



Government of the People's Republic of Bangladesh
Emergency Multi Sector Rohingya Crisis Response Project (EMCRP)
Local Government Engineering Department (LGED)
LGED HQ, Agargaon, Dhaka

Guideline on
COVID 19 related Response and Preparedness
(Standard Operating Procedure)

(A supplementary guiding document to be followed in parallel with subproject ESMP)

September 2021
(Revised)

ACRONYMS and ABBREVIATIONS

CDC-USA	Centers for Disease Control and Prevention- United States of America
CiC	Camp in Charge
COVID	Corona Virus Disease
D&S	Design and Supervision
DPD	Deputy Project Director
DRP	Displaced Rohingya Population
EMCRP	Emergency Multi-Sector Rohingya Crisis Response Project
ESF	Environmental and Social Framework
ESS	Environmental and Social Standards
GDP	Gross Domestic Product
GRM	Grievance Redress Mechanism
H&S	Health and Safety
IEDCR	Institute of Epidemiology, Disease Control and Research
LGED	Local Government Engineering Department
LMP	Labor Management Procedures
M&E	Monitoring and Evaluation
Covid-19	Novel Corona Virus Disease
PD	Project Direct
PIU	Project Implementation Unit
PPE	Personal Protective Equipment
RE	Resident Engineer
SOP	Standard Operating Procedure
UNICEF	United Nations International Children's Emergency Fund
WB	World Bank
WHO	World Health Organization
Xen	Executive Engineer

Contents

1.0 Background	4
2.0 Situation Analysis- Bangladesh Perspective.....	4
3.0 World Bank's Response.....	5
4.0 Project Responses	6
5.0 Assessment of Workforce Characteristics	7
6.0 Roles and Responsibilities of Key Involved Parties	8
7.0 Complementing Hygiene and Protection Practices for all.....	19
8.0 Public Consultation and Stakeholder Engagement.....	20
9.0 Emergency Legislation and Temporary Lockdown	21
10.0 Implementation mechanism.....	22
11.0 Grievance Redress Mechanism.....	25
12.0 Rationale on Indicative Cost for measures:	25
13.0 Latest Development.....	26
14.0 Emergency Contacts	27
Annex 1: ToR for Health & Safety Supervisor under Contractor	29
Annex 2: Sample poster on COVID 19 awareness (to be revised as per PIU requirement)	31
Annex 3: Sample Festoons on COVID 19 awareness to display at different prominent places in labor camps and site offices.....	32
Annex 4: Sample Register for checking Body temperature	33
Annex 5: Sample Monitoring Questionnaire/Checklist for Ensuring COVID SOP Compliance	34
Annex 6: Tips on using and preparation of Cloth mask at home.....	36
Annex 7: Covid 19 related Standard Operating Procedures (key Points only) in Bengali.....	37

1.0 Background

Bangladesh has been fighting the outbreak of novel corona virus pandemic (COVID 19) since late March 2020, when the first COVID patient was diagnosed in the country. This virus is known to be transmitted primarily through respiratory droplets or contact with contaminated surfaces. So, staying in the safe side from the potential attack of the Covid is not so easy in our highly populous and dwindling socio-economic condition. Our fight is, therefore, much way different than many of the severely affected countries and in order to sustain ourselves amid this frustrating economic scenario the country has no other choice but to keep major important sectors running, and infrastructure development or construction is one of those inevitable choices.

As said, many construction-related projects are deemed to be essential for sustaining socio-technical and economic benefits and maintaining safety and security for the country people, they are permitted to continue operations, as long as they implement a variety of site procedures to protect their employees and minimize the risk of spreading COVID-19. However, work-related exposure can occur anytime at the workplace, during work-related travel to an area with local community transmission, as well as on the way to and from the workplace. The risk of work-related exposure to COVID-19 depends on the probability of coming into close (less than 1 meter) or frequent contact with people who may be infected with COVID-19 and through contact with contaminated surfaces and objects.

Given the complexity and the concentrated number of workers, the potential for the spread of infectious disease in projects is extremely serious, as are the implications of such a spread. Projects may experience large numbers of the work force becoming ill, which will strain the project's health facilities, have implications for local emergency and health services and may jeopardize the progress of the construction work and the schedule of the project. Such impacts will be exacerbated where a work force is large and/or the project is in remote or under-served areas. In such circumstances, relationships with the community can be strained or difficult and conflict can arise, particularly if people feel they are being exposed to disease by the project or are having to compete for scarce resources. Considering all these risks, difficulties and potential for the spread of disease, EMCRP like many other similar projects must exercise appropriate precautions against introducing the infection to project staffs, workers as well as the local communities.

2.0 Situation Analysis- Bangladesh Perspective

Bangladesh is one of the developing but highly populous countries in the world, where the population density is 1.106/per square kilometer. It has the world's 39th largest economy in terms of GDP (nominal), and economy is booming in recent years with a staggering GDP of 7.3% in the first quarter of 2019 (last fiscal year before the Corona situation evolved). One of the key challenges the economy facing is the infrastructural bottlenecks. Moreover, as the Rohingya crisis evolved, the Bangladesh government needed to immediately expand its support services for the benefit and survival of those nearly a million fleeing people and then the investment for infrastructural development became an urgency. As part of that urgency, Emergency Multi-sector Rohingya Crisis Response Project (EMCRP) is being implemented by Department of Public Health Engineering (DPHE) couple with two other Government agencies/ministry, with generous support from World Bank.

The project, like all other infrastructure development projects in Bangladesh, is now facing an unprecedented scenario due to this novel coronavirus pandemic situation. The country has counted

1,406,994 Corona affected patients and 23,828 fatal cases across the country till today (13 August 2021). As of 27 June 2021, 10,181 Covid-19 cases and 106 deaths were reported from the host communities in Cox's Bazar. Among the DRP communities, 48,323 Covid-19 cases and 1,731 deaths were recorded till 27 June, 2021 (Ref. reliefweb.int, 21-27 June 2021 update), and they are primarily living in the world's largest refugee camp cluster which is sheltering over 850,000 Rohingya people in extremely crowded conditions. However, the project aims to provide greater protection for Displaced Rohingya People in times of natural disaster and improve social service delivery system by improving communication network, social resilience and other facilities. This project has also targeted to implement a good many infrastructural components for the host communities in the area. As the entire Cox's Bazar is one of the lagging districts in Bangladesh in terms of socio-economic condition and resource base, and the literacy rate (39.3%; ACF-Jan/2017) is far below the national average, new influx of Rohingya community has made the scenario worse, in some cases it's critical. Now the new addition of novel coronavirus has nearly halted the lives and living of the people. Low literacy rate, critical resource base and poor economic condition have already increased the vulnerability of becoming affected several times by the Coronavirus. Though the Government has successfully been running mass vaccination program across the districts, even in DRP camp areas, the risk and vulnerability of becoming affected or causing death is still pervasive. Moreover, implementation of the project implies an inadvertent, unchecked and easy entrance of workers and people from other areas, which may pose serious risk and hazards to the local people and workers and the Rohingya communities in the area. In realizing the risk and need for continuing the development works, this guidelines have been planned to develop as a living document and stringent monitoring and supervision shall be mounted to implement the discourse in the field.

3.0 World Bank's Response

World Bank, being the funding agency for this project, has been observing carefully the development of Covid 19 situation from the very beginning and after a careful assessment of the potential havoc evolving in the WB funded project areas in different parts of the world it has issued several guidance notes and sets of normative behavioral rules to address the pandemic crisis and avoid the loss of lives among the workers, staffs and other involved parties. As part of their initiatives, WB staffs and consultants in Bangladesh Office has started guiding the PIU and D&S consultants' team on attaining project progress with due consideration of the ongoing situation including different forms and levels of hurdles the project is now passing through. To this end, WB Bangladesh office forwarded following guiding documents which are to be followed in the field:

- ESF/Safeguards Interim Note: COVID-19 Considerations in Construction/Civil Works Projects; Version 1: April 7, 2020
- COVID-19 LMP (Labor Management Procedures) Template; April 16, 2020
- Technical Note: Public Consultations and Stakeholder Engagement in WB-supported operations when there are constraints on conducting public meetings; March 20, 2020
- Template for ESS10: Stakeholder Engagement Plan for Projects in Response to COVID-19; Updated Draft: April 12, 2020
- WHO document: Considerations for public health and social measures in the workplace in the context of COVID-19; May 10, 2020

However, the documents are all in living format and subject to updating anytime depending on the prevailing condition, latest research findings and government directives given in respective country

context. Those documents have directed to scale up different protective measures by the contractors, such as, appointing a health and safety officer at site, who will have the authority to issue directives for the purpose of maintaining the health and safety of all personnel authorized to enter and/or work in the site and to take protective measures to prevent accidents. There are many more directives and rules of hygiene and protection included in the documents, which needs to revisit in order to collate and make relevance to the scope of interventions in relation to the project boundaries, primary activities, mode of actions, capacity to act properly, and so on. Most of the relevant parts, therefore, have been incorporated in this guideline in parallel with different guidance and directives provided by the government itself.

