

## **GUIDANCE NOTE TO PIUs TO CARRYOUT COVID RESPONSE ACTIVITIES UNDER TNSUDP<sup>1</sup>**

Under the current restructuring to support COVID 19 recovery, the Government of India has requested the World Bank for additional help in responding to Covid-19 for the following broad menu of activities:

- a) Oxygen therapy: oxygen concentrators, oxygen cylinders and other oxygen-related supplies; Pressure Swing Adsorption (PSA) plant enhancement
- b) Medical and testing equipment/kits and supplies for COVID-care (e.g. ventilators, Personal Protective Equipment (PPE), testing kits, swabs, Rapid Antigen Kits, x-rays, Computerized Tomography (CT)-scans, Reverse Transcription Polymerase Chain Reaction (RT PCR) machines)
- c) Essential equipment for case management: Multipara monitors, non-invasive ventilators, high flow nasal canulae
- d) Essential Pharmaceuticals as recommended by the All India Institute of Medical Sciences/Indian Council of Medical Research (AIIMS)/ICMR COVID-19 National Task Force for managing moderate to severe cases.
- e) Training and capacity building related to COVID care (e.g. oxygen audits, rationale use of oxygen, operationalization of PSA plants, oxygen strategy; COVID clinical care)

Under TNSUDP, purchase of 2000 Oxygen Concentrators were proposed to be provided to Health care centres. Additional activities under this restructuring proposes purchase of, pharmaceuticals and medical equipments, kits and consumables, reagents, and so on, for improving Covid-19 health care services.. Though the scale and likelihood of risks and impacts are minimal, the following construction / purchase / installation and operational stage impacts and risks may arise: a) Life and Fire Safety (L&FS) Risk associated to activities involving oxygen therapy (e.g. concentration, cylinders transport, and supply) specially when near or around open fires, including enhancement of PSA plants; b) Occupational Health and Safety (OHS) and community health and safety risks and impacts of transport, unloading and storage (warehousing and/or refrigerated storage) of supplies and their use (in addition to Covid-19 related OHS risks); c) health impacts on users especially health care professionals while using various equipment and supplies such as swabs, antigen kits, x-ray, etc.; d) impacts on surrounding environment in case of improper storage, collection, treatment and disposal) of solid / plastics/packaging wastes, and potentially hazardous and infectious waste (including emissions associated with incineration), e-wastes from equipment and biomedical wastes (including pharmaceutical wastes, and protective gears); and use of resource intensive equipment.

These could be effectively managed by providing training/capacity building to workers/users/health care professionals, provision and use of appropriate PPEs, implementation of good international L&FS practices especially around oxygen therapy related activities and open fires near or around hospital and health care centers, emergency response, safe transport and storage of materials and waste management following of hygiene practices and protocols suggested by product manufacturers. In order to manage life and fire safety (L&FS) risk, the hospitals and other healthcare facilities must update their

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<sup>1</sup> This document is prepared as a guidance to the PIUs for carrying out Covid response related additional activities put forward under the ongoing TNSUDP.

fire safety measures and ensure that all medical gas, PSA plants, and vacuum system zone valves are (i) functional; (ii) have appropriate access restrictions / controls; (iii) are correctly labeled; and (iv) are included in a routine inspection / maintenance program. Hospitals and other healthcare facilities must confirm that building designs comply with earthquake specifications, fire escapes, and other fire prevention requirements, have proper smoke exhaust and detectors, drainage, etc. as required in the National Building Code of India (NBC-2016) Part – IV “Fire & Life Safety”. The hospitals must maintain a plan to deal with fire emergencies, including evacuation protocols, operation of medical gas, oxygen, and vacuum system zone valves, and incident reporting root cause analysis and corrective actions and audit. Staff shall be trained in the safe handling of oxygen concentrators, and other medical equipments. Similarly, all hospital staff should be trained on the emergency response plans, and evacuation drills should take place periodically, including a well-defined protocol allowing availability of emergency supplies for patient during evacuation or relocation, especially for the elderly, vulnerable patients, and/or those connected to life support equipment.

In order to properly manage bio-medical wastes (BMW), Government of India’s existing legislation already defines the standards for (i) categorization (ii) standards for treatment and disposal of BMW (iii) prescribed authority and duties (iv) label of containers, bags and transportation of Bio-Medical waste. The requirements in Ministry of Environment, Forest and Climate Change of India Notification- G.S.R.234 (E), dated 28th March, 2016 are found to be equivalent to the World Bank Group, Environment, Health and Safety (WBG EHS) Guidelines for Healthcare Facilities as they cover good international industry practice (GIIP) such as labeling and symbols for hazardous materials and waste, waste reduction, segregation, storage, transportation (manifest), treatment and handling (with autoclave, incineration), health workers occupational health and safety and public health and safety. In addition, as final waste disposal options there can be onsite treatment facilities which may include small-scale incinerator and wastewater treatment works and these should comply with BMW Rules and necessary statutory approvals if any, to be obtained.

For the mitigation measures and monitoring purposes, the key reference document for compliance is the relevant World Bank Group EHS Guidelines. In addition, several WHO resources are available for reference and adoption during project implementation. These include technical guidance on: (i) laboratory biosafety, (ii) infection prevention and control, (iii) rights, roles and responsibilities of health workers, including key considerations for occupational safety and health, (iv) water, sanitation, hygiene and waste management, (v) quarantine of individuals, (vi) rational use of PPE, (vii) oxygen sources and distribution for COVID-19 treatment centers. National Guidelines for Infection Prevention and Control in Healthcare Facilities issued by MoHFW/GOI is also available for reference<sup>2</sup>.

The key social risks of the additional Covid-19 response activities include risk of knowledge about and equity in access to distribution, deployment, and each of these services for the poor, vulnerable and marginalized social groups. Inclusion and access to medical services (COVID-19 testing and the range of testing, therapy and treatment listed above) to marginalized and vulnerable social groups (women, the

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<sup>2</sup> <https://www.mohfw.gov.in/pdf/National%20Guidelines%20for%20IPC%20in%20HCF%20-%20final%281%29.pdf>

elderly, the differently abled, scheduled tribes [ST], scheduled castes [SC], communities in remote and hilly locations, women headed households, especially single mothers with underage children, unemployed youth, patients with chronic diseases, informal sector workers including domestic workers, laborers, and construction workers) in accessing the benefits and services of the project.

PIUs may also refer to available resources (including guidance and technical notes by the World Health Organization (WHO) - (<https://www.who.int/emergencies/diseases/novel-coronavirus-2019/technical-guidance>) and World Bank on risk and communication during the pandemic) to ensure stakeholders are well informed of project activities. Thus, the PIUs would adapt appropriate methods of information dissemination that meets the needs of the different stakeholders including project beneficiaries to ensure effective participation and equity in accessing and sharing project benefits. A *highly simplified and proactive information and knowledge sharing protocol* that is available in multiple local languages accessible to literate, illiterate and the differently abled would be fundamental to enhance access to all including the most vulnerable and disadvantaged sections of the community. Making services available at affordable costs and where required free of cost would also essential to explore to ensure equity in distribution, deployment, and access.

Establishment of trained and sensitized personnel that staff Grievance Redress Mechanisms (GRM) that are responsive and closely monitored by sensitized senior management at each of the participating entities would be important. In summary, ensuring that life-saving treatment, therapies are available to those who need them the most, in a timely manner would require balanced attention to each of the elements listed above.

The Project Implementation Units (PIU) should be responsible for the additional environmental and social mitigation measures detailed for the additional Covid response activities detailed in this guidance note and maintain records.