs, brief announcements on television, announcements in social networks widely used in LAC (such as Facebook or Twitter), or sending massive text messages by WhatsApp. The latter can be a good way to share specific information, for example, about construction notices, as well as general and visual material such as infographics and include links to web pages where people can go to find more information. File sizes should be kept small in case of possible bandwidth challenges.

5.4 Grievance Mechanism

This Mechanism is relevant for Program projects that are classified as category C according to OP-703, and it details the IDB requirements at the project level for the establishment of a complaints and claims mechanism. This element is necessary to offer opportunities for stakeholders to express their points of view and concerns about the project and receive consideration and response from the project personnel. This Plan discusses how to achieve the objectives and meet the IDB's requirements regarding these issues in a **virtual** manner, in response to the current environment due to the global pandemic and the particular circumstances regarding social distancing and restrictions of meetings/face-to-face events that are being deploying in many places in order to protect public health.

The Executing Agency should have or prepare a Complaints and Claims Mechanism to manage complaints about the projects it executes and that will be applicable to the Program and its projects.

The legal unit of the Executing Agency, the Ministry of Health, should manage the mechanism and should be able to receive complaints through points of contact such as a web page, email, and telephone. The Executing Agency will have to define how to disseminate the mechanism for the Program so that interested parties are aware of it and know how to access it.

The purpose of the Complaints and Claims Mechanism is to create a process that provides opportunities for stakeholders, such as the local community, employees, and contractors, to express their views and concerns and to allow the Executing Agency and its projects to consider and respond to the stakeholders' concerns. The objectives of this mechanism are:

- Guarantee transparency and commitment between the projects and the identified stakeholders, especially people from the affected communities;
- Provide stakeholders with an accessible and efficient process to present concerns, suggestions and complaints that may arise in relation to project activities;
- Allow community stakeholders to raise concerns, suggestions and complaints anonymously; and
- Define a methodology for receiving, documenting, evaluating, tracking and resolving concerns, suggestions and complaints in a timely manner

The complaints and claims mechanism must cover all project activities and include activities carried out by their contractors and subcontractors. Likewise, it should be noted that this mechanism does not replace any other legal means.

Accessibility is a key aspect of the complaints and claims mechanism of a project. The mechanism has to be known to affected people and easy to access. In the current circumstances of COVID-19, appropriate virtual methods should be used to guarantee accessibility to stakeholders, this could include the option of filing complaints by phone, text message, or even through social media. For future times when the situation returns to normal conditions, the option may be offered for people to go to a local office to present their complaints in person.

5.4.1 Principles

A successful complaint and claims mechanism must be responsive and fair. The project complaint and claims management process should guarantee the same level of integrity and respect for any member of the community and the type of complaint or claim received. The objective is to guarantee transparency and commitment between the projects and the local population.

This mechanism is based on the following principles:

- Respect for national legislation and international standards; however, this mechanism does not replace any other legal means.
- Accessible and understandable for all people.
- Respect for local customs and culture in the project areas.
- Respect for the confidentiality of claims. The information and details of a confidential claim are only shared internally, and only when necessary to report issues or coordinate with authorities.
- Respect for anonymity. Anonymity is distinguished from confidentiality since it is an anonymous claim, the personal data (that is, name, address) of the claimant are not recorded.
- Non-discrimination and without sanctions against those who express claims.
- Fair treatment for every complaint that is raised.
- Effective communication between the communities and the administration.

5.4.2 Process

To comply with international best practices, the complaints and claims mechanism should include a process for receiving and recording complaints and claims, for examining and evaluating them, for reaching a resolution, for challenging the final decision, and for monitoring and documenting the process. The steps are:

1. Receive and register the complaint or claim

Any member of the community can submit complaints or claim, both verbally and through written form, through appropriate channels that must be made available by the project. During the COVID-19 emergency, these channels should include virtual media, such as phone numbers, social networks, or emails. The system must provide an opportunity to file anonymous complaints or claims.

Complaints and claims received will be recorded and documented. The record includes a summary of the complaint or claim, the date it was received, and a reference to any supporting documentation (for example, images).

Complaints and claims are addressed within a specific period agreed upon by each project after receipt of the complaint.

2. Examine and evaluate

Complaints and claims are initially evaluated to determine their seriousness and assigned a responsible person.

3. Management of admissible complaint or claim

Eligible complaints or claims (low, medium, or high importance) must be addressed in a timely manner, typically within 30 calendar days. The executing agency must identify who would be responsible for each project to coordinate research efforts, participation of other departments if necessary, and preparation of reports with recommendations and agreements. Likewise, the handling of complaints or claims will be specified by type of claimant, for example, in the case of an anonymous or identified claimant.

4. Management of inadmissible complaint or claim

This process should specify which complaints or claims may be rejected, who and how the complainant would be informed of the decision and the reasons for it. There will also be a process for handling incomplete complaints or claims.

5. Disagreements with the resolution

In the event that a complainant wishes to challenge/appeal the project decision, the mechanism must provide alternative remedies to appeal the decision.

6. Monitoring and documentation

Once the complaint is resolved, the person responsible for managing the complaint will communicate with the complainant to confirm that the appropriate resolution measures were applied and will continuously coordinate with the areas involved in the claim.

The project must maintain an updated database with all the documentation and information related to the complaints presented by the community. The complaint register documents the follow-up of the actions carried out and should include:

- Date the complaint was registered;
- Person responsible for the claim (i.e. claimant, if known);
- Information on the proposed corrective action (if applicable);
- Date the complaint was closed; and

- Date the response was sent to the complainant.

5.4.3 Responsibilities

The Human Resources teams of each project will communicate to the workers and contractors this procedure and its different steps before initiating the project and regularly during the duration of the different projects.

5.4.4 Reports

It is extremely important that all community complaints and claims are systematically documented by the projects. The projects will monitor all complaints through an internal Complaints and Claims Registry.

5.4.5 Monitoring

Monitoring of the Complaints and Claims Mechanism will be conducted quarterly during construction (if applicable) and annually during operations by a third party to determine the success of the process. An evaluation will be conducted for each internal complaint and the project response to assess the effectiveness of the response mechanism or to address systemic problems that may require changes in the policies or performance of each project.

5.5 Monitoring the Communication Plan

The Communication Plan should be continuously monitored and designed to facilitate the integration of the lessons learned during its execution. In this way, projects will be able to adequately respond to situations as soon as they develop. The Plan is considered a "dynamic document" and is designed to be continuously updated and improved, in addition to adapting to the geographic and social context of each project.

5.6 Key Indicators

The Executing Agency should measure and monitor key indicators to evaluate the correct and successful implementation of the Communication Plan. These indicators should be included in the content of the monitoring report submitted to the Executing Agency and the IDB by the implementers (PAHO, UNOPS and OPS, and PIH). Below is an initial list of indicators to include in the monitoring and compliance report.