4.0 Project Responses

As noted, Government of Bangladesh has promulgated numbers of directives and instructions on COVID 19 related measures including personal health & hygiene practices and social etiquette, from the early stage of this crisis evolved. Among those directives, government issued a set of instructions on office management during this pandemic period, which have been updated regularly in light of instructions and findings given by different national and international institutes and organizations, such as IEDCR, WHO, CDC-USA. EMCRP project authority (PIU) has already made those instructions mandatory to follow both in the headquarters and all the consultants' and site offices from the very beginning, and necessary supplies of protective gears (sanitizer, masks, gloves, etc.) have been ensured as well. Among the instructions, followings have the relevance to this project:

- 1) Before entering the office, every staffs/worker must wash both hands thoroughly with water and soap for at least 20 seconds. Water basin or wash facilities must be installed at/near the entrance of the site/office.
- 2) Staffs should be instructed to wash hands frequently during the office period and refrain from touching face, nose or eyes frequently and unnecessarily with hands.
- 3) Office equipment including table, chair, computer and other tools and equipment should be cleaned with alcohol-based sanitizer before touching, handling, or using.
- 4) Staffs are to be instructed to refrain from handshake, hugging or any other forms of greetings which involve physical contact.
- 5) Doorknob, handle, water tap, etc. should be cleaned properly with (paper) napkin and sanitizer (if available) after using. Additionally, stair railings, toilets, and other frequently used public spaces shall be cleaned frequently, at regular intervals.
- 6) Staffs are to be instructed to keep sufficient distance (at least 3 feet) in sitting, working or talking in the office space, and encouraged to sneeze or cough into their elbow rather than hand (to reduce further transmission) and to carry tissues and discard those in a bin after coughing, sneezing or wiping their face. If clothes or handkerchiefs are used, those should be properly washed every day immediately after returning from work. Waste bins should be placed in different strategic/favorable places both in the offices and working sites.
- 7) Staffs have to stop spitting in public places or here and there.
- 8) Toilet seat cover should be put down before flushing to reduce the spread of aerosolized microbes, and covers should be fit where missing. In the case of squatting pan toilet, enough water is to be poured into the pan and spaces around to get rid of pathogens and dirt.
- 9) Sufficient numbers of masks, bottles of liquid soap, and hand sanitizers are to be provided and stocked in the office.
- 10) Safeguard (or health & safety) supervisor in collaboration with other staffs shall make an emergency plan on Contractor's behalf, and arrange regular awareness training among staff and

workers to follow the rules of health and hygiene.

11) Body temperature and health conditions of every worker/staff in the office have to be checked (now are being checked at the entrance by Security Officials) every morning and be recorded in a health registrar. This very generic health checkup for staffs and workers has to be done immediately after entering the office, before sitting or taking part in any activities and maybe standing in a queue at the entrance with sufficient physical distance maintained, in the presence of the Safeguard (or health) supervisor/someone with similar responsibilities. If any unwellness/illness is felt by any person while at home, site, or in office, s/he must stay at home/resting place and consult with the doctor by calling at national hotline no. 333, without any delay.

12) Wastes must be disposed off regularly, and bins should be covered in all the places.

13) Proper usage of the face mask (covering nose and mouth) at office should be made mandatory. Cloth face coverings can be reused after washing daily with soap/detergents and hot water. Surgical masks are intended for once-only use and should be disposed off in a covered waste bin after use or if it becomes wet/dirty.

14) Strict social distancing of at least 6 feet (in a non-spacious areas or unavoidable circumstance, 3 ft at least) from each other at the working place as well as in site office has to be maintained. The distance should also be maintained while taking meal in the break, as the masks will be removed during eating snacks/tea/lunch.

15) Infographic posters containing directives or on requisite practices in maintaining personal and public protection and hygiene have to be posted at different easily visible places within the working area. General occupational health and safety guidelines will be posted on health and safety signboard for reminding of the regular practices by the workers and contractors' staff.

16) The number and duration of meetings should be reduced to the minimum; online meetings will be arranged instead.

17) Periodic training will be arranged on the H&S from COVID. Through miking the communities will be informed on the steps to be followed during COVID.

18) Employees/Consultants who are older (age above 70) or pregnant or might have underlying health issues are suggested to stay at and work from home as far as possible.

Apart from the above stated measures, project authority is putting consistent emphasis on preventing this Covid disease and potential death by instructing employees, consultants, contractor's staffs and workers, among others, of getting vaccinated as per government directions.

5.0 Assessment of Workforce Characteristics

Workforce at PIU is comprised of Project Director along with other senior officials, support staffs and consultants, whereas the workforce at D&S primarily includes different levels of consultants under the leadership of Team Leader. While the Resident Engineer (RE) for the project holds an office at Ukhiya in Cox's Bazar with several consulting engineers deputed in there. All those professionals and support staff at PIU, D&S, and RE office are mostly educated and is expected to be fully aware of the current pandemic situation and its potential consequences, therefore, be interested in conforming to the guiding rules and norms for containing the infection and fatality. Besides, there are other group of consultants for project Monitoring and Evaluation, Communication and Awareness, Cumulative Impact Assessment and undertaking a Feasibility Study for a new project under the working structure of this project. All these consultancy services employ a good numbers of competent consultants who have their regular footprint in the field and at their offices in Dhaka.

However, construction works in the field are implemented by the contractors and many construction sites will have a mix of workers e.g. workers from the local communities or from different parts of the country, who will be employed under different terms and conditions and be accommodated in different ways. The demographic characteristics and poor literacy rate of Cox's Bazar point toward a good supply of local workforce for construction works, though ensuring the availability of specialized labors may need to hire from outside of the district. A significant portion of the workforce would come from the Rohingya population, especially for the work packages to be implemented within the camp areas. Strong conservative nature of the society in that area would not allow women to work in the construction sector; there may have a little chance to hire women for domestic works in the kitchen of the labor camps.

However, local less educated workforce denotes having a strong likely knowledge gap, unawareness and apathy to abide by the directed norms and rules, among the workers, and therefore, stringent and repeated efforts are required to avert the contagion and spread of coronavirus, throughout the critical period.

6.0 Roles and Responsibilities of Key Involved Parties

6.1 PIU, D&SC and other consultants

The PIU with the support of Deputy Project Director & District Executive (Xen) Engineers' Office, Upazila Engineer's Office, D&S Consultants and consultants for other services and Field level Individual Consultants will oversee the overall preparation and practice of contractors in fighting COVID 19 pandemic situation. They must confirm that the project (i) is taking adequate precautions to prevent or minimize an outbreak of COVID-19, and (ii) has identified what to do in the event of an outbreak. Suggestions on how to do this are set out below:

- The PIU will appoint Deputy Project Director (DPD) the Project Focal for Covid protection activities, who will be responsible for overseeing all the activities and responsibilities to be performed by different stakeholders and entities under the project purview. This also includes activities to be performed and protocol to be maintained at PIU, D&SC offices, other consultants' offices, field & Site offices, working areas and labor camps. He will be the key personnel to be contacted at every emergency, and World Bank will be notified within 24 hours of any emergencies (Covid positive cases, death, etc.). Similar responsibilities will be performed by the respective Team Leaders at D&SC and other consulting offices, and Resident Engineer (RE) in Cox's Bazar. These focal persons will get every responsibilities accomplished by engaging people as needed (either by hiring additional workers or putting additional duties to the existing workers) and facilitate the flow of resources including money and associated products and equipment. Focal Persons in all offices will put significant emphasis on taking the regular vaccination jabs by every employees and workers at all offices and labor camps within shortest time period and monitor the progress of this vaccination effort very frequently for ensuring a relatively safe working environment in new-normal situation.
- The PIU will ensure that contractors employ a Health & Safety/ Safeguards Supervisor or select someone responsible from his own workforce to carry out the same responsibilities as the COVID focal from Contractor's part, who will provide regular awareness training, directly supervise and monitor all practices and activities relating to health, safety and environmental safeguards, risks and hazards, and actively intervene whenever required, and manage the health register regularly.
- The PIU, should request details in writing from the main Contractor of the measures being taken to address the risks. The construction contract may include health and safety requirements, and these can

be used as the basis for identification of, and requirements to implement, COVID-19 specific measures. The measures may be presented as a contingency plan, as an extension of the existing project safeguards plan delineated into the project ESMF or as standalone procedures, and regardless of the type of plan, that should take into account current and relevant guidance provided by national authorities, WHO and other relevant organizations.

