

**Economic Revitalization of Khyber Pakhtunkhwa and Federally Administered Tribal Areas  
(ERKF) - (P124268)**

**COVID-19 EMERGENCY RESPOSNE**

**Managing Environmental, Occupational Health and Safety Risks**

**CHECKLISTS**

*(To be attached as addendum to ERKF ESMP<sup>1</sup>)*

**General Procedures to be adapted**

Under the environmental and safety guidelines (E&S) of the World Bank, [National Action Plan for Corona virus disease \(COVID-19\) Pakistan](#) and Labor laws, employers have a duty of care for the health and safety of their workers and others at the workplace. This includes:

- Provision of appropriate number of tools, equipment and PPEs for facilities.
- Providing and maintaining a work environment that is safe to any risk to health and safety, and
- Providing adequate safety facilities for workers in carrying out their work.

**Rationale**

Overall, the project activity will support the COVID19 emergency response by strengthening the health care facilities/services by focusing primarily on providing medical supplies and equipment such as ventilators and masks., Environmentally and socially sound health facilities management will require adequate provisions for minimization of occupational health and safety risks, proper management of hazardous waste and sharps, use of appropriate disinfectants, appropriate chemical and infectious substance handling and transportation procedures, etc.

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<sup>1</sup> In addition to the revised Checklists prepared in Jan-2018 for ERKF Round-II

## Environmental Impacts and Mitigation Measures

Since the project activity is primarily limited to the procurement of hospital equipment, environmentally and socially sound operations will require adequate provisions for minimization of occupational health and safety risks, proper management and disposal of hazardous and bio-medical waste and sharps, use of appropriate disinfectants, proper quarantine procedure for COVID-19, appropriate chemical and infectious substance handling and transportation procedure as well as institutional/implementation arrangement for environmental and social risks.

## Health and Safety issues

### Goods and Services<sup>2</sup>

The following table lists the health and safety risks and impacts associated with Goods and Services financed by the Bank in response to the COVID-19 outbreak. Potential mitigation measures and references to sources of additional advice and information are also provided where applicable.

S. No.	Activity	Risks and Impacts	Mitigation Measures
1	Purchase and stocking of emergency rooms, clinics and other medical facilities, including with Laboratory equipment, supplies or goods.	Surfaces of imported materials may be contaminated and handling during transportation may result in spreading infection to healthcare workers and others.	<ul style="list-style-type: none"> <li>• Although coronavirus can stay on surfaces for a few hours to several days depending upon the type of surface (and the differing conditions and temperatures through which the equipment is moved), it is very unlikely that that the virus will persist on a surface, even if originating in a country reporting COVID-19 cases.</li> <li>• If concerned (for example when dealing with goods that have come from countries with high numbers of infected people) a surface or equipment may be decontaminated</li> </ul>

<sup>2</sup> References and sources of further information

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

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

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

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

			<p>using disinfectant. After disinfecting, workers should wash hands with soap and water or use alcohol -based hand rub.</p> <ul style="list-style-type: none"> <li>• No special measures are required for handling imported goods and equipment, except regular hand washing.</li> <li>• Projects should ensure that adequate hand washing facilities with soap (liquid), water and paper towels for hand drying (warm air driers may be an alternative), plus closed waste bin for paper towels are available. Alcohol-based hand rub should be provided where hand washing facilities cannot be accessed easily and regularly.</li> <li>• Also ensure awareness campaigns and reminder signs are regularly posted around site to encourage workers regularly wash hands when handling goods, and that they do not touch their face.</li> </ul>
2	Purchase of PPE for healthcare workers and health facility cleaners	Incorrect standard or quality of PPEs leads to spread of infection to healthcare workers and cleaners.	<p>Medical personal protective equipment (PPE) includes:</p> <ol style="list-style-type: none"> <li>1. Medical mask</li> <li>2. Gown</li> <li>3. Apron</li> <li>4. Eye protection (goggles or face shield)</li> <li>5. Respirator (N95 or FFP2 standard)</li> <li>6. Boots/closed work shoes</li> </ol> <p>WHO interim guidance on <a href="#">rational use of PPE for coronavirus disease 2019</a> provided further details on the types of PPE that are required for different functions.</p>
3	Distribution of goods or services on basis of need	<p>A non-transparent and poorly managed distribution system and practice could worsen the current shortage situation, affecting the maximum and efficient use of resources.</p> <p>The disadvantaged and vulnerable population</p>	<ul style="list-style-type: none"> <li>• Attention should be given to the distribution system, to ensure effective and efficient use of the goods and services and avoid capturing of the rich, powerful and privileged, particularly at this time of short supply.</li> <li>• Particular attention and efforts should be given to the disadvantaged and vulnerable groups and Indigenous Peoples communities (Kalash in Kalash Valley, district Chitral KP ) to make sure that they have equal if not</li> </ul>

