Initial Environmental Examination

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IND: Agartala City Urban Development Project – Revival and Restoration of Ujjayanta Palace Complex in Agartala City PART D

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All individuals dealing with soiled bedding, towels, and clothes from patients with COVID-19 infection should wear appropriate PPE before touching soiled items, including heavy duty gloves, a mask, eye protection (goggles or a face shield), a long-sleeved gown, an apron if the gown is not fluid resistant, and boots or closed shoes. They should perform hand hygiene after exposure to blood or body fluids and after removing PPE. Soiled linen should be placed in clearly labelled, leak-proof bags or containers, after carefully removing any solid excrement and putting it in a covered bucket to be disposed of in a toilet or latrine. Machine washing with warm water at 60–90°C (140–194°F) with laundry detergent is recommended. The laundry can then be dried according to routine procedures. If machine washing is not possible, linens can be soaked in hot water and soap in a large drum using a stick to stir and being careful to avoid splashing. The drum should then be emptied, and the linens soaked in 0.05% chlorine for approximately 30 minutes. Finally, the laundry should be rinsed with clean water and the linens allowed to dry fully in sunlight.

If excreta are on surfaces (such as linens or the floor), the excreta should be carefully removed with towels and immediately safely disposed of in a toilet or latrine. If the towels are single use, they should be treated as infectious waste; if they are reusable, they should be treated as soiled linens. The area should then be cleaned and disinfected (with, for example, 0.5% free chlorine solution), following published guidance on cleaning and disinfection procedures for spilled body fluids.[27]

6. Safely disposing of greywater or water from washing PPE, surfaces and floors.

Current WHO recommendations are to clean utility gloves or heavy duty, reusable plastic aprons with soap and water and then decontaminate them with 0.5% sodium hypochlorite solution after each use. Single-use gloves (nitrile or latex) and gowns should be discarded after each use and not reused; hand hygiene should be performed after PPE is removed. If greywater includes disinfectant used in prior cleaning, it does not need to be chlorinated or treated again. However, it is important that such water is disposed of in drains connected to a septic system or sewer or in a soakaway pit. If greywater is disposed of in a soakaway pit, the pit should be fenced off within the health facility grounds to prevent tampering and to avoid possible exposure in the case of overflow.

7. Safe management of health care waste

Best practices for safely managing health care waste should be followed, including assigning responsibility and sufficient human and material resources to dispose of such waste safely. There is no evidence that direct, unprotected human contact during the handling of health care waste has resulted in the transmission of the COVID-19 virus. All health care waste produced during the care of COVID 19 patients should be collected safely in designated containers and bags, treated, and then safely disposed of or treated, or both, preferably on-site. If waste is moved off-site, it is critical to understand where and how it will be treated and destroyed. All who handle health care waste should wear appropriate PPE (boots, apron, long-sleeved gown, thick gloves, mask, and goggles or a face shield) and perform hand hygiene after removing it. For more information refer to the WHO guidance, Safe management of wastes from health-care activities.[28]

Considerations for WASH practices in homes and communities.

Upholding best WASH practices in the home and community is also important for preventing the spread of COVID-19 and when caring for patients at home. Regular and correct hand hygiene is of particular importance.

1. Hand hygiene

Hand hygiene in non–health care settings is one of the most important measures that can prevent COVID 19 infection. In homes, schools and crowded public spaces – such as markets, places of worship, and train or bus stations – regular handwashing should occur before preparing food, before and after eating, after using the toilet or changing a child's diaper, and after touching animals. Functioning handwashing facilities with water and soap should be available within 5 m of toilets.

2. Treatment and handling requirements for excreta.

Best WASH practices, particularly handwashing with soap and clean water, should be strictly applied and maintained because these provide an important additional barrier to COVID-19 transmission and to the transmission of infectious diseases in general.[17] Consideration should be given to safely managing human excreta throughout the entire sanitation chain, starting with ensuring access to regularly cleaned, accessible, and functioning toilets or latrines and to the safe containment, conveyance, treatment, and eventual disposal of sewage.