- The PIU should require the Contractor to convene regular meetings (at least once in a month) with the project safeguards and H&S consultants, and to take their advice in designing and implementing the agreed/updated measures, by means of any common and available remote communication technologies.
- Deputy Project Director at PIU should also oversee contractors' preparation, practice and overall management in the working sites and camps, and coordinate the entire efforts from the PIU. Negligence in putting the services and supplies in place should be taken seriously, and compensating disengaged labors with appropriate documentation is to be ensured as well. It is also advisable to designate at least one back-up person, in case the focal point becomes ill; that person should be aware of the arrangements that are in place.
- On sites where there are a number of contractors and therefore (in effect) different work forces, the request should emphasize the importance of coordination and communication between the different parties. Where necessary, the PIU should request the main contractor to put in place a protocol for regular meetings of the different contractors, requiring each to appoint a designated staff member (with back up) to attend such meetings. If meetings cannot be held in person, they should be conducted using whatever IT is available.
- The PIU, either directly or through the Supervising Engineer (district Executive Engineer and respective Upazila Engineers), may provide support to the contractors in identifying appropriate mitigation measures, particularly where these will involve interface with local services, in particular health and emergency services. In many cases, the PIU can play a valuable role in connecting contractors with local Government agencies, and helping coordinate a strategic response, which takes into account the availability of resources.
- The PIU shall take every legitimate steps to ensure that all offices and workplaces under the project are provided/supplied with due quantities of health safety and hygiene products relating to Covid protection, and monetary flow in this regard is to be ensured within the legal framework of project procurement and financial disbursement procedure. The mode and process of acquiring all these resources will be decided by the PIU, in consultation with the World Bank. However, consultants' offices should bear the costs of these additional cautionary measures on their own shoulders.
- If any staff is found or apparently found infected with Covid at any time (whether at office or at home), s/he must be barred from attending the work from the very next moment. The Project focal for Covid protection (Deputy Project Director) shall be contacted immediately, and next course of actions will be administered by the DPD himself. However, if any person requires hospitalization or sending back home directly from the workplace, DPD will take responsible action in this regard. Whatever situation arises, World Bank should be notified in 24 hours of infection/emergencies.
- Apart from the measures taken by the Contractors, the PIU must ensure that all project offices including D&S and other consultants' offices will follow the strict Health and safety measures prescribed and promulgated by the WHO, CDC-USA, IEDCR or any other relevant government institutes/organizations from time to time, on top of the guiding principles and actions articulated in this guidelines.

Further, in order to make all workers, support-staffs, consultants and project officials perceived or clearly understand of all important guiding notes and principles and to follow those effectively, a

Standard Operating Procedure (SOP) in Bengali has been included in annex-7.

6.2 Contractor and his Representative(s)

The Contractor should identify measures to address the COVID-19 situation depending on the context of the project: the location, existing project resources, availability of supplies, capacity of local emergency/health services, the extent to which the virus already exist in the area, etc. He will deploy an H&S /Safeguards supervisor from his existing team who will be responsible for coordinating H&S preparation of the site and making sure that the measures taken are communicated to the workers, those entering the site and the local community. A systematic approach taken by the H&S Supervisor to planning, recognizing the challenges associated with rapidly changing circumstances will help the project put in place the best measures possible to address the situation. Contractors under the guidance and supervision of the PIU should refer to relevant frameworks and guidance issued by relevant authorities, both national and international (e.g. WHO), which are regularly updated. Considering the present need for preparation with due implementation thereafter, Contractor's should look into following key aspects and sets of measures:

(a) Labor Recruitment and Primary Control

Responsibilities in relation to recruitment of labors and management of the workforce primarily lie on the Contractor. Contractor must take special precautions (such as checking body temperature in first three consecutive days before engaging in works, refraining from engaging people of dominantly affected areas, etc.), refraining from and considerations while recruiting workers, and design and enforce effective control measures to contain any unwanted COVID-19 related situations. To this end, following key considerations and measures are to be adopted:

- Deployment of H&S/Safeguards Supervisor who will take all necessary steps to uphold all the directives, rules, and practices regarding the health and safety of all involved parties having access to or based in labor camps and working sites as well as ensure regular supply of all facilities.
- Providing instruction by the Health & Safety Supervisor to all the workers about every dos and don'ts (rules of behavior) in every morning immediately after presenting in the work site. Workers' participation in the awareness/training session will be recorded on a training register.
- Providing labor camp facilities by the Contractor for labors working in the field. It is strongly recommended that all labors irrespective of their own areas of residence should stay in the labor camp for the entire duration of implementation time, in order to reduce the risks of being infected or containment of disease. Out of the district labor must stay in the labor camp without any exception.
- Confirming that workers are fit for work (apparently well-bodied; not having higher body temperature, runny nose or any other Covid symptoms) before they enter the site or start work. While procedures should already be in place for this, special attention should be paid to workers with underlying health issues or who may be otherwise at risk. Consideration should be given to demobilization of staff with underlying health issues, like having diabetics, cardiovascular and chronic kidney and liver diseases, etc.
- Requiring COVID 19 test results to be submitted within a cutoff date by interested construction supervisors and labors who comes from any COVID 19 occurring areas, and the test result has to be issued by one of the government designated laboratories. Covid test result must be submitted before letting him/her inside the camp for the staffs/workers outside the community.
- Preparing a detailed profile of the sub-project work force, key work activities, schedule for carrying out such activities, different durations of contract and feasible rotations, by the H&S Supervisor/ Contractor's representative. Workforce profiling should include a breakdown of workers who reside at home (i.e. workers from the community), workers who lodge within the local community, workers from the DRP (Displaced Rohingya Population) community, and workers in on-site accommodation. Where possible, it should also identify workers that may be more at risk from COVID-19, those with underlying

health issues or who may be otherwise at risk.

- Considering the ways to minimize movement in and out of site. This could include lengthening the term of existing contracts, to avoid workers returning home to affected areas, or returning to site from affected areas.
- Checking and recording temperatures of workers and other people entering the site/labor camp and while exiting the working site (for the workers), or requiring self-reporting prior to or on entering the site. A register should be maintained for recording workers/visitors' body temperature once (while entering, for the visitors) or twice (while entering and exiting the working site) a day.
- Providing daily briefings to workers (including those who don't reside at labor camps) prior to commencing work, focusing on COVID-19 specific considerations including personal hygiene & cleanliness at home and workplace, cough etiquette, hand hygiene and distancing measures, using demonstrations and participatory methods.
- During the daily briefings, reminding workers to self-monitor for possible symptoms (fever, cough) and to report to their supervisor or the COVID-19 focal point if they have symptoms or are feeling unwell.
- Preventing a worker from an affected area or who has been in contact with an infected person from returning to the site for 14 days or (if that is not possible) isolating such worker for 14 days.
- Preventing a sick worker from entering the site, referring them to local health facilities if necessary or requiring them to isolate at home for 14 days.

(b) Entry/Exit To The Work Site And Checks On Commencement Of Work

Entry/exit to the work site should be controlled and documented for both workers and other parties, including support staff and suppliers. Possible measures may include:

- Establishing a system for controlling entry/exit to the site, securing the boundaries of the labor camp site, and establishing designating entry/exit points (if they do not already exist). Entry/exit to the site should be documented.
- Placing the boundary fencing (rigid or permeable, such as stockade or split-rail fencing) in double layers- 3 feet apart, around the labor camp/construction site, in order to avoid close contact with the neighbors/ pupils/passersby.
- Training security staff on the (enhanced) system that has been put in place for securing the site and controlling entry and exit, the behaviors required of them in enforcing such system and any COVID -19 specific considerations.
- Training staff who will be monitoring entry to the site, providing them with the resources they need to document entry of workers, conducting temperature checks and recording details of any worker that is denied entry.

(c) General Hygiene and Operation Practices

Requirements on general hygiene should be communicated and monitored, to include:

- Training workers and staff on site on the signs and symptoms of COVID-19, how it is spread, how to protect themselves (including regular hand washing and social distancing) and what to do if they or other people have symptoms.
- Placing posters and signs around the site, with images and text in local languages.
- Ensuring hand washing facilities to be supplied with soap, towels (preferably disposable paper) and closed waste bins placing at strategic places around the labor camp area (and working site, if it's an enclosed area like cyclone shelter, school building, service center, or other similar construction sites on a specific point area) including at entrances/exits to those areas and be made accessible to all staff, clients or customers, and visitors. Every site office and camp area must be provided with water supply system

(even if it is a spouted water container) and hand washing stations with catch bucket for water, if not washbasin is provided.

- Where hand washing facilities do not exist or are not adequate, arrangements should be made to set them up. It should be noted that Soap bar is the most affordable, environment-friendly and effective cleaning agent for washing hands and removing dirt and grease from body; but alcohol based sanitizer (if available, 60-95% alcohol) or whatever suitable option is available, can be used where soap bar and water is not available or not feasible to use. As alcohol-based sanitizers are highly flammable, they should keep/ store in a cool corner of a storeroom where sunlight does not reach and should be placed in a sand-filled bucket to avoid any accidental firing. Smoking, cooking or any kind of fire ignition acts are prohibited immediately after using hand sanitizer or near its storage location.

- Promoting respiratory etiquette by all people at the workplace. Ensure that medical face masks and paper tissues are available at the workplace, for those who develop a runny nose or cough at work, along with bins with lids for hygienic disposal.

- Setting aside part of worker's accommodation for precautionary self-quarantine as well as more formal isolation of staff who may be infected. Entire facilities used as Worker's accommodation should be well ventilated, properly lit and heat-insulated. If two toilets are present in the facility, one toilet should be kept reserved for the infected person; otherwise, safe toilet using etiquette (washing with/pouring enough water after using, keeping the lid/cover down, cleansing doors, knobs and other hard surfaces with disinfectants after every use)

(d) Cleaning And Waste Disposal

Conduct regular and thorough cleaning and disinfect of all camp and site facilities, including offices, accommodation, kitchen, common spaces with floor cleaner, disinfectants or detergent-water. Review cleaning and disinfection protocols for key construction equipment (particularly if it is being operated by different workers). Engage workers staying in the labor camps in cleaning and disinfecting works which should be managed in rosters (it's very usual in country context, especially in a non-mega project). This should include:

- Providing cleaning workers with adequate cleaning equipment, materials and disinfectant.
- Review general cleaning systems, training cleaning staff on appropriate cleaning and disinfection procedures and appropriate frequency in high use or high-risk areas.
- Where it is anticipated that these workers will be required to clean areas that have been or are suspected to have been contaminated with COVID-19, providing them with appropriate PPE: gowns or aprons, gloves, eye protection (masks, goggles or face screens) and boots or closed work shoes. If appropriate PPE is not available, they should be provided with best available alternatives.
- Training cleaning workers in proper hygiene (including handwashing) prior to, during and after conducting cleaning activities; how to safely use PPE (where required); in waste control (including for used PPE and cleaning materials).
- Any medical waste produced during the care of ill workers should be collected safely in designated containers or bags and treated and disposed of following relevant requirements (e.g., national, WHO). If open burning and incineration of medical wastes is necessary, this should be for as limited a duration as possible. Waste should be reduced and segregated, so that only the smallest amount of waste is incinerated.