		groups, and IP communities could face disproportionate difficulties in accessing the available resources, exposing them to greater risks.	better access to these resources.
4	Hand wash stations	Inadequate hand washing facilities may worsen the situation	<ul style="list-style-type: none"> <li>• Projects should ensure that adequate hand washing facilities with soap (liquid), water and paper towels for hand drying (warm air driers may be an alternative), plus closed waste bin for paper towels are available.</li> <li>• If water and soap hand washing facilities are not possible, alcohol-based hand rubs may be provided.</li> </ul>
5	Alcohol-based hand sanitizers	Alcohol-based hand rubs may not be as effective at controlling infection as hand washing with soap and water.	<ul style="list-style-type: none"> <li>• Alcohol-based hand sanitizers are not considered as effective as hand washing with soap and water and should therefore only be used in locations where full hand washing facilities cannot be provided. Advice should be provided to remind users where full hand washing facilities can be found.</li> </ul>
6	Medical waste contaminated with COVID-19 virus	The collection, processing, treatment and disposal of medical wastes becomes a vector for the spread of the virus.	<ul style="list-style-type: none"> <li>• There is no evidence that direct, unprotected human contact during the handling of healthcare waste has resulted in the transmission of COVID-19.</li> <li>• The treatment of healthcare waste produced during the care of COVID-19 patients should be collected safely in designated containers and bags, treated and then safely disposed.</li> <li>• Open burning and incineration of medical wastes can result in emission of dioxins, furans and particulate matter, and result in unacceptable cancer risks under medium (two hours per week) or higher usage.</li> <li>• Alternative treatments should be designed into longer term projects, such as steam treatment methods. Steam treatment should preferably be on site, although once treated, sterile/non-infectious waste may be shredded and disposed of in suitable waste facilities.</li> </ul>

			See WHO <a href="#">Safe management of wastes from health-care activities</a> .
7	Water, sanitation, hygiene and waste management for COVID-19	COVID-19 virus is transmitted through inappropriate sanitation arrangements or through drinking water and contaminated waste.	<ul style="list-style-type: none"> <li>There is no evidence that COVID-19 virus persists in drinking water, sewage, or medical wastes, and following of good hygiene practices will provide effective control.</li> </ul> <p>See WHO <a href="#">guidance on water, sanitation and waste management for COVID-19</a> for guidance on control measures.</p>
8	Identification and diagnosis	Collection of samples and testing for COVID19 could result in spread of disease to medical workers or laboratory workers, or during the transport of potentially affected samples.	<ul style="list-style-type: none"> <li>Collection of samples, transport of samples and testing of the clinical specimens from patients meeting the suspect case definition should be performed in accordance with WHO interim guidance <a href="#">Laboratory testing for coronavirus disease 2019 (COVID-19) in suspected human cases</a>. Tests should be performed in appropriately equipped laboratories (specimen handling for molecular testing requires BSL-2 or equivalent facilities) by staff trained in the relevant technical and safety procedures.</li> <li>National guidelines on laboratory biosafety should be followed. There is still limited information on the risk posed by COVID-19, but all procedures should be undertaken based on a risk assessment. For more information related to COVID-19 risk assessment, see specific interim guidance document: WHO interim guidance for <a href="#">laboratory biosafety related to 2019-nCoV</a>.</li> <li>Samples that are potentially infectious materials (PIM) need to be handled and stored as described in WHO document <a href="#">Guidance to minimize risks for facilities collecting, handling or storing materials potentially infectious for polioviruses (PIM Guidance)</a>.</li> </ul> <p>For general laboratory biosafety guidelines, see the WHO <a href="#">Laboratory Biosafety Manual, 3rd edition</a>.</p>

## Hospital Preparedness & Planning for Pandemic- COVID-19

### General Introduction:

Hospitals<sup>3</sup> play a critical role within the health system in providing essential medical care to the community, particularly during a crisis, such as an epidemic or a pandemic. Prolonged and combined outbreaks can lead to the progressive spread of disease with rapidly increasing service demands that can potentially overwhelm the capacity of hospitals and the health system. To enhance the readiness of the health facilities to cope with the challenges of a pandemic or any other emergency or disaster, hospital managers need to ensure the initiation of relevant generic priority action. This document aims to provide a checklist of the key actions to carry out in the context of a continuous hospital emergency preparedness process.