When there are suspected or confirmed cases of COVID-19 in the home setting, immediate action must be taken to protect caregivers and other family members from the risk of contact with respiratory secretions and excreta that may contain the COVID-19 virus. Frequently touched surfaces throughout the patient's care area should be cleaned regularly, such as beside tables, bed frames and other bedroom furniture. Bathrooms should be cleaned and disinfected at least once a day. Regular household soap or detergent should be used for cleaning first and then, after rinsing, regular household disinfectant containing 0.5% sodium hypochlorite (that is, equivalent to 5000 ppm or 1-part household bleach with 5% sodium hypochlorite to 9 parts water) should be applied. PPE should be worn while cleaning, including mask, goggles, a fluid-resistant apron, and gloves,[29] and hand hygiene with an alcohol-based hand rub or soap and water should be performed after removing PPE.

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WHO continues to monitor the situation closely for any changes that may affect this interim guidance. Should any factors change, WHO will issue a further update. Otherwise, this interim guidance document will expire 2 years after the date of publication.

WHO reference number: WHO/2019-nCoV/IPC_WASH/2020.2

Appendix 19: ADB's Interim Advisory Note on COVID19

INTERIM ADVISORY NOTE

Protecting the Safety and Well-Being of Workers and Communities from COVID-19

ADB

Health and safety risks from the coronavirus disease (COVID-19) pandemic can cause an additional burden on workers, local communities, and employers. To support its developing member countries in managing these risks, the Asian Development Bank (ADB) has prepared the following advisory note on publicly available international good practice. These preventive measures can be adapted for a variety of workplaces and country-specific contexts.[1]

Transmission, spread, and infection are the greatest health and safety risks to projects and local communities. If left unmanaged, rising infection rates can result in project delays and job losses as well as overwhelm health care systems.

What can governments and companies (including enterprises of all sizes) do to prevent and manage COVID-19 risks?

To protect the health and safety of workers, as well as surrounding communities, it is recommended to conduct a workplace review and risk assessment for exposure to COVID-19. The nature of works, stage of implementation, location of the project activities, and status of the project (whether it is ongoing or under development) must be taken into consideration. In addition, vulnerable groups such as migrant workers as well as women, older workers, at-risk workers including those with underlying health conditions, or those with combined vulnerability factors (e.g., migrant women workers with underlying health conditions) who will also be disproportionately impacted, should be taken into account.[2]

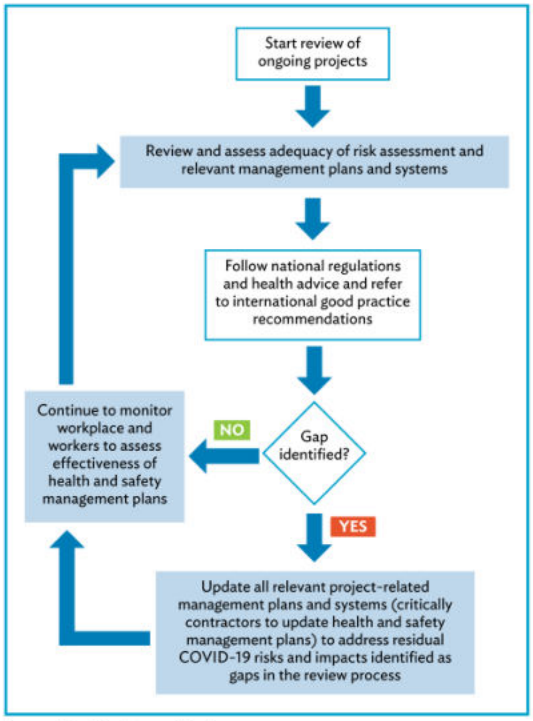
The decision tree (Figure 1) outlines how to review and assess the adequacy of management plans and systems to prevent the spread of COVID-19 in the workplace.