(e) Adjusting Work Practices

Consider changes to work processes and timings to reduce or minimize contact between workers, recognizing that this is likely to impact the project schedule. Such measures could include:

- Decreasing the size of work teams and limiting the number of workers on site at any one time.

- Adapting or redesigning work processes for specific work activities and tasks to enable social distancing, and training workers on these processes.
- Continuing with the usual safety trainings, adding COVID-19 specific considerations. Training should include proper use of normal PPE.
- Enhancing environmental protection and health safety measures in the working site to reduce the necessity of using certain PPEs. This could include, e.g. trying to reduce the need for dust masks by checking that water sprinkling systems are in good working order and are maintained or reducing the speed limit for haul trucks.
- The number of workers/staffs at one time on-site must be minimized; and breaks, meeting, or orientation should be given in different/fragmented cohorts, and be held in an outside or large space to allow for maintaining physical distancing of at least 1 meter (3 feet) between two persons.
- At some point, it may be necessary to review the overall project schedule, to assess the extent to which it needs to be adjusted (or work stopped completely) to reflect prudent work practices, potential exposure of both workers and the community and availability of supplies, taking into account Government advice and instructions.

(f) *Commuting and Travelling*

Commuting or travelling from the working site or labor camp to any destination may pose risk to get infected by the virus and therefore, should be strictly restrictive for all employees and workers. Following are the essential considerations in this respect:

- Workers requiring to stay in the labor camp for the entire duration of the construction period, needless to say, is the most appropriate and safer option for the entire workforce and should be administered in the field.
- Cancelling or postponement of non-essential travel to areas with community transmission of COVID-19, provide hand sanitizer to workers who must travel, advise workers to comply with instructions from local authorities where they are travelling, as well as information on whom to contact if they feel ill while travelling.
- Walking to and from the working site is to be considered effectively to avoid any risk of being affected if the construction site is relatively nearer to the labor camp. If the construction site is relatively at a distant place from the labor camp, workers should be transported by a reserved vehicle.
- If workers have no option but to share transport, journeys should be shared with the same individuals and with the minimum number of people at any one time, sitting away from each other, and the vehicle should be cleaned regularly using gloves and standard cleaning products (e.g. disinfectants for inside the vehicle, detergent-water for the outside surface of the vehicle), with particular emphasis on handles, edges and other areas where passengers may touch surfaces.
- Pick-up truck is a good choice in our country perspective to transport workers from labor camps to construction site and for the return trip. Workers can sit in safe distance on the back of the truck.

(g) *Leisure and Refreshment*

Consider engaging workers in different leisure and refreshment activities in the camp so that they don't go out frequently and without any unavoidable reasons. The measures may include:

- Ensuring workers to stay within the bordered premises of the labor camp as far as possible, during their leisure or free time.
- Enforcing register to control the movement of workers, i.e., getting them registered on a logbook for exit and entry time with purpose of outing, and so on. The logbook will be managed by a responsible person employed by the contractors, or the security personnel employed in the labor camp/ the whole

construction camps (if the labor camp situated within a construction camp/site).

- Arranging different indoor games/playing items (Ludo, Carrom, etc.) for the refreshment of the workers and their active retaining within the camp areas; providing a radio set for their refreshment might be another good option.
- A worker may be allowed to make a walk for refreshment at night or noon, when there is little traffic on the road or area, but up to a maximum distance of 200 yards from the camp site, and that has to be registered on the logbook, and during that period, worker must not go in close contact with any local person or neither s/he stay/rest in a place/in front of a shop where local people usually stay or gather in general.

(h) Medical and Support Services

Consider whether existing first aid services are adequate, taking into account existing infrastructure (size of nearby clinic/medical post, number of beds, isolation facilities), equipment and supplies, procedures and training. Where these are not adequate, consider upgrading services where possible, including:

- Assessing the current stock of equipment, supplies and medicines on site and worker's camp, and obtaining additional stock, where required and possible. This could include PPE, such as masks, gloves, and eye protection.
- If PPE items are unavailable due to world-wide shortages, alternatives could be tried and procured. Alternatives that may commonly be found on construction sites include dust masks, construction gloves and eye goggles. While these items are not recommended, they should be used as a last resort if no medical PPE is available.
- Expanding medical infrastructure and preparing areas where patients can be isolated. Isolation facilities should be located away from worker's accommodation and ongoing work activities. Where possible, workers should be provided with a single well-ventilated room (open windows and door). Where this is not possible, isolation facilities should allow at least 1 meter between workers in the same room, separating workers with (poly-)curtains, if possible.
- Obtaining information as to the resources and capacity of respective Upazila Health Complex (e.g. number of beds, availability of trained staff and essential supplies) and conducting preliminary discussion with the in-charge of that particular health complex as to the referral process including availability of transportation (e.g. ambulance, etc.) and establishing an agreed protocol for communications, if possible.
- Referring critically sick worker/staff with COVID 19 symptoms directly to Cox's Bazar medical college hospital, but non-critical patients should be sent to nearby Upazila Health Complex, if they have satisfactory COVID treatment facilities.
- In order to ensure primary isolation/quarantine, referral to hospital/health facilities or further procedure in case of fatality, a COVID response committee has to be formed and the committee shall prepare a procedure to follow and arrange trainings on response and procedure to the concerned members.

(i) Continuity Of Supplies And Project Activities

Where COVID-19 occurs, either in the sub-project/labor camp site or the community, access to the project site may be restricted, and movement of supplies may be affected.

- Understand the supply chain for necessary supplies of energy, water, food, medical supplies and cleaning equipment, consider how it could be impacted, and what alternatives are available. Early proactive review of supply chains, especially for those supplies that are critical for the sub-project, is important (e.g. fuel, food, medical, cleaning and other essential supplies). Planning for a 1-2 month

interruption of critical goods may be appropriate better management and in more remote areas.

- Place orders for/procure critical supplies. If not available, consider alternatives (where feasible).
- Consider existing security arrangements, and whether these will be adequate in the event of interruption to normal project operations.
- Consider at what point it may become necessary for the project to significantly reduce activities or to stop work completely, and what should be done to prepare for this, and to re-start work when it becomes possible or feasible.

(j) Training And Communication With Workers

Workers need to be provided with regular opportunities to understand their situation, and how they can best protect themselves, their families and the community. They should be made aware of the procedures that have been put in place, and their own responsibilities in implementing them.

- Training of workers should be conducted regularly, providing workers with a clear understanding of the existing prevailing situation in the country and respective areas, how they are expected to behave and carry out their work duties. They should also be aware of recent updates on any required practices based on government directives and scientific evidences. Workers should be given an opportunity to ask questions, express their concerns, and make suggestions.
- Training should address issues of discrimination or prejudice if a worker becomes ill and provide an understanding of the trajectory of the virus, where workers return to work. They should be encouraged to use existing channel to lodge their grievances on COVID 19 related issues, including inadequate management and supply, and discrimination.
- Training should cover all issues that would normally be required on the work site, including use of safety procedures, use of construction PPE, occupational health and safety issues, and code of conduct, taking into account that work practices may have been adjusted. A set of instructions for training and awareness directly relevant to COVID 19 issues should be excerpted from this guideline and the publications of World Health Organization (WHO), and those should be timely revised following the WHO's updated instructions or any further proceedings from the Government of Bangladesh.
- Communications should be clear, based on fact and designed to be easily understood by workers, and Provide posters, festoons and electronic message boards (if possible) to increase awareness of COVID-19 among workers and promote safe individual practices at the workplace, engage workers in providing feedback on the preventive measures and their effectiveness.

(k) Communication And Contact With The Community

Relations with the community shall be carefully managed, with a focus on measures to be implemented to safeguard both workers and the community. The community may be concerned about the presence of non-local workers, or the risks posed to the community by local workers presence on the project/camp site. The contractor should set out risk-based procedures to be followed, where the following good practice should be considered:

- Communications should be clear, regular, based on fact and designed to be easily understood by community members.
- Communications should utilize available means. In most cases, face-to-face meetings with the community or community representatives will not be possible. Other forms of communication should be used; posters, pamphlets, electronic meetings (if possible).
- Among the community members, school children, elder people and DRPs should be communicated more carefully and delicately. Chairperson of the school management committee or the head teacher should be communicated for dissemination of different guiding rules and principles to the school

children and concerned teachers and staffs. Only the head of the DRP families should be communicated to convey the safeguards procedures being practiced in the camp/working sites. Whoever is communicated among the community members, strong urges to be placed to convey the messages to other members of the community who are not or can't be available in person.