Indicator	Variables	Goal	Actual Value during the Evaluation Period	Frequency	Responsible Party
Communication Plan	• Compliance with communication plan principles • Compliance with communication plan methodology • Compliance with objectives for communication with the community • Total number of communication events scheduled	100% 100% 100% 100%		Monthly	Implementing Institution

	/ Total number of communication events conducted • Total number of documents disclosed to the public / Total number of documents to be disclosed to the public	100%			
Grievance Mechanism	• Compliance with the grievance mechanism principles and process • Total number of complaints resolved / Total number of complaints received • Total number of claims resolved / Total number of claims received	100% 100% 100%		Monthly	Implementing Institution

6. OCCUPATIONAL SAFETY AND HEALTH PLAN

Due to the nature of the projects and the need to carry out activities where there is a possibility that some employees have not had previous experience in the specific work environment, it will be necessary to implement measures to ensure that the health and safety of workers is protected.

It is important to clarify that this Program is being implemented in response to the global pandemic related to the COVID-19 virus, under atypical circumstances in which the protection of workers is unique and of utmost importance. For this reason, in addition to the normally prescribed protections (see this section), additional measures must be implemented to protect against the virus. Guides have been published by recognized entities such as the World Health Organization (WHO) (WHO, 2020d), the Center for Disease Control and Prevention (CDC) (CDC, 2020), and the Occupational Safety and Health Administration (an agency of the US Department of Labor, OSHA) (OSHA, 2020), among others, which are constantly being updated while more information about the virus and the forms of contagion are learned.

The executing agency should follow the recommendations or requirements of the local government and the recommendations of the WHO (information from the WHO dedicated to COVID-19 can be found on its website at https://www.who.int/emergencies/diseases/novel-coronavirus-2019).

6.1 Objectives

The objectives of the Occupational Safety and Health Plan are:

- Protect the health and safety of all project workers and employees;
- Be proactive in identifying risks and activities that may affect the health and safety of workers; and
- Prevent the occurrence of accidents and incidents due to project activities.

6.2 Regulatory Framework

Below are the national regulations that should be taken into account in relation to worker health and safety:

- Constitution de la Republique D'Haiti (1987)
- Code du Travail (Décret du 24 février 1984 el Loi du jeudi 2003 actualisant le Code du travail du 12 septembre 1961)

Additionally, the local government in the constituencies may have their own requirements on worker health and safety that must be included in the management plans of each project.

6.3 References and Guidelines for Management

The management of worker health and safety must comply with the requirements established by national legislation and the local government in the constituencies, together with the relevant IDB policies, and best practices at the international level. In addition, the management plans developed by contractors and implementers should follow the requirements established in this ESMP and the guidelines prepared by the Haiti Ministry of Labour (Ministère des Affaires Sociales et du Travail, MAST) and should also reference the guides available for management of worker health and safety that were prepared by international entities. The national and international guidance includes the following:

- Constitution de la Republique D'Haïti (1987) - http://www.haiti.org/wp-content/uploads/2012/09/constitution_francais.pdf
  http://extwprlegs1.fao.org/docs/pdf/hai127411.pdf

- Code du Travail (Décret du 24 février 1984 el Loi du jeudi 2003 actualisant le Code du travail du 12 septembre 1961) - http://haitijustice.com/crij/accesauxcodes/1
- Better Work Haiti (ILO, IFC, 2009) - https://betterwork.org/wp-content/uploads/2017/05/BWH_LLG_2017_English_Final_Book.pdf
- The Environmental Health and Safety (EHS) guidelines of the World Bank, including the General Guidelines (2007) that includes the topics of Occupational Health and Safety - https://www.ifc.org/wps/wcm/connect/topics_ext_content/ifc_external_corporate_site/sustainability-at-ifc/policies-standards/ehs-guidelines
- Vision Zero Guide "7 Golden Rules for zero accidents and health work: A guide for employers and managers Guide" (2017) prepared by the International Social Security Association (ISSA) and the Special Commission on Protection - http://visionzero.global/sites/default/files/2017-12/2-Vision%20Zero%20Guide-Web.pdf
- Plan of Action on Workers' Health 2015-2025 (October 2015), published by PAHO and WHO - ht991.pdf tps://iris.paho.org/bitstream/handle/10665.2/33986/CD54_10Rev.1-eng.pdf?sequence=1&isAllowed=y
- International minimum requirements for health protection at the workplace (2017) published by the WHO - https://www.who.int/occupational_health/publications/minimum-requirements-for-health-protection/en/
- Safe management of wastes from health-care activities (2014), published by the WHO - https://www.who.int/water_sanitation_health/publications/wastemanag/en/
- Occupational safety and health in public health emergencies: a manual for protecting health workers and responders (2018), prepared by the WHO and ILO - https://www.who.int/occupational_health/publications/safety-health-public-health-emergencies/en/
- Department of Health and Ageing, Infection Control Guidelines for the Prevention of Transmission of Infectious Disease in the Health Care Setting (2004), published by the ILO - https://www.ilo.org/aids/legislation/WCMS_115837/lang--en/index.htm

Additionally, specific guidelines on the protection of workers with respect to COVID-19 have been published, including the following:

- Prevent Worker Exposure to Coronavirus (COVID-19) (2020), OSHA - https://www.osha.gov/Publications/OSHA3989.pdf
- Guidance on Preparing Workplaces for COVID-19 (2020) OSHA - https://www.osha.gov/Publications/OSHA3990.pdf
- Guidelines for Control and Prevention of COVID-19 (2020) OSHA - https://www.osha.gov/SLTC/covid-19/controlprevention.html#interim
- Safety and Health Topics COVID-19 (2020) OSHA - https://www.osha.gov/SLTC/covid-19/
- Information for Healthcare Professionals about Coronavirus (COVID-19) (2002) CDC - https://www.cdc.gov/coronavirus/2019-ncov/hcp/index.html
- Operational Considerations for Containing COVID-19 in non-US Healthcare Settings (2020) CDC - https://www.cdc.gov/coronavirus/2019-ncov/hcp/non-us-settings/index.html
- Interim Clinical Guidance for Management of Patients with Confirmed Coronavirus Disease (COVID-19) (2020) CDC - https://www.cdc.gov/coronavirus/2019-ncov/hcp/clinical-guidance-management-patients.html
- Clinical Care Guidance for Healthcare Professionals about Coronavirus (COVID-19) (2020) CDC - https://www.cdc.gov/coronavirus/2019-ncov/hcp/clinical-care.html