Which sectors are more at risk from COVID-19?

COVID-19 may be more easily transferred among workers or service users and local communities in the following sectors and associated workplace activities:[3]

- Projects and businesses where there are a **large number of workers in close proximity with one another**, particularly where remote work is not feasible.
- Projects that involve **worker accommodation camps**, where physical distancing and robust hygiene measures may be more difficult to implement.
- **Health care providers** including hospitals, laboratories, clinics, dentists, ambulances, and pharmacies.

Figure 1: COVID-19 Decision Tree



Source: Asian Development Bank.

[1] This advisory note may not cover all circumstances. It will remain a living document and will be updated regularly to reflect updates to international good practice in preventing and managing the COVID-19 pandemic at the workplace as listed in Annex.
[2] Migrant workers are faced with multiple impacts including the challenge of returning home, accessing food and medical assistance, and experiencing potential loss of income.
[3] The list represents a selection and is not exhaustive.

- **Food and agriculture** including food processing plants and those handling live animals and animal products.
- **Education**, after lockdowns are lifted and schools reopen in affected countries.
- Consumer-centric businesses where workers may come into **regular contact with customers** including **hotels, retail, and other tourism- related sectors**.
- **Logistics and transport**, where **workers come into contact with a large number of people** across potentially a large geographic region.
- Businesses where **workers come into contact with suppliers and supply chains** operating in affected areas.

How can governments and companies apply a risk-based approach to assess exposure risks to COVID-19 in the workplace?

1. DETERMINE LEVEL OF EXPOSURE RISK

The risk of work-related exposure to COVID-19 depends on the probability of coming into close or frequent contact with people who may be infected and through contact with contaminated surfaces and objects. According to guidance from the World Health Organization (WHO), the risk levels (Figure 2) may be useful in carrying out a workplace risk assessment for exposure risk to COVID-19 and planning for preventive measures in non-health care workplaces.[4]

Figure 2: COVID-19 Risk Categories

LOW EXPOSURE RISK

Jobs or work tasks **without frequent, close contact with the general public and other co-workers,** visitors, clients or customers, or contractors, and that do not require contact with people known to be or suspected of being infected with COVID-19.

MEDIUM EXPOSURE RISK

Jobs or work tasks **with close (less than 1 meter) frequent contact with the general public, or other co-workers**, visitors, clients or customers, or contractors, that do not require contact with people known to be or suspected of being infected with COVID-19.

HIGH EXPOSURE RISK

Jobs or work tasks with high potential for **close contact with people who are known or suspected of having COVID-19** as well as contact with objects and surfaces possibly contaminated with the virus.

Source: World Health Organization.

2. DETERMINE ADDITIONAL EXPOSURE RISK FACTORS

Work-related exposure can occur anytime in the workplace, during work-related travel to an area with local community transmission, as well as on the way to and from the workplace.

In the same work setting, there may be jobs with different levels of risk, and different jobs or work tasks may have similar levels of exposure. Therefore, risk assessment should be carried out for each specific work setting and for each job or group of jobs. For each risk assessment, it is important to consider the environment; the task; the threat, if any (e.g., for frontline staff); and resources available such as personal protective equipment.

Some workers may be at higher risk of developing severe COVID-19 illness because of age or pre-existing medical conditions; this should be considered in the risk assessment for individuals. Essential public services, such as security and police, food retail, accommodation, public transport, deliveries, water and sanitation, and frontline workers may be at an increased risk of exposure.

3. CONSULT WITH WORKERS

Employers and managers, in consultation with workers, are encouraged to carry out and regularly update the risk assessment for work-related exposure to COVID-19, preferably with support from occupational health services and local primary health care facilities.

4. UPDATE OR DEVELOP NEW HEALTH AND SAFETY MANAGEMENT PLANS

Following completion of the review and risk assessment process, health and safety plans in the workplace may require updates or may have to be developed for ongoing projects that did not require one previously. Relevant approvals of the health and safety plan should be obtained.