- The community should be made aware of procedures put in place at site to address issues related to COVID-19. This should include all measures being implemented to limit or prohibit contact between workers and the community. The community should be made aware of the procedure for entry/exit to the site, the training being given to workers and the procedure that will be followed by the project if a worker becomes sick.
- If project representatives, contractors or workers are interacting with the community, they should practice social distancing and follow other COVID-19 guidance issued by relevant authorities, both national and international (e.g. WHO).

(l) Ancillary Control Measures

Consider safe distancing of at least 1 meter between persons and avoiding any crowding or congregation and queue management along with keeping safe distancing from local inhabitants by following ways:

- Reducing density of employees and workers at any one time during the working hour by staggering working hours to reduce congregation of employees at common spaces such as entrances or exits and implement or enhance shift or split-team arrangements, or teleworking.
- In case of carrying materials from one worker to the next one, an appropriate elevated platform (wooden) must be kept in between at certain distances, and one worker put materials on the platform and next worker will collect from the place. Sufficient distance must be maintained in all this case.
- Advising workers to avoid any formal or informal contact, conversation or misunderstanding and strife with the local people/ stakeholders, suppliers, service providers or any less (non-)acquainted person. Whatever the situation arises or if any persuasion/ active involvement are required, they will inform the Construction Supervisor/ Site Manager for taking appropriate measures.
- All hygiene and cleanliness products, PPEs and equipment or instruments should be stored in a safe and distant corner in the storage areas. First Aid boxes, and products for hygiene and cleanliness are to be stored on the upper level of a rack, and PPEs on the lower level of the same rack. Heavy equipment or instruments should be placed on the floor. However, all used equipment/ instrument and PPEs must be cleaned with disinfectants (and wash with soap water, wherever possible) before storing and using by another person or the same person next day.

(m) Disengagement of labors and paying compensation

Under any circumstances, if a labor becomes sick with COVID 19 symptoms, s/he must not go to the work and stay in the camp in isolation, and should be sent to the nearest COVID testing facility/hospital at once. Any COVID affected workers, if and whenever identified, should be disengaged from any duties/ working responsibilities and his access to the working/camp site is to be restricted/barred for at least three more weeks to remain in safe side for the sake of other workers and staffs. Such a worker should be paid a lump sum (max. 5000 BDT.) amount of money as a token of compensation, in consultation with the project focal at PIU, subject to appropriate documentation.

6.3 H&S/Safeguards Supervisor

As noted before, Contractor's H&S/Safeguards Supervisor will be responsible for taking care of all H&S measures including COVID issues along with prescribed safeguards measures described in the respective

sub-project ESMPs. This H&S Supervisor will work as the interface between the Contractor and the Project Administration (PIU and D&SC) and will ensure field level implementation of all safeguard issues including the instructions framed out in this document. He will materialize all the specific instructions presented in this document that the contractor has to abide by and take actions towards to implement. He will additionally instruct and get abided by all the employees of the Contractor involved with the relevant package, including the non-residential ones, suppliers, drivers, and other stakeholders that have access to the site at any time, of all the due rules, restrictions or measures. Besides the set of targeted works, he should make special considerations and vigilant care in carrying out following actions.

H&S/Safeguards supervisor must review and analyze the field level situation, make a framework/plan as to the responsibilities and working procedure (which will be endorsed by the Environmental Focal Person at D&SC) to be followed under the specific work package, arrange all safety gears, tools, disinfectants and related products at site offices and labor camps, establish a quarantine corner in the labor camp, establish contacts with the local emergency and service providers and conduct the very first Health and Safety training (Covid related) in first two weeks of his/her joining. Some more specific responsibilities are addressed in next sections, and also in the ToR.

6.3.1 *Specific measures for workplaces and jobs at medium risk*

As stated in WHO guidelines, jobs or work tasks that require close, frequent contact with the general public, or co-workers, visitors, clients or customers, or contractors, but that do not require contact with people known to be or suspected of being infected with COVID-19, could be termed as medium exposure risk jobs/works, and construction/civil works in our country perspective falls in this category by its definition or involvement in work practices. Besides, further scenario may evolve in areas without community transmission of COVID-19 through frequent contact with persons returning from areas with community transmission. Special consideration on following measures should be taken:

- All workers and staff should be urged to self-monitor their health, possibly with the use of questionnaires, and take their body temperature regularly.
- Consideration should be given to requiring workers lodging in the local community to move to site accommodation (subject to availability) where they would be subject to the same restrictions.
- Workers from local communities, who return home daily, weekly or monthly, will be more difficult to manage. They should be subject to health checks at entry to the site (as set out above) and at some point, circumstances may make it necessary to require them to either use accommodation on site or not to come to work.
- Site offices, washrooms, workspaces, resting areas must be cleaned and disinfected every day. Frequently-touched surfaces should be identified for priority disinfection (commonly used areas, door and window handles/knobs, light switches, kitchen and food preparation areas, washroom surfaces, toilets and taps, touchscreen, personal devices, personal computer keyboards, tables, chairs, and work surfaces);
- Where the physical distancing of at least 1 meter cannot be implemented in full in relation to a particular activity, workplaces should consider whether that activity needs to continue, and if so, take all the mitigating actions possible to reduce the risk of transmission between workers, clients or customers, contractors, and visitors; such as staggered activities, minimizing face-to-face and skin-to-skin contacts, placing workers to work side-by-side or facing away from each other rather than face-to-face, assign staff to the same shift teams to limit social interaction;
- Enhanced hand hygiene – regular hand washing 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 personal protective equipment;

- Provide personal protective equipment and training on its proper use – e.g. masks, disposable gloves or heavy-duty gloves that can be disinfected. Provide face or eye protection (face shields or goggles) during cleaning procedures that generate splashes (e.g. washing surfaces).
- Standard operating procedures should be prepared to manage a person who becomes sick at the workplace and is suspected of having COVID-19, including placing the person in an isolation room, limiting the number of people in contact, using personal protective equipment, and performing follow-up cleaning and disinfection.
- Stop spraying of people with disinfectants (such as in a tunnel, cabinet, or chamber) and is not recommended under any circumstances.

6.3.2 Measures when someone gets infected

WHO provides detailed advice on what should be done to treat a person who becomes sick or displays symptoms that could be associated with the COVID-19 virus (for further information see WHO interim guidance on infection prevention and control during health care when novel coronavirus (nCoV) infection is suspected). These include the following measures:

- Workers who are unwell or who develop symptoms (e.g. fever, dry cough, fatigue) consistent with COVID-19 should be removed immediately from work activities and are urged to stay at home or in the camp, self-isolate, and contact a medical professional or the local COVID-19 information line for advice on testing and referral. If any of the workers becomes extremely ill and unable to breathe properly on his or her own, they should be referred immediately to the local hospital.
- If the test is positive for COVID-19 or no testing is available nearby, the worker should continue to be isolated. This will either be at the labor camp or at home. If at home, the worker should be transported to their home in transportation provided by the Contractor.
- Cox's Bazar Medical College hospital has a dedicated corona treatment unit, which should be contacted immediately for testing and further treatment/referral, if any worker gets sick with Covid 19 symptoms.
- Co-workers (i.e. workers with whom the sick worker was in close contact) should be required to stop work, and be required to quarantine themselves for 14 days, even if they have no symptoms. Additionally, family members and other close contacts of the worker should be required to quarantine themselves for 14 days, if the worker comes to work from home, even if they have no symptoms.
- If a case of COVID-19 is confirmed in a worker on the site, visitors should be restricted from entering the site and worker groups should be isolated from each other as much as possible.
- Primary medical care (whether on site or in a local hospital or clinic) required by a worker should be paid for by the employer.

6.4 Workers

Considering workers activities in working sites, living in the camps, respective socio-economic condition, and provided facilities by the contractor, they are the most vulnerable group in a sub-project site. Therefore, all required actions and facilities should be provided for establishing a health safety net to keep them in good health and run the project activities consequently unhindered. Apart from maintaining all the instructions from contractor or his representatives, they must follow following set of rules without any failure:

- Workers must clean and wash thoroughly their instrument/equipment every day before and after the working shift, with soap/detergent water.
- Workers must wash themselves with soap and water, and their used clothes with detergent soap regularly and as soon as they return to the labor camp.

- Workers will not go beyond the camp area without any urgency and daily need, such as shopping, garbage shifting/transporting, buying medicine or necessary stuffs, health checkups, etc.
- Workers accommodated on site should be required to minimize contact with people near the site, and in certain cases be prohibited from leaving the site for the duration of their contract, so that contact with local communities is avoided.
- Workers must clean and disinfect the floor of labor shed in regular intervals, and kitchen and toilet immediately after the use, with floor cleaners/ detergent, etc.
- Cleanliness at kitchen and dining spaces in the camp has to be ensured. All types of raw food stuffs including vegetables, fruits, fish, meat, etc. have to be washed properly in running water and cooked/ boiled perfectly at high temperature.
- Workers will manage their camp well ventilated by keeping the doors and windows open as long as possible.
- Workers returning from an area where COVID-19 transmission is occurring should monitor themselves for symptoms for 14 days and check their temperature twice a day; they must inform the Health Safety / Safeguards Supervisor if any of them feels any fatigue, fever, cough or other health related issues that might turn to his or her illness. They should stay at home, self-isolate, and contact a medical professional, if fall sick.
- Sick workers should limit their movements, avoiding common areas and facilities and not be allowed visitors until they have been clear of symptoms for 14 days. If they need to use common areas and facilities (e.g. kitchens or toilets), they should only do so when unaffected workers are not present and the area/facilities should be cleaned prior to and after such use.