During pandemic, an interruption of critical support services<sup>4</sup> and supplies would potentially disrupt the services provided by an unprepared health facility. In addition, a high rate of staff absenteeism is expected. Shortage of critical equipment and supplies could limit access to needed care and **reduce occupational safety**. Panic could potentially jeopardize established working routines. Even for a well-prepared hospital, coping with the health consequences of a pandemic would be a complex challenge. Despite the difficult demands and obstacles foreseen, the proactive and systematic implementation of key generic and specific pandemic-related action can facilitate effective hospital-based management during a pandemic.

The benefits of an effective, hospital-based epidemic/pandemic response may include: (1) the continuity of essential services<sup>5</sup>; (2) the well-coordinated implementation of priority actions at every level; (3) clear and accurate internal and external communication; (4) swift adaptation to increased demands; (5) the effective use of scarce resources; and (6) a safe environment for health workers. The Checklist-1 has been prepared with the aim of supporting hospital managers and emergency planners in achieving the above by defining and initiating the action needed to ensure a rapid response to epidemic or pandemic with respect to safe environment and occupational health and safety.

Under **Safety / Infection Control Activities Checklist- 1** there is a list of questions regarding the status of implementing the recommended actions as part of preparedness and planning activities to demonstrate readiness in coping with the

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<sup>3</sup> Includes all health care facilities

<sup>4</sup> Provision of water and sanitation services, electricity, gas and other basic amenities

<sup>5</sup> Provision of water and sanitation services, electricity, gas and other basic amenities

pandemic COVID-19. Hospitals experiencing an excessive demand for health services due to pandemic-prone disease are strongly encouraged to ensure the effective implementation of each action. Hospitals at risk of increased health service demand should be prepared to initiate the implementation of each action promptly. Hospital emergency preparedness is a continuous process that needs to link to the overall national preparedness program.

**Checklist- 1: Occupational Health and Safety / Infection Control Activities for health facilities benefitting from ERKF project <sup>6</sup>**

Name of the facility: \_\_\_\_\_

Name of inspector: \_\_\_\_\_ Date of inspection: \_\_\_\_\_

	<b>Activities<sup>7</sup></b>	<b>Not Started<sup>8</sup></b>	<b>In Progress<sup>9</sup></b>	<b>Completed</b>
1	Develop an overall pandemic safety plan and appoint/designate a safety officer at Project level.			
2	Develop, if not already done, a facility pandemic safety plan as per SOP of the Health Department			
3	Provide staff education about COVID-19 infection control and update polices/ processes as required.			
4	Develop, if not done previously, guidance for staff monitoring for signs of illness (including self-reporting, self-quarantine, and start/end of shift evaluation) and create a mechanism for reporting both illness and absenteeism as per SOP of Health department			
5	Develop, if not previously done, a “return to work post illness” policy for health care workers as per SOP of Health department			

<sup>6</sup> Demonstrates the state of readiness for a health care facility towards effectively responding to a pandemic (COVID-19)

<sup>7</sup> If already done/completed as per SOP of Health Department, please Tick as Completed (with provide evidence)

<sup>8</sup> The project will pursue and follow up for initiating required actions at the earliest possible.

<sup>9</sup> The project will follow up for earliest completion of actions



	<b>Activities<sup>7</sup></b>	<b>Not Started<sup>8</sup></b>	<b>In Progress<sup>9</sup></b>	<b>Completed</b>
6	Develop, if not previously done, contingency plan for at-risk staff (e.g., pregnant, other defined risk groups) including job expectations and potential alternate roles and locations, as per SOP of Health department.			
7	Ensure that health care workers, patients and visitors are aware of cough etiquette and respiratory and hand hygiene. Provide verbal instruction, informational posters, cards, etc.			
8	Ensure that those caring for suspected and confirmed cases apply standard and droplet precautions.			
9	Ensure that personal protective equipment (PPE) (i.e. medical/surgical masks, gloves, gowns, eye protection) is easily accessible to staff.			
10	If the supply of PPE is limited, prioritize staff handling the COVID-19 cases.			
11	Provide medical/surgical masks to all suspected and confirmed cases during transport; reinforce cough etiquette when mask use is not tolerated.			
12	Optimize ventilation in the health care facility.			
13	Provide clear identification of and restriction to the rooms, routes and buildings used in connection with patient care. Limit patient, staff, and			

	<b>Activities<sup>7</sup></b>	<b>Not Started<sup>8</sup></b>	<b>In Progress<sup>9</sup></b>	<b>Completed</b>
	visitor transit through in- and out-patient units (restrict access).			
14	Ensure the cleaning and disinfection of reusable equipment between next patient use.			
15	Ensure the health-care workers with symptoms of epidemic- or pandemic-prone disease should remain at home as per SOP of Health department.			