5. REVIEW INTERNATIONAL GOOD PRACTICES

ADB recommends that employers review WHO-issued key guidance to manage the spread of COVID-19 in the workplace (Table).

[4] WHO. 2020. Considerations in adjusting public health and social measures in the context of COVID-19: interim guidance. 15 April. https://www.who.int/publications/i/item/considerations-in-adjusting-public-health-and-social-measures-in-the-context-of-covid-19-interim-guidance.

Table: Guidelines on Preventive Measures at the Workplace

MEASURES FOR ALL WORKPLACES	
Hand hygiene	• Regular and thorough handwashing with soap and water or hand hygiene with alcohol-based hand-rub before starting work; before eating; frequently during the work shift, especially after contact with co-workers or customers; after using the bathroom; after contact with secretions, excretions, and body fluids; after contact with potentially contaminated objects (gloves, clothing, masks, used tissues, waste); and immediately after removing gloves and other protective equipment but before touching eyes, nose, or mouth. • Hand hygiene stations, such as handwashing and hand rub dispensers, should be put in prominent places around the workplace and be made accessible to all staff, contractors, clients or customers, and visitors along with communication materials to promote hand hygiene.
Respiratory hygiene	• Promote respiratory etiquette by all people at the workplace. Ensure that medical face masks and paper tissues are available, for those who develop a runny nose or cough at work, along with bins with lids for hygienic disposal. • Develop a policy on wearing a face mask or cover in line with national or local guidance. Masks may carry some risks if not used properly. If a worker is sick, they should not come to work. If a worker feels unwell while at work, provide a medical mask so that they may get home safely. Where masks are used, whether in line with government policy or by personal choice, it is very important to ensure safe and proper use, care, and disposal.
Physical distancing	• Introduce measures to keep a distance of at least 1 meter between people and avoid direct physical contact i.e., hugging, touching, shaking hands), strict control over external access, queue management (marking on the floor, barriers). • Reduce density of people in the building (no more than one person per 10 square meters), physical spacing at least 1 meter apart for workstations and common spaces, such as entrances/exits, lifts, pantries/canteens, stairs, and other areas congregation or queuing of employees or visitors/clients might occur. • Minimize the need for physical meetings, e.g., by using teleconferencing facilities. • Avoid crowding by staggering working hours to reduce congregation of employees at common spaces such as entrances or exits. • Implement or enhance shift or split-team arrangements, or teleworking. • Defer or suspend workplace events that involve close and prolonged contact among participants, including social gatherings.
Reduce and manage work-related travels	• Cancel or postpone non-essential travel to areas with community transmission of coronavirus disease (COVID-19), provide hand sanitizer to workers who must travel, advise workers to comply with instructions from local authorities where they are traveling as well as information on whom to contact if they feel ill while traveling. • Workers returning from an area where COVID-19 transmission is occurring should monitor themselves for symptoms for 14 days and take their temperature twice a day; if they are feeling unwell, they should stay at home, self-isolate, and contact a medical professional.

Source: World Health Organization.