7.0 Complementing Hygiene and Protection Practices for all

All staffs, workers, and supervising engineers from Contractors, D&SC consultants and staffs, PIU consultants and staffs, DPHE officials, and other involved individuals/parties including suppliers and support services staffs, who have access to the respective offices and camps or sites must practice and follow a set of measures to effectively withstand or contain the spread of virus, for the betterment of personal and professional grounds of reach. Those measures include the promulgated directives and restrictions set and commanded by the Contractor's H&S Supervisor, Government directions for office management (provide above) and following set of items for practicing. This said set of practices is scientifically proven to be universally effective, and therefore, are suggested from WHO guidelines and at our relevance:

- Every construction yard/site office must be equipped with a Digital Laser Infrared Thermometer and all workers and staffs shall undergo checking body temperature every morning, before joining the work, and after finishing the daily work shift.
- Self-quarantined labor camp have arrangement of beds placed in 1.2 meter of minimum distances, and separate plates, glasses, arrangement for dress hanging, and so on.
- Documents should be handed over and submitted electronically, as far as possible and all staffs/workers must wash hands after handling papers. Shared devices or tools have to be cleaned between users.
- Wearing face mask with necessary PPE as per the working condition and places, and practicing physical distancing of 1 meter (3 feet) apart from others are to be ensured in all working places. Workers shall wear face shield while working in close contact, and gloves to avoid risk of injuries and direct contact. They should be instructed to use full sleeve shirts or t-shirts as far as possible, as part of their own safety measures.

- Site movement should also be controlled through reducing gathering at scaffolds, hoists, washrooms and other high traffic areas, by the working supervisors.
- Regular and thorough handwashing with soap and water or hand hygiene with alcohol-based hand-rub (if available) before starting work, before eating, frequently during the work shift, especially after contact with co-workers or customers, after going to 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.
- All staffs and workers should avoid using jewelry, watches and bracelets.
- Spitting on-site or here and there should completely be restricted.
- Sharing of communication devices, cigarettes, or personal belongings should be avoided.
- Maintaining recommended social distance (at least 3 feet apart) among the workers/personnel even while at leisure time or taking meal and even sleeping at night would be a good practice.
- If any work requires labor in close contact or stay in close proximity, they must be given helmets, transparent face shield, mask, gloves, boots, while working.
- All sorts of accommodation and office must have proper ventilation, lighting and heat-insulation system.
- All workers and working personnel should be instructed/ reminded of all required guidance/information on health safety and personal hygiene practices in an easily understandable manner and in regular intervals, by a supervisor.
- Apart from the above set of guidance, every employees/workers/consultants are to be strongly advised to take the vaccination jabs (two doses, whatever brands are available in the areas) before or immediately after joining the work or whenever vaccine is available in his/her area.

8.0 Public Consultation and Stakeholder Engagement

The situation under COVID-19 is developing rapidly, so does the ideas and thoughts for ways to manage public consultation and stakeholder consultation under the project purview. Careful regard needs to be given to national requirements and any updated guidance issued by WHO, so that any proposed alternative ways of managing consultation and stakeholder engagement must be in line with the local applicable laws and policies.

All sub-projects under EMCRP project will involve active public consultation and stakeholder engagement activities planned and committed as part of project design. Commonly planned avenues of such engagement are public hearings, community meetings, focus group discussions, field surveys and individual interviews. With growing concern about the risk of virus spread, there is an urgent need to adjust the approach and methodology for continuing stakeholder consultation and engagement. Taking into account the importance of confirming compliance with national law requirements, below are some suggestions that the Consultants and supporting staff (from PIU and D&S) should follow:

- Identify and review planned activities under the project requiring stakeholder engagement and public consultations, and assess the level of proposed direct engagement with stakeholders, including location and size of proposed gatherings, frequency of engagement, categories of stakeholders, etc.
- Assess the level of risks of the virus transmission for these engagements, and how restrictions that are in effect in the country / project area would affect these engagements.
- Identify project activities for which consultation/engagement is critical and cannot be postponed without having significant impact on project timelines. For example, selection of resettlement options by

affected people during project implementation. Reflecting the specific activity, consider viable means of achieving the necessary input from stakeholders.

- Assess the level of ICT penetration among key stakeholder groups, to identify the type of communication channels that can be effectively used in the project context. For example, staffs and officials of different humanitarian and international agencies working in the camp areas may have access to very good IT peripheral and should be communicated online, whereas the local communities in project areas are less likely to have trusted/continuous internet support to get connected to any online meeting format and they might not be accustomed to using online meeting platforms.
- While selecting channels of communication, in light of the current COVID-19 situation and the local prevailing socioeconomic situation,
- Avoid public gatherings (taking into account national restrictions), including public hearings, workshops and community meetings as far as possible; however, if smaller meetings can be arranged, consultations in small-group sessions could be conducted, such as focus group meetings. If the situation doesn't permit, all reasonable efforts have to be made to conduct meetings through online channels, including webex, zoom and skype, though these online channels may not reach to local/DRP communities.
- Traditional channels can also be highly effective in conveying relevant information to stakeholders, and allow them to provide their feedback and suggestions;
- Where direct engagement with project affected people or beneficiaries is necessary, such as would be the case for Resettlement Action Plans or Indigenous Peoples Plans preparation and implementation, identify channels for direct communication with each affected household via a context specific combination of email messages, mail, online platforms, dedicated phone lines with knowledgeable operators;
- Each of the proposed channels of engagement should clearly specify how feedback and suggestions can be provided by stakeholders;
- An appropriate approach to conducting stakeholder engagement can be developed in most contexts and situations. However, in situations where none of the above means of communication are considered adequate for required consultations with stakeholders, the team should discuss with the PIU and the WB consultants whether the project activity can be rescheduled to a later time, when meaningful stakeholder engagement is possible.

9.0 Emergency Legislation and Temporary Lockdown

In realizing the extent and risk of pandemic situation, Government of Bangladesh may enact emergency situation across the country or within a certain area or locality and that special period can come with the declaration of public health emergency, authorizing the use of law enforcing agencies in certain activities (e.g. enforcing curfews or restrictions on movement) and ordering non-essential workers to stay at home, for reduced pay or compulsory holiday.

Contractor in consultation with the PIU will follow all government directives in relation to emergency calling or temporary lockdown in the areas, to the extent that those are mandatory or advisable. PIU should consider the impacts of emergency legislations and revisit the obligations set out in the construction contracts for successful implementation of the work packages.

10.0 Implementation mechanism

Project implementation involves active and coordinated works of different parties/ stakeholders. Among those, PIU of implementing agency, D&SC Offices, Other consulting offices, Contractors' Project and Site Offices are included and their responsibilities in fighting the Covid do fall within the scope of this guideline. Additionally, Workers' accommodation (labor sheds) and Working sites are to be guided and overseen under this guideline. In principle, head of each offices or his/her nominated person (officials/ workers) will be responsible for carrying out every responsibilities, whereas in the field all responsibilities must go with the H&S Supervisor for Covid-19.

In order to handle any situation related to coronavirus outbreak and spread, an effective field level H&S safeguards or COVID response committee based in each labor camp has to be formed, under the leadership of Contractor's representative/ project manager in the sub-project. Site manager and H&S Supervisor from Contractor's part will perform the most reliable and responsible actions, if any COVID related issue arise. However, a possible structure of the committee would be like this one:

Sl. No.	Members of the committee	Responsibilities in regular period	Responsibilities in emergency cases
1.	Contractor/ Project Manager of the Contractor	Monitor all H&S measures as stipulated in this document and the ESMP	Guide and facilitate Site Manager and Safeguard Officer in dealing with the emergency cases, and make contact with PIU, RE/D&SC and respective govt. departments to manage the situation.
2.	Site Manager	Guide and Supervise all H&S activities in respective sites and labor camps, and report to the Contractor and RE on daily updates.	Directly supervise all activities during an emergency, in collaboration with Safeguards Supervisor and under the guidance of Contractor/Project Manager and any supervising authority. Ensuring health, safety and security of workers, site officials, local communities (partially) and other involved parties, while at work and in labor camp is of prime importance, during an emergency.
3.	H&S/ Safeguards Supervisor /Focal Person(Person with similar responsibilities)	Hands on training, guidance and supervision of all H&S activities and maintain the activity register for health safety, and make necessary contact and reporting to the contractor in order to ensure the due diligence on H&S issues.	
4.	Resident Engineer (D&SC)	Supervise and monitor all H&S activities as per directives in this document and the respective ESMP, and advise the contractor/PM of contractor in getting adherence, and report to the Team Leader on every development and failure in each site.	Bridge collaboration and facilitation among different parties, including PIU through TL/D&SC, contractor, district executive engineer, district civil surgeon, fire service & civil defense office, and whichever required. S/he will coordinate all the emergency activities in collaboration with the contractor.
5.	Field Level Social Development Specialist (PIU)	Monitor and guide H&S activities and responsibilities of contractor's and D&S consultants in those regards.	Make primary contact with the Deputy Project Director at PIU and play an active role under her guidance, and monitor and advise the contractor and the site staffs in managing the emergency situation/ activities.
6.	Field Level Environmental Specialist (PIU)		
7.	Labor Member -01	Selected workers will help the contractor ensuring proper H&S measures being followed/ practiced throughout the construction period. They must work as per instructions given by any of contractor's representatives and the consultants.	Being in the front line at any emergency situation, they must inform the Contractor's PM, Site Manager, or Safeguards Supervisor of the situation at the first instance and follow the instructions given. They may need to act a very vital role at the primary level of an emergency in collaboration with other workers, and till any external supports arrive. Therefore, they should be trained and instructed properly by the supervisors of different levels.
8.	Labor Member -02		

Contractor will take initiative to form the committee and send the structure of the committee with contact numbers of the members within six weeks of site mobilization, to the Project Director for necessary concurrence.