- Infectious Diseases Society of America Guidelines on the Treatment and Management of Patients with COVID-19 (April 2020) IDSA - https://www.idsociety.org/practice-guideline/covid-19-guideline-treatment-and-management/
- Coronavirus disease (COVID-19) Pandemic (2020) WHO - https://www.who.int/emergencies/diseases/novel-coronavirus-2019
- Rational use of personal protective equipment for coronavirus disease (COVID-19) and considerations during severe shortages (2020) WHO - https://www.who.int/publications-detail/rational-use-of-personal-protective-equipment-for-coronavirus-disease-(covid-19)-and-considerations-during-severe-shortages
- Advice on use of masks in the context of COVID-19 (2020) WHO - https://www.who.int/publications-detail/advice-on-the-use-of-masks-in-the-community-during-home-care-and-in-healthcare-settings-in-the-context-of-the-novel-coronavirus-(2019-ncov)-outbreak
- Coronavirus disease (COVID-19) technical guidance: Patient management (2020) WHO - https://www.who.int/emergencies/diseases/novel-coronavirus-2019/technical-guidance/patient-management
- Technical Documents – Coronavirus Disease (COVID-19) (2020), PAHO - https://www.paho.org/en/technical-documents-coronavirus-disease-covid-19
- Interim laboratory biosafety guidelines for the handling and transport of samples associated with the novel coronavirus 2019 (2019-nCoV) (2020), PAHO - https://www.paho.org/en/documents/interim-laboratory-biosafety-guidelines-handling-and-transport-samples-associated-novel
- Assessment of infection prevention and control practices in isolation areas in acute healthcare settings in the context of the novel coronavirus (COVID-19) (2020 interim recommendations), PAHO - https://www.paho.org/en/documents/assessment-infection-prevention-and-control-practices-isolation-areas-acute-healthcare
- Guidelines for Critical Care of Seriously Ill Adult Patients with Coronavirus (COVID-19) in the Americas (Short Version) (April 2020), PAHO - https://www.paho.org/en/documents/guidelines-critical-care-seriously-ill-adult-patients-coronavirus-covid-19-americas-short
- Key Recommendations on Water Sanitation and Hygiene: COVID-19 (2020), PAHO - https://www.paho.org/en/documents/key-recommendations-water-sanitation-and-hygiene-covid-19

6.4 Key Activities and/or Actions

6.4.1 Protective Equipment

Personal protective equipment must be provided to all employees of each project depending on the type of work they are in charge of. This equipment must:

- Provide adequate and effective safeguard against the risks that motivate their use, without creating additional unnecessary risks or discomforts;
- Be available for all personnel and kept in a condition suitable for immediate use;
- Establish the conditions of use for the personal protective equipment and in particular time of use, taking into account:
  - The severity of the risk;
  - The time or frequency of exposure to risk;
  - The conditions of the job, and

- The benefits of the equipment itself, taking into account its useful life and its expiration date.

Additionally, the following aspects will be taken into account:

- It will be the obligation of the workers to use the personal protection equipment made available to them. Contractors must ensure that workers make use of it;
- All personnel who are at the construction sites, regardless of the position, level or organization to which they belong, will wear the protective helmet (helmets must be stocked on site to ensure compliance with this requirement);
- In addition to helmets, the personnel who require it depending on their tasks, must also have safety belts, harnesses for heights, steel toe boots, gloves and protective goggles;
- The necessary measures must be taken to quickly provide first aid to any person injured during the workday; and
- First aid kits must be easily accessible and clearly marked, in order to provide first aid to any worker who has an accident while working. The kits must be in charge of a responsible person, trained and qualified to provide first aid.

6.4.2 Permanent Services and Sanitation Equipment

- The specific labor regulations of each country will be followed, however, as a reference, with at least 25 workers, the contractor will guarantee a cafeteria so that the workers can eat their food with comfort and safety, it will have enough tables and chairs or benches. Adequate facilities will also be available to prepare food when local conditions or custom requires it.
- Construction workers will have toilets and/or latrines in sufficient quantities (for example, for reference and if not established by the labor regulations of each country, 1 toilet will be installed for every 20 workers) and they will be in good condition of conservation, hygiene and cleaning and will remain free odors. Men and women will also be guaranteed separate facilities not far from the job. For women it will be one for every 15 women, unless the labor regulations establish a different number for these cases.
- In all construction works, the contractor will guarantee sufficient sources of drinking water so that the workers can adequately replace body liquids and avoid dehydration. These sources will be close to the worksite.

6.4.3 Environmental Protection

- It is strictly prohibited to burn construction waste or fuel. The waste must be disposed of in sites approved by the corresponding municipal authorities.
- Likewise, it is strictly prohibited to place waste accumulation sites or dumps 200 meters or less from the banks of surface water source. The location of the disposal sites must be previously authorized by the corresponding municipality.
- In case of fuel storage in the work area, precautionary measures should be taken for accidental spills, such as placing the dispensers on rollers kept on spill containment areas. Keep sand to contain any spillage. In the event of spills, the material must be extracted, stored, treated and disposed of by a company qualified and authorized for such purposes. In order to prevent fires, fuel storage areas will be marked indicating the prohibition of smoking. These areas will also be marked as only for authorized personnel. Class A, B, and C fire extinguishers will be available on the site, for use by previously trained personnel.
- Equipment maintenance and repair activities should be preferably carried out in contractor's workshops away from water courses.

6.4.4 Contractor Obligations

- Project owners, contractors, and subcontractors at all levels, are required to comply with all current legal provisions on occupational health and safety in accordance with the country's labor regulations.
- Each of the contractors, together with their sub-contractors, if any, is responsible for the occupational safety and behavior of their workers inside and outside of working hours, establishing penalties for those who commit acts against the moral and good behavior of the local population. They must guarantee their workers the necessary basic services such as hygienic services, etc. And are also responsible for the collection and disposal of the waste they generates.
- The maintenance of the vehicles, machinery and equipment used in the projects must be carried out as far as possible from water sources. Under any circumstances should things like used oils, or spare parts that can impact the quality of the environment, be poured onto the ground or into water sources,
- In order to avoid air pollution, the contractor must perform regular maintenance on construction equipment and machinery.
- The contractor shall, whenever possible, employ the local population.
- Guarantee the placement of safety signs and symbols that are required, as well as demand the care, conservation and replacement of the same.
- Guarantee the acquisition and delivery of personal and collective protection equipment, as well as demand its use, care and conservation from workers.
- Ensure compliance with the measures that are necessary to achieve the elimination of the causes of occupational accidents and diseases, in coordination with union representatives.
- The contractor will guarantee pre-employment medical examinations to determine the aptitude of the workers, and periodicals depending on the activity they carry out, for the early detection of occupational diseases.

6.4.5 Workers Obligations

- Comply with the instructions and regulations of each project regarding Occupational Health and Safety, as well as employing safe working methods.
- Maintain and use the personal protection equipment they have received personally and collectively, and return them to the person in charge once the work in which they have been used has been completed.
- Provide necessary assistance in the event of imminent claims or risks endangering the assets of the contractor or their co-workers.
- Collaborate in the fulfillment of the Work Hygiene and Safety plans.
- Collaborate in the inspection carried out by the competent authorities in the field of occupational hygiene and safety, as well as in the investigation of occupational accidents and diseases that occur in companies and / or construction Projects.
- Assess the PPE before and after work, to verify their condition and immediately inform the hygiene and work safety supervisors, managers and/or person in charge of the work, of any detected deficiencies.

6.4.6 Prohibitions for Contractors and Workers

- Perform acts that endanger their own safety, that of their coworkers or that of third parties, as well as that of the establishments, workshops or places where they work.