Regular environmental cleaning and disinfection	• Clean surfaces by brushing or scrubbing thoroughly using soap or a neutral detergent to remove dirt, debris, and other materials.. After the cleaning process is completed, disinfection is used to kill pathogens and other microorganisms on surfaces. • Selection of disinfectants should align with the local authorities' requirements for market approval, including any regulations applicable to specific sectors. • Identify "high-touch" surfaces for priority disinfection (e.g., commonly used areas, door and window handles, light switches, kitchen and food preparation areas, bathroom surfaces, toilets and taps, touchscreen personal devices, personal computer keyboards, and work surfaces). • Prepare and use disinfectant solutions according to the manufacturer's instructions, including instructions on how to protect the safety and health of disinfection workers and how to use personal protective equipment (PPE); avoid mixing different chemical disinfectants. • In indoor workplaces, routine application of disinfectants to environmental surfaces via spraying or fogging is generally not recommended because it is ineffective at removing contaminants outside of direct spray zones and can cause eye, respiratory, and skin irritation and other toxic effects. • In outdoor workplaces, there is currently insufficient evidence to support recommendations for large-scale spraying or fumigation. • Spraying of people with disinfectants (such as in a tunnel, cabinet, or chamber) is not recommended under any circumstances.
Risk communication, training, and education	• Provide posters, videos, and electronic message boards to increase awareness of COVID-19 among workers, and promote safe individual practices at the workplace and engage workers in providing feedback on the preventive measures and their effectiveness. • Provide regular information about the risk of COVID-19 using official sources such as government agencies and the World Health Organization, and emphasize the effectiveness of adopting protective measures and counteracting rumors and misinformation. • Special attention should be given to reaching out to and engaging vulnerable and marginalized groups of workers, such as those in the informal economy as well as migrant workers, domestic workers, subcontracted and self-employed workers, and those working under digital labor platforms.
Management of people with suspected COVID-19 or their contacts	• Urge workers who are unwell or who develop symptoms consistent with COVID-19 to stay at home, self-isolate, and contact a medical professional or the local COVID-19 information line for advice on testing and referral. • Where local community transmission is high, and work continues, allow for a telemedicine consultation where available, or consider waiving the requirement for a medical note for workers who are sick so that they may stay home. • Urge all workers to self-monitor their health, possibly with the use of questionnaires, and take their body temperature regularly.

SPECIFIC MEASURES FOR WORKPLACES AND JOBS AT MEDIUM RISK	
In addition to the measures for all sites	• Enhance cleaning and disinfection of objects and surfaces that are touched regularly, including all shared rooms, surfaces, floors, bathrooms, and changing rooms. • Where the physical distancing of at least 1 meter cannot be implemented to a particular activity, workplaces should consider whether that activity needs to continue; if so, take all the mitigating actions possible to reduce the risk of transmission between workers, clients or customers, contractors, and visitors such as scheduling staggered activities, minimizing face-to-face and skin-to-skin contacts, placing workers side-by-side or facing away from each other rather than face-to-face, assigning staff to the same shift teams to limit social interaction, and installing plexiglass barriers at all points of regular interaction and cleaning them regularly. • Enhance hand hygiene—regular handwashing with soap and water or use of alcohol-based hand rub—before entering and after leaving enclosed machinery, vehicles, confined spaces, and before putting on and after taking off PPE.. • Provide PPE and training on its proper use—e.g., masks, disposable gowns, and disposable gloves or heavy-duty gloves that can be disinfected. Provide face or eye protection (medical mask) during cleaning procedures that generate splashes (e.g., washing surfaces). • Increase ventilation rate, through natural aeration or artificial ventilation, preferably without re-circulation of the air.
SPECIFIC MEASURES FOR WORKPLACES AND JOBS AT HIGH RISK	
In addition to the measures for all sites	• Assess the possibility of suspending the activity. • Adhere to hygiene before and after contact with any known or suspected case of COVID-19, before and after using PPE. • Require use of medical mask, disposable gown, gloves, and eye protection for workers who must work in the homes of people who are suspected or known to have COVID-19. Use the protective equipment when in contact with the sick person, or respiratory secretions, body fluids, and potentially contaminated waste. • Train workers on infection prevention and control practices and use of PPE. • Avoid assigning tasks with high risk to workers who have pre-existing medical conditions, are pregnant, or older than 60 years of age.

Source: World Health Organization.

The application of the international good practice within job-specific method statements/schedules and environments should be informed by a job-specific risk assessment.

How do governments and companies ensure effective implementation?