Monitoring and Supervision:

Addressing COVID-19 at a project site goes beyond occupational health and safety, and is a broader project issue, which will require the involvement of different members of a project management team. In many cases, the most effective approach will be to establish procedures to address the issues, and

then to ensure that these procedures are implemented systematically. Where appropriate given the project context, a designated team should be established to address COVID-19 issues, including PIU representatives, the Supervising Engineer, management (e.g. the project manager) of the contractor and sub-contractors, security, and H&S professionals. All the Procedures are very clear and straightforward, and shall be documented and well disseminated, and improved as necessary, and supervised and monitored by the COVID-19 focal point(s).

As the project has no capacity or scope to intervene in all the places and events of contacts, it shall confine the course of actions within the periphery (both in terms of physical areas and responsibilities) where the contractor and the project staffs have direct command, control, and scope of persuasion. Considering this scope of interventions, the contractor/sub-contractor of a specific work package will take care of all the specific health safety measures targeting the COVID 19 situation, in relation to labor & construction site management and site office management, and also will be liable to control the risk of local people to be infected by any of the construction workers, staffs or activities. Other involved parties/staffs in different tiers of institutional mechanism for designing, supervising, monitoring or any further role to support the project implementation will similarly be responsible to ensure the due health and safety activities in the field coupled with their own premises of interventions. It should be noted that monitoring of supply, use and further requirement of products (hygiene and cleanliness related) and equipment must be well documented in the resource logbook by the focal person of each entities/offices. Following table is showing a list of preferential supervision and monitoring fields as per scope of responsibilities of different agencies/ parties involved in successful implementation of project.

Sl. No.	Responsible Institutional Agencies/ Parties	Scope of direct/Overall supervision and monitoring activities*								
		PIU Office Management including Remote work	Field and D&SC office management	Contractor's H&S activities	Construction Site Office Management	Construction Site Mgt.	Labor Management incl. labor's H&S in camps	Field Survey and Consultation	Control of risk of local people/ stakeholders	Overarching contact management
1	Project Management Unit (PIU) Staffs/PD	S, M	OSM	M, OSM	M, OSM	M, OSM	M, OSM	OSM	OSM	S, OSM
2	PIU Consultants	-	M	M	M	M	M	S, M	M	-
3	Executive Engineer (District)	-	-	M	M	M	M	OSM	M	S, OSM
4	Upazila Engineer	-	-	M	M	M	M	OSM	M	S, OSM
5	Team Leader, D&SC	-	M, OSM	M	M	M	M	M	OSM	S, OSM
6	D&SC and Other Consultants	-	S,M	M	M	M	M	S, M	M	-
7	Contractor	-	-	S, M	S, M	S, M	S, M	-	S,M	S
8	M&E Consultant	-	-	M	M	M	M	-	-	-
*Activities includes Direct Supervision (S), Monitoring (M)-Field level/ Direct, Overall Supervision & Monitoring (OSM)- activities through staffs and consultants										

Emergency Contacts:

National Help Line- 109; National Call Centre -333
 Hotline at Cox's Bazar Medical College-01713 205 877

Status Reporting

Monitoring report on the status of Covid preparedness, infection scenario and status of recovery or losses, training or drilling conducted, and progress of vaccination among workers, and such other information deemed relevant is required to be drafted in a section in monthly progress report from every consultants' offices, which is to be submitted to the PIU office. Similar status report (monthly) has to be sent to the PIU from every contractors, for every single packages. Besides, the Project Director will be informed immediately by the focal person of each level/entity, if anyone is found infected or deceased.

11.0 Grievance Redress Mechanism

Workers, contractor's staff and the community people should be encouraged to use the existing project grievance mechanism to report concerns relating to COVID-19, preparations being made by the contractor to address COVID-19 related issues, how procedures are being implemented, and concerns about the health of their co-workers and neighbors. Any infected cases or sudden death shall be documented in grievance logbook preserved at respective offices.

12.0 Rationale on Indicative Cost for measures:

Cost in relation to COVID 19 response may vary from site to site, depending on the number of active labors, number of workers staying in provided accommodation at site, availability of site offices and visiting frequency of office staffs & engineers and their meeting frequency, sources and mode of water supplies, distance of working sites from the labor camp, mode of transport and so on. This cost is also relevant while taking measures in other offices under the project purview.

However, in calculating the cost the following lines of justification should be considered:

1. Since the cost is for everyday health and safety measures, a 9-months working period in a year is to be counted which is equivalent to 540 days in two year contract period.
2. Digital Thermometer: Each site office will have a Non-Contact IR digital thermometer for checking body temperature of all the staffs and workers immediately after arriving the site, and before commencing any work for the day, and such a thermometer would cost only Tk. 5000.
3. Bar Soaps: It's well-grounded by different scientific publications, including those of WHO and UNICEF, that bar soaps are comparatively better option than any liquid handwash (which is not environment friendly as well) considering the cost, effectiveness in working site scenario, carrying over, dual (both washing hands and bathing) use, less carbon footprint, etc. An estimated 20/25 regular active workers/staff in a site may consume a 150 gm soap bar in a 5-day period for hand washing and a 4-day period for bathing in the labor camp.
4. No need to use liquid hand soap/ hand wash in office or labor camps, it simply raises the expenditure only without any notable benefits.
5. Hand Sanitizer: It may be needed to use in the site office by the office staffs to clean hands, tables/chairs, etc. 2 bottles of 250 ml each (for collecting 2 reusable containers) and a 5 liter Can for each site office seems to be enough for the whole working period of 2 years.
6. Face shield/ Protective Safety goggles for the working labors who would work closely are required. Arranging this safety instrument for 12 workers in a working site at a time seems to be enough for budgeting. Those can be easily cleaned with soapy water and reused by other workers, if necessary.

7. Face Mask for Staffs: Though in many places K95/ KN95 masks are suggested to use, those are not reusable in our working site scenario and really hard to keep clean and also not cost-friendly. For example, if a contractor provides K95/KN95 masks to 5 staffs in each site each day, a single site requires 2700 masks for a 2-year period, which costs nearly 3.25 lacs, let alone for the workers. Instead, providing 10 surgical face masks each site each day, which would cost nearly 27000 tk. only for a 2-year period.
8. Face masks for workers: Managing surgical face masks or K95/ KN95 masks in the field are really tough for a worker; therefore, they should be provided with cloth masks that are truly effective and more convenient to use. They only need to wash their masks every day after returning to the camp. If a worker is provided a cloth mask for every 15 days, only 900 nos. of masks will be required for 25 workers working in a single site at a time, and which cost nearly 27,000 tk. for the entire period.
9. Detergent cleaner: For ensuring the safety, workers need to clean their clothes and equipment regularly, and providing detergent cleaner is the most viable option in this regard. Providing 1 kg of detergent cleaner in each camp for 18 months will cost Tk. 7,200. A detergent cleaner (powder) can also be used as a very good hand washing (30 gm of detergent in 1.5 L of water) agent with same effectiveness as soap bar/liquid soap, but will not be suggested for this purpose in any of the EMCRP sub-project sites.
10. Floor Cleaner, and disinfectants for camp surroundings: Site office needs 4 litres of floor cleaner while a labor camp requires 8 litres of floor cleaner of any reputed brand/company for moping/cleaning paved floor for 18 months implementation period, which cost Tk. 3,600. For any unpaved floor bleaching powder solution in water could be a good alternative. For disinfecting the camp surrounding areas, bleaching powder should be used (spread out on the ground), every alternative days and providing 1 kg of bleaching powder in each camp for 18 months will cost Tk. 1,800.
11. Miscellaneous cost: In any emergency situation, a contractor may need to shift a sick worker/ staff to the hospital or arrange primary medication/treatment at site/home, or a little compensation for a sick worker (Tk. 5000 max. for each worker, in case) or for any unwanted situation, which needs an additional flow of funding. For every site, tk. 50,000 can be allocated for this contingency support, which is subject to proper documentation, whatever the reason lies there. Cost for emergency treatment and testing could be borne from this contingency allotment.
12. Engaging an H&S Supervisor: A competent health & safety supervisor having proper educational background and experiences (as per given ToR) may be appointed from contractor's budget. The person will exclusively be working for the prevention and containment of diseases and ensuring a safe, healthy and practicing field condition throughout the implementation period, and will be remunerated at a rate of Tk. 30,000 per month, excluding all tax, VAT and other admissible deductions.

13.0 Latest Development

The government has lifted the restrictions on public movement and activities from 11 August 2021, with reminding the authorities to make sure that people wear face coverings, maintain distances and follow other health safety guidelines when they are outdoors. Government has directed the local government division, information ministry, religious affairs ministry, health service division and district and upazila administrations to hold public awareness campaigns to stem the spread of the lethal virus. Besides, the

Government has started mass vaccination program in full swing as part of the effort to reduce human losses and revive the economy of the country, which has been shattered heavily for the discontinued economic activities in last one and a half years.