- Workers are prohibited from taking raw or processed materials from the workshops or their premises without corresponding permission and/or authorization.
- Work while intoxicated or under the influence of toxic drugs is prohibited.
- Workers may not use the equipment that has been entrusted to them in uses that are not at the service of the company, as well as taking it out of the workshop without corresponding permission.
- Smoking in restricted areas.
- Use stoves/fire/grills to make food in inappropriate places.
- Carry firearms and sharp sharps.
- Drink alcoholic beverages or any psychotropic substance.
- Carry out wildlife hunting activities.

6.4.7 Security Measures

Below is a list of general safety measures, however, each project should develop a safety plan specific to the type of work to be conducted based on the best international health and safety practices.

6.4.7.1 In Case of Manual Handling of Loads

- Use mechanical and/or electromechanical equipment to assist in moving loads.
- Use safety belts and properly comply with the procedure for their use (established in each safety equipment).
- All tools used for work, whether it be for construction or for technical and mechanical maintenance of the facilities and their dismantling, must be in good condition before being used.
- The work area must be kept strictly clean, before, during and after the activities are finished

6.4.7.2 Falls, Blows, and Cuts

- Activities where there is a risk of blows or cuts to personnel from machinery, will be carried out only by trained personnel.
- The use of the harness and the lifelines is mandatory to carry out work at heights, as well as the strict verification of this equipment before use.
- The personnel who carry out the work should not be distracted, maintaining concentration on the work being carried out. It is important to remember that work that is not routine is one of the main causes of distraction, leading to loss of concentration and consequently incidents and accidents

6.4.7.3 Electrocution

- Only trained personnel should handle electrical cables and equipment that require electricity for its operation.
- Personnel handling electrical cables and equipment must follow the rules for working on power lines.
- The use of personal protective equipment such as goggles, helmets, gloves, etc., is mandatory when working with electrical cables and equipment.
- Alerts and signaling of danger in areas where there is power lines and work with equipment that needs electricity for its operation.

- Provide immediate assistance to personnel who have suffered an electrocution burn, the necessary first aid, and depending on the severity of the accident, determine if the transfer of the patient to the nearest health center or hospital is necessary.

6.4.7.4 Common Injuries and Accidents

- Use rolling jacks, winches or other equipment and tools that are comfortable and easy to handle to reduce material handling with your hands, place materials in easily accessible places.
- To lift weights, the correct technique must be used: lift weights by flexing your legs, not your back; girdles and other protections must be used.
- To avoid exhaustion, personnel should be provided with enough liquids and breaks at short intervals of time, especially when the weather is exhausting due to insolation and/or excess humidity; Personnel should wear light colored clothing and made of cotton

6.5 Responsibilities

Each project should establish roles and responsibilities in a clear way. The roles and responsibilities of each person in charge will be communicated from the beginning to the workers so that they know who to turn to if an incident occurs or if their role involves any specific responsibility related to health and safety.

6.6 Monitoring Measures

Monitoring measures include:

- Accident, illness and injury incident reports including investigation and improvements to be implemented.
- Workers' health controls to determine an increase in diseases that could be associated with the projects.
- Incidents reported through the registry system.
- Health and safety monitoring records.
- Regular evaluations with findings regarding the conditions of the work fronts.

6.7 Key Indicators

The Executing Agency should measure and monitor key indicators to evaluate the correct and successful implementation of the Occupational Safety and Health Management Plan. These indicators should be included in the content of the monitoring report submitted to the Executing Agency and the IDB by the implementers (PAHO, UNOPS and OPS, and PIH). Below is an initial list of indicators to include in the monitoring and compliance report.

Indicator	Variables	Goal	Actual Value during the Evaluation Period	Frequency	Responsible Party
Occupational Safety and Health	• Total number of implementing institutions and contractors following occupational safety and health recommendations / Total number of	100%		Monthly	Implementing Institution

	implementing institutions and contractors • Total number of occupational safety and health procedure non-conformities resolved / total number of occupational safety and health procedure non-conformities	100%			

7. EMERGENCY RESPONSE PLAN

The outline of the Emergency Response Plan considers the global actions to be taken into consideration in the event of eventualities related to projects. For some events, measures can be exercised for their prevention, such as spills, fires or explosions. However, there are other events that cannot be prevented, as is the case of events due to natural phenomena: eruptions, hurricanes, and earthquakes, and therefore these events must also be considered in a contingency plan.

The Emergency Response Plan will always remain active, including training activities and periodic drills for personnel, as well as continuously carrying out actions to review and update physical and operational data, as well as equipment and products.

This Contingency Plan includes preventable emergencies or accidents and natural disaster emergencies as well as management of patients.

7.1 Objectives

The main objectives of this Emergency Response Plan are:

- Prevent or control operational emergencies or possible industrial accidents that may arise during the construction or operation phase of the Projects.
- Establish procedures and plans to respond in a timely and efficient manner, and with the necessary resources, to fires, accidents, attacks and any other emergency situation that may arise.
- Prevent the consequences of a major event (fire, spills of dangerous products) from damaging human lives and property.
- Manage equipment and installations through periodic inspections.
- Manage patients for safety with respect to COVID-19 and safety of patient during an emergency.

The contingency plan presents the most important guidelines for subsequent adoption and implementation by contractors. One of the fundamental purposes is to protect and safeguard the human life of all those involved and reduce the losses of public and private property.

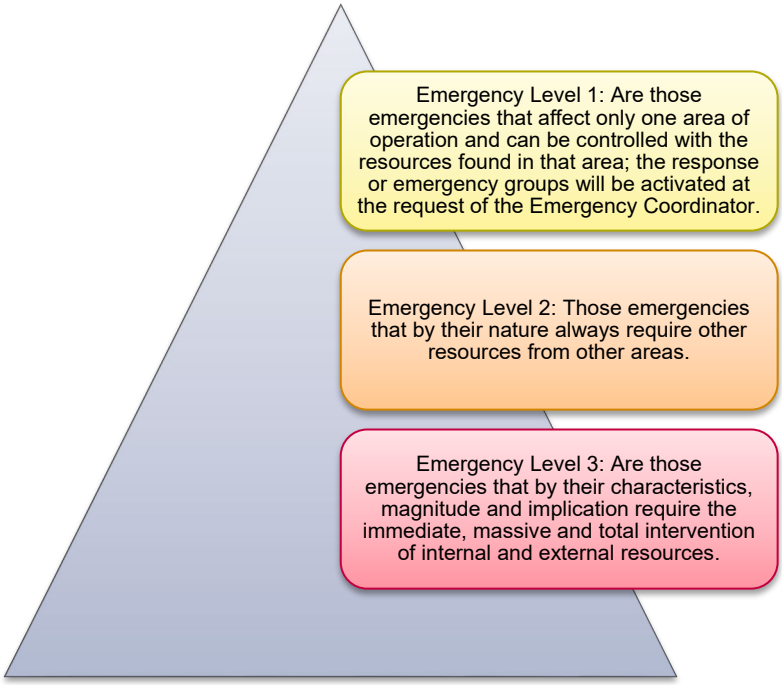
There are three elements that significantly influence the success of any contingency plan, which are:

- Resources: appropriate personnel and equipment;
- Strategies, techniques and action plan; and
- Response management: leadership, cooperation and communication.