Cooperation between workplace managers, workers and their representatives, surrounding communities, and primary health care facilities is an essential element of workplace-related preventive measures in line with international good practice. To assess the effectiveness of implementation of the workplace health and safety management plan, regular monitoring of site conditions and those of surrounding communities is recommended. It is also important for management of workplaces to keep abreast with the latest updates to the international good practice guidance referenced in this advisory note including government issued health advice in relation to COVID-19 to ensure effective implementation. A select list is provided in Annex.

Risks communication, training, awareness campaigns, and the development of an emergency action plan are also recommended to address suspected cases of COVID-19 in the workplace.

The decision to close or reopen workplaces, and suspend or downscale individual work activities at the workplace should be made in light of the risk assessment, the capacity of contractors to implement proposed preventive measures within the Health and Safety Management Plan, and also the recommendations of national authorities for adjusting public health and social measures at the workplace in the context of COVID-19.

Further Assistance

ADB may be able to provide assistance to our developing member countries in emergency planning, emergency assistance, and continuous sharing of international best practice. Please contact ADB resident missions and offices to request assistance.

The Pandemic Sub-National Reference Laboratory at the Jose B. Lingad Memorial Regional Hospital in San Fernando City, Pampanga on 9 May 2020. The laboratory financed by the $3 million grant from the Asia Pacific Disaster Response Fund, can perform up to 3,000 COVID-19 tests daily, significantly increasing the country's testing capacity (photo by Eric Sales/ADB).

Annex: Publicly Available Sources and Useful Links

Asian Development Bank

Managing Infectious Medical Waste during the COVID-19 Pandemic, April 2020. An outline of key considerations for governments to understand their country's capacity to manage an anticipated surge in infectious medical waste. Also includes practical recommendations to improve disposal of household and hospital waste—as well as municipal solid waste—with the aim of reducing the further spread of the coronavirus disease (COVID-19) and other diseases. Links to important technical resources and guidance materials are also provided.

Belgian Investment Company for Developing Countries

COVID-19: ESG Guidance Note for Employers, March 2020. General Environmental, Social and Governance guidance to employers on how to minimize business disruptions and take the most adequate actions.

Canadian Construction Association

Standardized Protocols for All Canadian Construction Sites

Centre for Disease Control

Centre for Disease Control (CDC) Group COVID-19 Guidance for Employers, March 2020. Summary of publicly available guidance and examples of practice adopted by some CDC Group investees and fund managers. Aims to provide a framework that can be applied to many companies and situations, but guidance is not able to cover all circumstances and not every company will be able to benefit from all of the guidance, in particular if employees are not able to work from home or practice social distancing.

European Bank for Reconstruction and Development Workers Accommodation

Worker accommodation and COVID-19, April 2020. Note on key issues relating to workers living in accommodation camps and considerations on how to address certain risks. In alignment with good international industry practice and international lenders' standards. Developed by Mott MacDonald's social, labor, and health specialists based on their experience, drawing on the guidance of the World Health Organization (WHO).

Her Majesty's Government, United Kingdom

Her Majesty's Government. Working safely during COVID-19 in construction and other outdoor work, 2020. Guidance for employers, employees, and the self-employed.

Inter-American Development Bank

Corporate Governance: COVID-19 and the board of directors, March 2020. Indicative guidance for the Board of Directors in identifying, prioritizing, and implementing a governance framework to deal with the strategy and oversight challenges that COVID-19 may present, and a list of questions that can be asked by investors and that Board of Directors should consider to build an effective response to the COVID-19 crisis.

COVID-19 Guidance for Infrastructure Projects, March 2020. Guidance for clients to identify project performance and capacity gaps, along with context and project-related risks, that could contribute to COVID-19 transmission.

International Federation of Consulting Engineers

COVID-19 guidance memorandum for users of International Federation of Consulting Engineers (FIDIC) standard forms of works contract. An outline of the provisions in FIDIC's various general conditions of contract for works which may be relevant with regard to likely scenarios that are arising as a consequence of COVID-19. Guidance memorandum to help parties to a FIDIC contract to consider mutually satisfactory solutions and avoid disputes arising between them.

