WBG Response to COVID-19

Contingency Planning for Project Sites

Movement of Staff

Movement of staff can increase the risk of transmission of COVID-19 to a work site and the local community.

Overseas, international and transient workers should adhere to national requirements and guidelines with respect to COVID-19 when travelling to or from worksites.

Workers coming from or passing through countries/regions with cases of the virus (current information on countries reporting COVID19 infections can be found here):

- Should not return if displaying symptoms
- Should self-isolate for 14 days following their return

All workers who have come to site in the 14days prior to the issue of this guidance either from or passing through a country reporting COVID-19 cases should be immediately moved to isolation facilities for assessment by the site medical staff. These workers may be required to remain in isolation until they have been asymptomatic for 14 days.

Self-Isolation arrangements:

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

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

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

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

Preparing for an Outbreak

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

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

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

Cleaners also need to be provided with PPE and disinfectant. Minimum PPE to be used when cleaning areas that have been or suspected to have been contaminated with COVID-19 is:

- ✓ Gowns, aprons
- ✓ Medical masks
- ✓ Gloves
- ✓ Eye protection (goggles or face screens)
- ✓ Boots or closed work shoes

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

The medical staff/management should run awareness campaigns, training and arrange for appropriate posters, signs and advisory notices to be posted on site to advise workers on how to minimize the spread of the disease, including:

- to self-isolate if they feel ill or think they may have had contact with the virus, and to alert medical staff;
- to regularly wash hands thoroughly with soap and water – many times per day;
- how to avoid disease spread when coughing/sneezing (cough sneeze in crook of elbow or in a tissue that is immediately thrown away), and not to spit;
- to keep at least 2m or more away from colleagues;

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

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

Enhanced cleaning arrangements should be put in place, to include regular and deep cleaning using disinfectant of catering facilities/canteens/food/drink facilities, latrines/toilets/showers, communal areas, including door handles, floors and all surfaces that are touched regularly (ensure cleaning staff

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

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

Contingency Planning for an Outbreak

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

Contingencies should be developed and communicated to the workforce for:

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

Specifically, the plan should set out what will be done if someone may become ill with COVID-19 at a worksite. The plan should:

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

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

Contingency plans should also consider how to maintain worker and community safety on site should work be suspended or illness affect significant numbers of the workforce at any point. It is important that worksite safety measures are reviewed by a safety specialist and implemented prior to work areas being suspended.

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

Communicating the plans

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

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

References and sources of further information

https://www.cdc.gov/coronavirus/2019-ncov/prevent-getting-sick/index.html

https://www.cdc.gov/coronavirus/2019-ncov/symptoms-testing/index.html