7.2 Emergency Levels

For the operation of the Emergency Response Plan, it is important to first characterize the emergency by seriousness of the situation in order to apply the appropriate level of response, see figure below.

Figure 7-1: Emergency Levels



Source: ERM, 2019.

7.3 Procedures

During the application of the Contingency Plan below are the procedures to follow. Considerations for the designation of the appropriate response measures include:

- **Identification of Available Resources.** The most important resource to respond to possible contingencies is the people present at the Project site. The actions to be developed will depend to a large extent on the knowledge, confidence and capacity of the staff to carry out the actions previously assigned in the respective plan. It is imperative that the people at the Project site meet training requirements and are provided with the appropriate personal protective equipment (PPE) and information to fulfill their mission.
- **Access to information.** Provide all the necessary information in a concise manner to minimize confusion, and to avoid rumors and exaggeration. Obtaining timely and updated information is a dynamic process, and is the best way to provide feedback to the plan.
- **Communication.** The problems associated with communication are mainly related to the content of the messages, the means of transmission, and the interpretation by the person who receives it. Communication systems used internally should be prepared to handle a specific amount of information during an incident.
- **Priority setting.** At the scene of an incident, the personnel in charge of responding to the emergency must be able to alter priorities quickly, in order to face possible changing and/or unexpected situations.
- **Coordination between the Authorities.** An emergency coordinator must be determined for the Project by the contractor during the construction phase. This emergency coordinator will be in charge of coordinating with the appropriate authorities during an emergency.
- **Communication with the communities.** Throughout the construction and operation phases, contractors must take communication initiatives with communities for their safety. These initiatives may include an emergency alert system, a method to provide information on Project

activities and how to respond, collaborate with communities to establish action plans, organize demonstrations or training in how to respond to emergencies for communities, and/or identify the emergency response team to communities to establish a relationship before an emergency occurs.

7.4 Construction Phase – Risk Management

It is the contractor's responsibility to be in charge of risk management, this responsibility is shared with subcontractors if applicable. The executing agency, as supervisor and owner of the project will have to ensure that the contractors manage risks and prepare an appropriate contingency plan as required. Therefore, the contractors and/or subcontractors will be required to comply with all safety, occupational health and environmental procedures to complete and deliver the work without incidents. As previously stated, Contingency Plans are live documents that may be revised and adapted if necessary according to the appropriate requirements for the construction activities.

The Contractors will ensure compliance with the standards as required based on the type of work, by jobs or disciplines. Such obligations include but are not limited to:

- Guarantee workers with safe conditions in the workplace.
- Instruct and train workers regarding the prevention of accidents, occupational diseases, the risks to which they are exposed in the performance of their work; as well as the use of personal protection equipment according to the work done, through training sessions, posters, etc.
- Design a program of occupational health and safety according to the activities to be performed that contains safety measures to be implemented, in order to avoid injury to personnel or property damage.
- Provide workers with personal protection equipment, according to the work done to prevent injuries.
- Regarding vehicles, machinery and equipment, comply with preventive and / or corrective maintenance programs and safety requirements.
- Organize and maintain health and safety services such as first aid kits in accessible places and ensure staff is knowledgeable.
- Record in writing any statements made by the workers in relation to unsafe conditions and the worker's environment, and carry out corrective measures immediately.
- Report any occupational diseases, work accidents and any other unsafe condition that is present in the workplace.

Employees will have to fulfill the following obligations:

- Exercising their specific functions in accordance with the work contract in order to avoid risks and protect their personal safety and health, and that of their work colleagues.
- Immediately report to supervisors any unsafe condition that could threaten their physical integrity or their own health and / or that of other workers.
- Use and maintain personal protection equipment as required, and immediately report to the person responsible for its supply, of the loss, deterioration or expiration of the same.
- Bring to the attention of your superior if you feel that the requested safety or security measures do not appropriately manage the risk.
- Immediately comply with any request that is made for the benefit of your safety and that of others.
- Care for and maintain sanitation and security facilities facilitated to the workers during the construction phase.

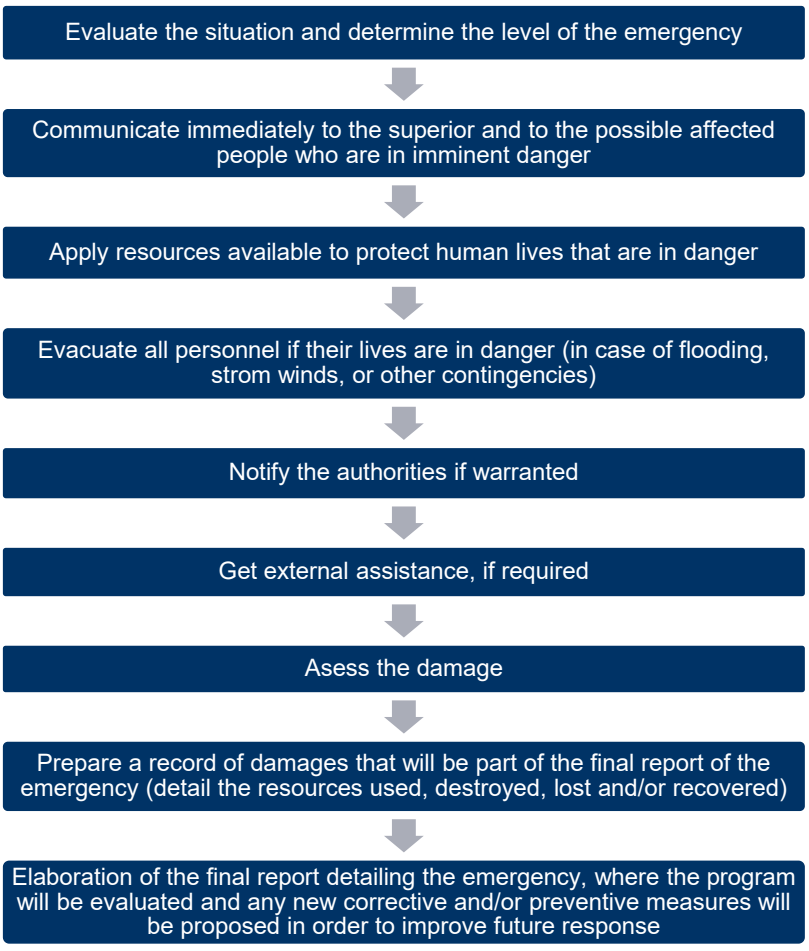
- Adhere to all safety and security requests made in the training materials, posters and posted notices.
- Accept the provisions of the medical service and the competent bodies in matters of occupational safety for the prevention, treatment of occupational or non-occupational diseases, and occupational accidents.

7.5 Emergency Procedures

The following Section describes the actions and procedures to be considered by the Contractors and Operators in case of emergencies and events that may arise.

The general procedure in an emergency is presented in the following Figure.

Figure 7-2: General Procedures during an Emergency



Source: ERM, 2020.

The Contractor or Operator must lay out a sequence of actions to be followed in the event of an unplanned event or accident, which may be as follows:

- Notification: Inform all personnel of the accident.
- Verification and evaluation: Confirm that the notification provides an accurate representation of the status of the works and associated risk at the moment that the notification of the event is received.