## Checklist-2: Hospital<sup>10</sup> Waste Management

Name of the facility: \_\_\_\_\_

Name of inspector: \_\_\_\_\_ Date of inspection: \_\_\_\_\_

	Activities	Response		Remarks
		Check	Yes or No <sup>11</sup>	
<b>Waste segregation and collection</b>				
1	Does waste segregation occur at the point where the waste is generated?	Yes	No	
2	Is the collected waste properly segregated?	Yes	No	
3	Are color-coded waste containers used in all facility areas?	Yes	No	
4	Are waste containers properly marked and labeled as per the waste they contain?	Yes	No	
5	Do all yellow buckets for collecting infectious waste have lids?	Yes	No	
6	Are all waste containers free of leaking?	Yes	No	
7	Are sharps containers puncture-resistant, and leak-proof?	Yes	No	
8	Is appropriate passageway space maintained near the waste containers?	Yes	No	

<sup>10</sup> Includes all health care facilities

<sup>11</sup> In case the response is "No" for any question, please take/ensure immediate appropriate mitigation measures

	Activities	Response Check Yes or No <sup>11</sup>		Remarks
		Yes	No	
9	Are the waste containers emptied at the end of each day?	Yes	No	
10	Are the waste containers filled no more than about three-quarters full?	Yes	No	
11	Are containers cleaned daily after waste is emptied?	Yes	No	
12	Is segregated sharps waste sealed and labeled before transportation?	Yes	No	
13	Is medical waste other than sharps placed in clearly labeled heavy-duty biohazard plastic bag or yellow plastic bag?	Yes	No	
14	Does everyone who will be handling waste have the appropriate PPE? (Gloves, tongs)	Yes	No	
15	Is chemical waste temporarily stored in the generator's laboratory?	Yes	No	
16	Is the chemical waste stored in a central waste-holding facility of the building?	Yes	No	
17	Are incompatible chemical wastes stored in separate containers?	Yes	No	
18	Are liquid waste containers only filled to 70-80% capacity?	Yes	No	
<b>Waste storage</b>				
19	Are lids of waste bins and containers closed properly during transportation from ward to central storage?	Yes	No	
20	Is waste storage area located away from the patients?	Yes	No	
21	Are the waste collection tanks completely enclosed?	Yes	No	

	Activities	Response		Remarks
		Check	Yes or No <sup>11</sup>	
22	Are the waste collection tanks not overfilled?	Yes	No	
23	Is waste storage area kept clean, free from loose litter and malodorous spillages and debris?	Yes	No	
24	Is waste storage area free from pests and vermin?	Yes	No	
25	Is waste storage area secure and with access restricted to authorized personnel only?	Yes	No	
26	Is waste storage area well lit?	Yes	No	
27	Is waste storage area well ventilated?	Yes	No	
28	Is waste storage separated from food preparation area(s) and supply rooms?	Yes	No	
29	Is stored waste clear within the following periods? <ul style="list-style-type: none"> <li>▪ Maximum 48 hours during the cool season</li> <li>▪ Maximum 24 hours during the hot season</li> </ul>	Yes	No	
30	Is waste storage area clearly marked with warning signs (biohazard symbol)?	Yes	No	
31	Is there access to first aid and washing facilities?	Yes	No	
32	Is waste storage area away from routes used by the general public?	Yes	No	
33	Is bag for storage of infectious waste identified with the source where the waste is generated — either by a written label or with bar-coded tape or labels?	Yes	No	

	Activities	Response Check Yes or No <sup>11</sup>		Remarks
		Yes	No	
34	Is water supply available for cleaning purpose in the storage area?	Yes	No	
<b>Documentation</b>				
35	Are policy and procedures for medical waste management available in the storage area?	Yes	No	
36	Are SOPs for waste holding and storage available in the storage area?	Yes	No	
37	Is the record of quantity of collected waste in the storage area well maintained and up to date?	Yes	No	
38	Are HCWM training aids posted in the storage area?	Yes	No	
<b>Training</b>				
39	Are storage area personnel training files up to date and available?	Yes	No	
40	Is refresher training available to all related staff at least yearly?	Yes	No	
41	Do personnel understand hazards and how to minimize risks?	Yes	No	
42	Is injury and emergency response procedure known and understood by all relevant personnel?	Yes	No	