Coronavirus (COVID-19): FIDIC Guidance for Global Consulting Engineering Businesses, March 2020.

International Finance Corporation

Interim Advice for International Finance Corporation (IFC) Clients on Preventing and Managing Health Risks of COVID-19 in the Workplace, April 2020. A selection of publicly available advice from internationally recognized sources to help IFC clients rapidly identify measures for preventing and managing outbreaks of COVID-19 in the workplace, and for responding to community COVID-19 infection. Not exhaustive, and provides generic rather than sector-specific advice. Companies in high-risk sectors should refer to sector-specific procedures and standards.

Interim Advice for IFC Clients on Supporting Workers in the Context of COVID-19, April 2020. Tip sheet of useful information to support decision making in response to the impacts of COVID-19 on workers and employment. Focus areas include:

(i) Health and safety, including actions to prevent transmission.

(ii) Job protection, including supporting workers through difficult times and building resilience for businesses to operate during and after the immediate crisis.

(iii) Responsible retrenchment as an option only if there is no other alternative, and how to re-employ those workers, when possible, once the situation has improved.

Corporate Governance Tip-Sheet for Company Leadership on Crisis Response, Facing the COVID-19 Pandemic, April 2020. Generally applicable to any type of business, some tips may not be relevant based on the nature or size of business, shareholding structure, or other factors.

International Labour Organization

International Labour Organization (ILO) Standards and COVID-19 FAQ, March 2020. A compilation of answers to most frequently asked questions related to international labor standards and COVID-19.

Family-Friendly Policies and other Good Workplace Practices in the Context of COVID-19: Key steps employers can take, March 2020. General recommendations to help employers strengthen support for workers and their families. In collaboration with UNICEF.

International Organization for Migration

COVID-19: Guidance for employers and business to enhance migrant worker protection during the current health crisis, April 2020.

KfW

KfW DEG COVID-19 Guidance for employers, March 2020. Guidance specifically from the perspective of international guidance on social topics and occupational health and safety.

Occupational Health and Safety Organization

Guidance on Preparing Workplaces for COVID-19. Recommendations and descriptions of mandatory safety and health standards (based on the United States' Occupational Safety and Health Act of 1970). Advisory only. Identifies four categories of risk (low, medium, high, very high) depending on proximity to the people infected with the virus and recommends taking different level of precautions in the areas of engineering control, administrative control, and personal protective equipment (PPE).

Pan American Health Organization, World Health Organization, and United Nations Office for Project Services

COVID 19 Prevention Measures at Construction Sites

The United Nations Entity for Gender Equality and the Empowerment of Women (UN Women)

Guidance for Action: Addressing the Emerging Impact of the COVID-19 Pandemic on Migrant Women in Asia and the Pacific for a Gender-Responsive Recovery. Note on the emerging impacts of the COVID-19 pandemic on women migrant workers and recommendations to support governments, donors, civil society organizations, employers, and the private sector in addressing those impacts.

World Health Organization

Considerations in adjusting public health and social measures in the context of COVID-19 (Interim Guidance) (WHO 2020).

Considerations in adjusting public health and social measures in the context of COVID-19 (Interim Guidance, April 2020) (WHO 2020).

Coronavirus disease (COVID-19) advice for the public, March 2020. Web page providing advice for the public, including on social distancing, respiratory hygiene, self-quarantine, and those seeking medical advice.

Getting your workplace ready for COVID-19, March 2020. Summary of general considerations for getting businesses ready for work in the context of COVID-19. Does not provide technical detail but useful starting point to develop further awareness. Also provides some specific guidance on meetings and travel.

Risk Communication and Community Engagement (RCCE) Action Plan Guidance COVID-19 Preparedness and Response, March 2020. Advice on communicating effectively with the public, engaging with communities, local partners, and other stakeholders to prepare and protect public health relating to COVID-19.