A notification scheme must be included in the Contingency Plan to include the main local authorities, (may include: the municipalities where the projects are developed, the local environmental or natural resources departments, the local police, and/or the local firefighters).

7.6 Calling Plan

The calling plan consists of three types of communications, internal, external, and support.

- **Internal Calls:** The internal calls include the communication of the emergency to top management personnel, as well as the members of the Contingency Plan who are outside the facilities.
- **External Calls:** Communication of the emergency to the appropriate Government Authorities, depending on the type of occurrence.
- **Support Calls:** Support personnel in order to control the emergency (dependent on the type), for example the fire brigade, the national police, ambulance service, medical attention if necessary, government authorities, etc.

7.7 Emergency Committee

An Emergency Committee must be organized by the Contractor. It is recommended that the Committee be composed of:

- Environmental supervisor
- Security Supervisor
- Maintenance supervisor

7.8 Types of Emergencies

The types of emergencies that may arise in the project areas are classified according to their origin:

- Operational emergencies or incidents normally caused by operations, fires, falling machinery, etc.
- Industrial accidents of personnel or contractors, normally caused by unsafe acts, unsafe conditions or as a consequence of the natural phenomena or operational emergencies previously stated.
- Social phenomena such as sabotage, terrorism, robberies, etc.
- Natural phenomena, such as flooding, strong winds, etc.

7.8.1 Construction and Operation Phase Accident Prevention Process

The best way to control an event and the impact that these may have on the environment is to prevent them from happening by implementing preventive measures. Preventive measures are described below.

Work Permits

All projects must comply with the requirements and procedures established by local law, including those related to work permits in order to prevent unnecessary risks and/or accidents, and must comply with the following:

- It is necessary to obtain work permits in all areas with risk where work is carried, and they must be issued by authorized personnel.
- No work will be started before the respective work permit has been issued and it has been verified that the recommendations and demands required have been complied with.

- Supervisors authorized to issue and receive work permits will be responsible for the correct issuance of the same. They will also be responsible for ensuring that the security conditions are maintained during the time required to carry out the work.
- A work permit will not be issued, covering several areas with different risks. As a general rule, each specific job will require a separate permit.

Personal Protective Equipment (PPE)

- Personal protective equipment will be mandatory. They will not prevent accidents, but will eliminate or reduce the severity of an injury.
- It is the responsibility of the contractors to provide their workers with the personal protection equipment required in the execution of any work that generates risks.
- The equipment will be new and of good quality.
- It is the responsibility of the immediate supervisor of each worker to determine the need for personal protective equipment and to ensure that the worker makes use of them.
- The worker will be responsible for the care, conservation and proper use of any equipment entrusted to him.

Organization and Order

Prior to the start of the work, the Contractor will develop a safety, organization and order program for direction, providing guidance everything from inspections to identify faults, to the types of collection waste/trash receptacles provided for the different types of wastes (organic, inorganic waste, solid waste, liquid, and hazardous waste). Transportation and final disposal method, in accordance with the national regulations, must also be included. In addition, the following requirements will be fulfilled:

- Each employee will keep their work site clean and in good condition.
- The employee will notify his supervisor about spills of oil, grease, etc., and will be cleaned as soon as they occur.
- All tools, screws and any other material equipment used in the performance of a job will be kept in order, and these objects should not be placed in places where they can be dangerous.
- The flammable substances and wastes will be handled and stored accordingly in order to avoid the risk of spontaneous fire.
- There should be a staging area or adequate space for orderly storage of bulky objects, equipment, or materials.
- Every workplace should be provided with fresh and potable water in sufficient quantity for workers to use.
- The toilets and bathrooms (one toiled for every 20 workers) will be kept in optimal conditions and with sufficient supply of toilet paper, water and soap.
- If employees eat at the workplace, the workplace should have a dedicate area for eating, protected from weather elements. No waste and debris will be left in place and the use of Styrofoam food containers is prohibit.

Training

Every worker, new or old, will receive operational training from their immediate supervisor (supervisor), in order to develop knowledge and skills for the safe execution of the assigned work, especially on:

- Industrial safety corresponding to construction.
- Occupational health.

- Fire Prevention.
- First aid.
- Personal protective equipment.
- Organization and order.
- Accident prevention.
- Accident analysis.
- Fire protection.
- Works that require written permission for their execution.
- Emergency control.
- Factors of physical risks (electrical, mechanical, noise and vibrations, lighting, heat, ventilation, etc.)
- Factors of chemical risks (smoke, gases in the environment (vapors, fumes), toxic, alkaline and corrosive substances, etc.)
- Other risk factors (health, third-party actions, environmental, etc.).

7.8.2 Emergency Response Actions

General emergency response actions include:

- Upon receiving notice of an emergency, immediately evaluate the level of emergency and determine which response measures are necessary, notifying the corresponding response groups.
- If necessary and in accordance with the magnitude of the event, order the evacuation of the area or facilities and initiate the respective response procedures.
- Notify the relevant authorities.
- Consult the emergency response procedures in order to verify the appropriate response for each emergency, ensure all the response procedures have been applied and record descriptive information of the event.
- Restrict access to the event area.

Communications must be made by portable radio transmitters, either between response vehicles or with the base station.

Spills

For a spill incident, specific equipment and materials are needed for an appropriate response. The contractors will have the following materials to deal with spill incidents:

- Absorbent material, such as sand, sawdust, absorbent cloths (depending on spilled material).
- Safety equipment such as gloves, plastic aprons, goggles, and boots.
- Appropriate containers for the collected material.
- Photographic camera to document the incident.

Equipment or Infrastructure Failure

- The person who detects a fault or failure will immediately notify the Supervisor or Chief of Operations identifying themselves and indicating the place and type of emergency.
- Try as much as possible to isolate the area or prevent vehicles or people from approaching.

- After overcoming the problem, analyze the root cause of the emergency/fault or failure.
- Prepare preliminary and final reports and submit to the appropriate authorities in a correct and timely manner.

Fires and/or Explosions

A fire can lead to serious damage to equipment or personnel, and should be taken care of as quickly as possible. The following recommendations should be included in the Contractor's Contingency Plan in case of a fire.

Before a Fire

- Provide training to all personnel through courses on fire practices and simulations of accidents, use of fire extinguishers, etc.
- Have infrastructure and equipment for fire protection, and extinguishers that work in different environments depending on the type of project (for example, Class A extinguishers for ordinary combustibles such as wood and paper, Class B extinguishers for use on flammable liquids like grease, gasoline and oil, etc.).
- Develop rigorous preventive maintenance programs for all types of equipment, inspect and recharge fire extinguishers, etc.
- Identification and signage of safe areas and establish evacuation routes in all facilities or work fronts.
- Keep extinguishers in good condition.
- Provide first aid kit, battery-operated flashlights, extra batteries, etc. on site.

During a Fire

- Evacuate and or stop work in the area and / or facilities.
- Communicate with the local Fire Brigade, National Police and other entities depending on the severity of the emergency.
- Protect mouth and nose with damp cloths.
- Keep calm and avoid running.
- Assist affected people immediately, if any.
- If appropriate, try to put out the fire with the use of extinguishers and other existing means. Ensure extinguishers are periodically inspected to ensure they are in working condition.
- If any equipment is involved in the fire or explosion, the operator must manually disconnect the electrical power that feeds the equipment, as long as it can be done safely or without risk to human life.

In the event that the fire cannot be fought directly with the extinguishers, or there is danger to the personnel, the actions to be taken are:

- Notify firefighters immediately for help.
- Evacuate the place to the meeting point previously agreed in the training plan and risk drills.
- Once the firefighters have determined that the emergency has ended, the emergency coordinator of the project owner should be informed.
- Proceed along with the maintenance crew to an inventory of damages and then make a detailed report on the matter.

After a Fire

- Clean the affected area.
- Remove all debris.
- Repair and / or demolish affected facilities in case of major damages.
- When the fire has been extinguished, proceed with the maintenance crew to prepare an inventory of damages and then make a detailed report on the matter.

Adequate Staff Training

Practices or simulations should be carried out every six months (can include coordination with the local Fire Department), and should include response procedures for personnel all personnel.

Use and Disposal of Fire Extinguishers

- Fire extinguishers must be located in appropriate places and easily accessible.
- Every extinguisher must have a plaque with the information about the kind of fire for which it is suitable and expiration date. Also, they must have operation and maintenance instructions.
- Each extinguisher must be inspected every two months, tested and maintained in accordance with the manufacturer's recommendations; similarly, they must carry a label with test dates and expiration date.
- If an extinguisher is used, it will be refilled immediately; or if necessary, it will be replaced immediately.

7.8.3 Falls from Heights, Cut Wounds, Electrocution and Burns

Before

- Training for personnel should include industrial safety so that they do not commit unsafe acts and use the appropriate protective implements, such as a helmet, boots, safety glasses, restraint harness, etc.
- Also, training of personnel in the implementation of first aid, so that they may help injured coworkers or themselves, until the arrival of medical or paramedical personnel to the place of the accident or their transfer to a hospital for professional attention.
- Provision of personal protection equipment to all workers, as necessary.

During

In case of an accident in the facilities, the staff will act as follows:

- If it is a minor accident, apply first aid to the injured person and transfer them immediately to the nearest clinic or hospital so that they can be seen by a doctor, in order to rule out possible after-effects.
- If it is a serious fall from heights, shelter the injured person and request an ambulance for immediate transfer to a hospital.
- If a person is not breathing, provide rescue breathing (mouth-to-mouth breathing or mouth-to-nose) and request an ambulance for urgent medical attention.
- In case of burn, do not apply home remedies to the injured only water at the time and request an ambulance for its transfer to the clinic or hospital soon.

- For hemorrhage from a puncture wound, hold a gauze in place to avoid blood loss. If located in the extremities, make a tourniquet to cut blood loss, loosening the tourniquet every 10 minutes to avoid gangrene and to move the injured person to a nearby assistance center.
- If trapped with weight on the chest, lever the heavy element and remove it so that the victim does not suffocate, until the arrival of the ambulance.
- If the victim has suffered an electric shock, ensure they are breathing, provide rescue breathing (mouth-to-mouth breathing or mouth-to-nose), and simultaneously request medical assistance or transfer to a clinic or hospital.

Immediate attention to an injured person through knowledge of First Aid can save a life. Always seek the appropriate medical attention by a professional.

After

- Analyze the causes of the accident and the actions taken to assist.
- Prepare the preliminary and final report of the industrial accident.

7.8.4 Attacks and Sabotage

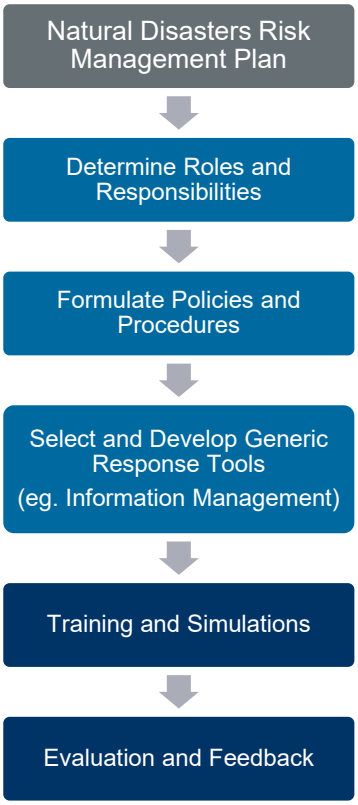
- Provide strict control of the entry of personnel into the facilities by a contracted Security Company, as well as provide surveillance in strategic areas, as necessary.
- In the event of an attack or sabotage, the person who detects it will immediately notify the emergency supervisor of the emergency, indicating the place and equipment affected.
- The shift leader will immediately inform the Police and personnel in charge of the surveillance of the facilities, to neutralize the aggressors.
- If an attack leads to an emergency event (such as a spill or fire), the response strategy to the specific type of emergency will be determined and instructions will be given to the external support units: police, fire brigades, etc.
- Prepare preliminary and final reports and submit to the appropriate authorities in a correct and timely manner.

7.8.5 Natural Disaster

The response to natural disasters and the preparation of a Natural Disasters Risk Management Plan should be aligned with national regulations (such as Haiti Disaster Preparedness and Response Act, Chapter 145, Revised Edition 2003) and take into account the characteristics of the type of operation and specific project location. Likewise, the risks due to natural disasters specific to each country must be taken into account. This plan presents guidelines and procedures to follow in the event of a natural disaster.

Disaster response planning involves determining, increasing, and organizing resources and capacities to achieve a degree of preparedness that enables a timely and effective response to a potential disaster. When a disaster strikes, plans must be monitored, evaluated and adapted to a given situation. Figure 7-3 presents the steps to follow to prepare the Natural Disaster Risk Management Plan.

Figure 7-3: Preparation of the Natural Disaster Risk Management Plan



Source: ERM, 2020.

7.8.5.1 Objectives

The main objectives of this contingency plan are:

- Minimize or control damage from natural disasters to the project facilities;
- Establish procedures and response actions to respond to a natural disaster in a timely and efficient manner with the necessary resources;
- Prevent damage to human lives and the property of the company and third parties; and
- Maintain permanent control of equipment and facilities, through the performance of periodic inspections.

7.8.5.2 Responsibilities

Planning Phase

During development or planning stages of the project, the executing agency consider the level of risk or vulnerability to natural disasters, and include this in deciding the location of the project (places to avoid). To the extent possible, locate the project in an area not at risk of natural disasters. The design stage and the specifications of the projects should include integrated controls necessary to mitigate impacts from the types of natural disaster to which they are exposed (such as earthquakes, hurricane winds, flooding).

Construction Phase

In cases where the project is carried out through contractors, the responsibility for risk management is the responsibility of the Contractor, or it can be shared with the different contractors and subcontractors involved. However, the executing agency is responsible for guaranteeing that the

actions of responsibility in the management of risks and contingencies are carried out. Therefore, it is required that contractors and/or subcontractors follow the procedures of this plan. The executing agency is also responsible for communication and coordination with local authorities in response to a natural disaster. The plans may be revised so that, if necessary, they adapt according to the appropriate requirements for the activities.