Considerations for quarantine of individuals in the context of containment for coronavirus disease (COVID-19), March 2020. Guidance to member states on quarantine measures for individuals in the context of COVID-19. Intended for those responsible for establishing local or national policy for quarantine of individuals, and adherence to infection prevention and control measures.

Operational considerations for case management of COVID-19 in health facility and community, March 2020. Intended for health ministers, health system administrators, and other decision makers. Guidance for the care of COVID-19 patients as the response capacity of health systems is challenged; aims to ensure that COVID-19 patients can access lifesaving treatment, without compromising public health objectives and safety of health workers.

Rational use of personal protective equipment for coronavirus disease 2019 (COVID-19), February 2020. Summary of WHO's recommendations for the rational use of PPE in health care and community settings, as well as during the handling of cargo. Intended for those who are involved in distributing and managing PPE as well as public health authorities and individuals in health care and community settings. Provides information about when PPE use is most appropriate.

Water, sanitation, hygiene and waste management for COVID-19, March 2020. Technical brief that supplements existing infection prevention and control (IPC) documents by referring to and summarizing WHO guidance on water, sanitation, and health care waste which is relevant for viruses (including coronaviruses). Written for water and sanitation practitioners and providers.

Appendix 20: Sample Chance Find Protocol

Introduction

Project town being a heritage town, there are possibility of any chance finds (artefacts) recovery during excavations. Contractors working at heritage towns must take additional care not to destroy or damage historic features during excavations. There may be many buried historic features in heritage towns such as – idols, toys, wells, ancient drains, remains of buildings, other walls, grain pits, etc. Every care must be made not to destroy these during excavations.

Excavator drivers need to be instructed to be aware of hitting buried features and that they must be investigated before continuing work. When features are encountered during mechanical excavation, work should stop and the PIU/Consultants engineers must be informed immediately so that they can be inspected at the first opportunity.

When historic features such as walls, brick constructions and other features are encountered during excavation the excavation must be stopped immediately and the PIU/Consultants must be informed immediately.

1.1 ***Contractors' instruction****:* As soon as contractor recovers any chance find during any excavation works for pipe laying, they should immediately inform PIU/Consultant present in town about the chance find recovery. Immediately stop the excavation activity near point of recovery. After PIU/consultants engineers come at site, contractor should follow cleaning and photography in supervision of PIU/Consultant engineers.

1.2 ***Cleaning*** - When a feature/chance find is discovered it must be defined by careful cleaning. Roots must be removed and dirt must be carefully cleaned away. The section or trench base should also be cleaned back for a little distance around the feature.

1.3 ***Record photography*** – When the feature is clean good photography should be taken – vertical and face-on shots and a few general shots of the feature, also showing its position in relation to surrounding features, buildings, etc. The photographed should be catalogued (date, location, direction of shot)

1.4 ***Drawn record -***When features/chance finds are revealed a drawn record should also be made.

a. General location record – measuring its position and orientation within the protected site / in relation to surrounding structures

b. Record drawings – detail drawings made in plan and section/profile. The extent (edges) of the feature should be drawn and the level of the existing ground surface and the top and base of the feature should be recorded. These levels should be

marked on the drawings. The drawings should include detail of the construction of the feature. Perspective sketches could also be made if necessary. Explanatory notes can also be put on the drawings.

1.5 ***Reporting finds -*** When finds are made these should be reported to PIU/Consultants. Photographs and record drawings should be sent.

1.6 ***Discovery of historic objects -*** When clearance and excavation takes place artifacts and historic objects are sometimes found. These should be recovered and kept in a safe place. The place of discovery should be recorded and each find given a number and tag tied to the find with the same number on it. A list of the finds should be kept (with the find No. And place of discovery and date of discovery recorded).

1.7 ***PIU/Consultants responsibility-*** PIU/Consultants should inform in written to the State Archaeological Department at the earliest with photographs and request to Archaeology Department to visit the site and hand over the chance finds to them.