The Contractor shall ensure compliance with the standards at each of their construction works, and for each jobs and/or discipline, as mandatory to be in compliance with the contract clause. Such obligations include:

- Provide workers with personal protective equipment suitable for the activities to be carried out;
- Create an emergency brigade, which will receive specialized training in preparation and response to the different types of natural disasters to which they may be exposed depending on the location of the Project;
- Training and trainings for Project personnel regarding plans and procedures in an emergency situation caused by a natural disaster; and
- Coordination of drills.

Before the end of construction, a disaster management plan must be in place for the operation phase, which establishes: the training requirements of personnel and communication to the public, assigning those responsible for implementing the plan, evacuation routes, and signaling and services to be provided in case of emergencies.

Operation Phase

During the operation stage, the executing agency is responsible for leading natural disaster risk management. New plans and specific procedures must be prepared, which are in accordance with the processes and vulnerabilities specific to each operation.

The operation must also have a properly trained emergency brigade, the personnel must receive periodic training, and drills will be carried out for each type of natural disaster to which the particular project is exposed.

7.8.5.3 Procedures during a Natural Disaster Emergency

General Actions in the Event of an Earthquake

Preparation before an earthquake:

- At hospitals or health centers, physically secure (for example, by anchoring to a wall) essential equipment or equipment that can cause fires or spills if affected by an earthquake.
- Train operational personnel to act in emergencies due to earthquakes or earthquakes, through evacuation drills, so that personnel are prepared for these events;
- If in the case of an earthquake of great intensity, organize an orderly and safe evacuation as required; and
- Provide vertical and horizontal signaling of evacuation routes in case of earthquake, as well as extinguishers to control fire outbreaks which could result.

During an earthquake:

- Stop an work that is being executed in order to avoid accidents;
- All personnel shall immediately leave the work area the moment the earthquake is perceived;
- If inside the premises, look for strong structures: under the lintel of a door, next to a pillar or a sturdy wall or site;

- If off-site, stay away from what could collapse or hurt you;
- Put out any signs of a fire;
- If possible, find an open place where there is no possibility of falling structures;
- If the earthquake occurs at night, flashlights should be used; never matches, candles or lighters; and
- Stay away from electric wires and glass

After an earthquake:

- Technical staff must report to the main office/go to areas where urgent technical support is required;
- Immediately disconnect the power supply and water;
- Look for traces of short circuits before reconnecting;
- DO NOT light matches (or smoke) before making sure there are no leaks or spills of flammable material;
- Avoid approaching broken electrical cables;
- Act in accordance with the established procedures in case of fire and/or spill, depending on the situation;
- Resume operations as soon as it is certain that the operational conditions are safe;
- Proceed to clean any debris that obstruct operation;
- After the earthquake is over, damage to equipment and facilities must be evaluated, as well as preparing the reports required by government authorities, as recommended and within the established deadlines in the Plans;
- In the event of an earthquake that exceeds the design capacities of the project facilities and significant structural damage occurs, the operator must suspend operations, and follow the procedure defined by each Project for those cases; and
- Carry out an inspection and evaluation of the components of the facilities that have been affected. Maintenance personnel will be required to report to the Emergency Coordinator any damage and the level of risk involved in entering damaged facilities. Once engineering and maintenance has given approval that entrance to a facility is secure, work activities may resume.

General Actions in the Event of Hurricanes

In the event of threats due to extreme weather conditions, the following actions should be considered.

Preparation before a hurricane:

- At hospitals or health centers, physically secure (for example by anchoring to a wall) essential equipment or equipment that may cause fires or spills if affected by the hurricane.
- Train operational personnel to act in case of hurricane emergencies, so they are prepared for these events;
- Inspect emergency equipment and kept ready for use. Keep safe drinking water and preserved food on site;
- Secure with ropes or chains all equipment that cannot be secured inside the building;
- Place vehicles in areas protected against hurricane winds;

- Call the relevant authorities for the project, the Police and the security company, if any, and notify if the site will be left only with the minimum emergency personnel on site;
- Close the main gate;
- For projects in operation, in case of extreme weather conditions once a notification is received from the emergency coordinator, site operators should go to pre-established protected areas inside the facilities; and
- The Coordinator will determine, based on the prevailing or progressive conditions, if the emergency procedures should be ended.

After a hurricane:

- Equipment will not be energized until they have been checked by expert electricians;
- In case of spills, drips or fire, proceed according to the response actions related to those cases in the contingency plan;
- Perform a site assessment and determine the damage caused;
- Proceed to repair minor damages and those necessary to provide immediate service;
- Proceed to clean debris and artifacts that obstruct operations;
- Prepare a written report at the end of the emergency. The report shall contain estimates of damage to the company property, affected persons, damage to private property, and the environment; and
- Before and after a hurricane, management plans will be kept current in order to be effective.

General Actions in the Event of Volcanic Activity (if applicable)

It is recommended that projects located in the vicinity of an active volcano develop a Volcanic Emergency Plan in collaboration with local authorities; and adapted to the specific needs of each operation.

In general, the plan shall include measures to:

- At hospitals or health centers, physically secure (for example anchoring to a wall) essential equipment or equipment that can cause fires or spills if affected by earthquakes resulting from volcanic eruptions.
- Monitor the threat: through periodic monitoring of information published by the entity responsible for monitoring volcanic activity in the country or region, including information on the establishment of a state of alert; and
- Have an action plan for each level of alert commensurate with the risk conditions for each level. This should include an evacuation plan, which must take into account steps to safely abandon the operation (for example, de-energization, locking of systems, and protection of equipment).

7.8.5.4 Evaluation

Evaluating an emergency response provides an opportunity to determine whether the concept of management systems, procedures, and plan processes effectively address the problems and needs of the operation.

At the end of the emergency, damage to personnel or facilities must be evaluated and a report must be prepared to the corresponding authorities. Likewise, the Emergency Committee shall analyze the performance of the evacuation of personnel and coordinators.

The Emergency Committee shall use previously established indicators and criteria to evaluate the different aspects of the plan in order to draw conclusions and lessons learned, and determine the necessary actions for improvement so that future emergency responses address problem areas.

7.9 Key Indicators

The Executing Agency should measure and monitor key indicators to evaluate the correct and successful implementation of the Emergency Response Plan. These indicators should be included in the content of the monitoring report submitted to the Executing Agency and the IDB by the implementers (PAHO, UNOPS and OPS, and PIH). Below is an initial list of indicators to include in the monitoring and compliance report.

Indicator	Variables	Goal	Actual Value during the Evaluation Period	Frequency	Responsible Party
Emergency Response Plan	• Total number of emergency responses managed according to the standards established in the plan / Total number of emergency responses • Total number of operational emergencies managed according to the standards established in the plan / Total number of operational emergencies • Total number of natural disaster emergencies managed according to the standards established in the plan / Total number of natural disaster emergencies	100% 100% 100%		Monthly	Implementing Institution

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