Further, as part of the responsibilities, WHO publishes and regular updates its interim guidance on considerations in adjusting public health and social measures in the context of covid-19, and water, sanitation and waste management for COVID-19 and many more guidelines. These guidelines should be checked regularly and important and relevant updates should be incorporated in this guidelines as well as Contractor's own Standard of Procedures (SOPs), if available and strictly followed in all project offices, labor camps and working sites.

14.0 Emergency Contacts

Following persons or entities are primarily responsible in managing all COVID related issues at offices, working sites in or outside of the DRP camp areas, and in labor camps; and they should be contacted immediately if and whenever any emergency arises. Relevant contact numbers are to be inserted in the following table by the Contractor or his representative and updated from time to time, and this document (or necessary part of it) has to be kept available at site offices and labor camps for round-the-clock access.

Sl. No.	Person to Contact	Mode of action in case of emergency	Contact No.
1.	Respective Camp in Charge (CiC)- if works undergone within a camp area	S/he will take direct steps in managing any situation arrived, with support from district and national administration.	
2.	Deputy Project Director (Covid 19 focal for the project)	Directly advise and coordinate the contractors and project staffs in the field and facilitates support and communication between project authority and local/national administration.	
3.	Executive Engineer (Xen) - Cox's Bazar	S/he will contact the local administration along with the specific govt. service delivery mechanism (Civil Surgeon, Fire Service and Civil Defense, DC, SP, etc.) and take all necessary steps to control or curb any potential risk or damage.	
4.	Upazila Engineer- Respective Upazila- Ukhiya/Teknaf	Help and facilitate guidance of higher project /local government official and act as the key interface between Contractors and PIU/ExEn.	
5.	Contractor/ Contractor's Representative	Must actively response immediately once any issues arised and instruct the field level focal/Safeguards supervisor on due course of actions, and establish interfacial contacts wherever necessary.	
6.	H&S or Safeguards Supervisor/ Emergency Focal (Contractor)	Act on the primary actions to contain the infections, and make contacts and referral for any affected individuals and follow the course of actions given by the contractor or project focal.	
7.	COVID 19 hotline at Cox's Bazar Medical College		01713 205 877
8.	National Emergency Service		999

Alternatively, under the direct project purview, the responsible focal persons of different offices and their first contact during an emergency are tabulated below for a quick view:

Offices/ Service Providers	Focal Person	Focal Person Nominated By	Whom to be contacted first at an emergency
Project Implementation Unit (PIU)	Deputy Project Director	Project Director	Project Director and World Bank
D&S Consultants	Team Leader/ Environmental Focal Person	Team Leader	Team Leader and Deputy Project Director
Other Consultancy Services	Team Leader	Team Leader	Deputy Project Director
Field Office (RE Office)	Resident Engineer	Team Leader of D&SC	Team Leader of D&SC and Deputy Project Director
Contractor/Site Offices	H&S Supervisor	Contractor	Deputy Project Director

Should it be noted again that if any workers, staff, contractors, sub-contractors, suppliers, PIU or any stakeholder within project boundary is identified as COVID-19 positive, it must be recorded to the GRM book and necessary steps to be followed. It must be reported to the World Bank within 24 hours.

Annex 1: ToR for Health & Safety Supervisor under Contractor

Terms of Reference for Health & Safety Supervisor (Contractor's Employee under a Work Package) Emergency Multi-Sector Rohingya Crisis Response Project

Objective

The main objective of the Health & Safety (H&S) Supervisor shall be to monitor and ensure the field implementation of all the health safety rules and hygiene practices relating to the protection from Covid symptoms and disease, under the prevailing situation of a given work package, along with taking all due measures in case of an emergency. S/He will identify and evaluate potential health safety risks of every individual engaged in a work package under the working condition facilitated by the respective contractor, and regularly review and monitor the safe prevention and containment of diseases, results of necessary preventative and emergency measures of the contractor and the Project authority. This assignment includes the following tasks:

- 1) Review/ situation analysis and overall coordination of response and preparedness program
- 2) Establishing communication channel as part of effective management options
- 3) Ensuring safe continuation of project activities, adequate supply of medical, and support services.
- 4) Training and Communication responsibilities
- 5) Managing emergencies and containment of spread of disease.
- 6) Drafting and reviewing of Plans and Programs, and Submitting monitoring reports.

Scope of Work

- 1) Review/ situation analysis and overall coordination of response and preparedness program.

The H&S supervisor will be responsible for reviewing the overall situation in the field including labor influx, prevailing Covid scenario in the district as well in the field, available resources and management options in handling crisis and emergency situation, etc. and preparing a framework/plan for the entire work package in light of the review outcomes and the specific guiding documents of the project. S/He will coordinate entire responding and preparedness activities in relation to Covid protection in the field under the direct authority of Contractor and in consultation with D&SC safeguards consultants (esp. Environmental Focal at D&SC) and PIU focal.

- 2) Establishing communication channel as part of effective management options.

As Covid is posing a national threat, establishing an effective communication channel is a must to get prepared optimally. Hence the H&S Supervisor will make or establish effective contacts with the local health facilities, Covid test centre, Fire Service and Civil Defense (FSCD) office, local ambulance services, and other service providers (necessary for maintaining hygiene & cleanliness, treatment, transportation, even for emergency burial services, and so on). S/He will also make communication with the suppliers, contractor's officials, respective officials at PIU and consultants at D&SC.

- 3) Ensuring safe continuation of project activities, adequate supply of medical, and support services.

S/He will perform every duties and responsibilities required to continue project activities, e.g., maintaining hygiene and cleanliness at offices and labor camps, making labor and other personnel to maintain safe distancing at all times, making protocol for different suppliers/stakeholders' access to the sites, ensuring continuous supply of medical, cleaning and safety materials/instruments, and other

support services as guided by the Covid guideline for the project.

4) Training and Communication responsibilities.

Regular (weekly and monthly) training on Covid and applicable health-safety protocols, recommended quarantine procedure, treatment and project guided responsibilities, etc. will be planned, conducted and reported by the H&S Supervisor. In order to harness the optimum result from the trainings, communication with all the stakeholders and project officials has to be established.

5) Managing emergencies and containment of spread of disease.

S/He must plan well-advanced (preferably in first four weeks of engagement) as to the protocol and responsibilities to be followed whenever an emergency appears and perform duly along with act responsibly to contain the spread of disease any further. Further, a waste management protocol including medical wastes management in the camps/offices shall be drafted, and after necessary concurrence from the PIU, the protocol shall be well circulated along with necessary arrangements have to be ensured from his/her end.

6) Drafting and reviewing of Plans and Programs, and Submitting monitoring reports.

The H&S Supervisor will draft detail plan/programs including the required activities & time-line, necessary arrangements/facilities and so on, after assessing the field level situation and anticipating risks and emergencies, and review that plans/programs as and whenever required. S/he is responsible for submitting monitoring reports weekly to the Contractor and monthly to the PIU through D&SC.

The H&S Supervisor must work on additional activities as guided by the Covid project focal at PIU and the Environmental Focal at D&SC, under the purview of the Covid guideline for the project.

Duration

Duration of employment would be for 1 year or throughout the implementation period of the respective work package.

Reporting

Weekly and Monthly Health Safety Status reports shall be submitted to the Contractor. In any emergency, the supervisor must inform the Contractor/ the PIU office at once.

Qualifications

Education: Masters/Bachelor of Science in public health, bioscience, or related field. The H&S Supervisor shall have responsibility for providing the requisite leadership, direction and supervision, and be accountable to the respective contractor for day-to-day performance and shall be vested with sufficient authority to act. S/He will exercise all standard management functions including planning, scheduling, directing, organizing, and controlling, and shall be involved as much as possible in technical activities assigned to achieve maximum efficiency and benefit.

Experience: At least 03 years of experience as Health Safety/ Occupational Health Safety (OHS) officer/supervisor or in related field, in an office environment or at any project.

Note: Detailed ToR will be prepared and finalized in consultation with the World Bank during Implementation


**করোনাভাইরাসের (কোভিড-১৯) প্রাদুর্ভাব রোধে
জনসচেতনতা মূলক তথ্যাবলি**

করোনাভাইরাস সংক্রমণের ঝুঁকি রোধে করণীয়

১ ঘন ঘন দুই হাত সাবান পানি দিয়ে
কমপক্ষে ২০ সেকেন্ড যাবৎ পরিষ্কার
করুন।



২ যেখানে সেখানে
কফ ও থুতু ফেলবেন না। হাত
দিয়ে নাক, মুখ ও চোখ স্পর্শ
থেকে বিরত থাকুন।



৩ হাঁচি-কাশির সময়ে টিস্যু অথবা
কাপড় দিয়ে বা বাহুর ভাঁজে
নাক-মুখ ঢেকে ফেলুন।
ব্যবহৃত টিস্যু ঢাকনামুক্ত
ময়লার পাত্রে ফেলুন ও হাত
পরিষ্কার করুন।



৪ জ্বর
কাশি
শ্বাসকষ্ট



**করোনাভাইরাস (কোভিড-১৯)
এর লক্ষণসমূহ**

করোনাভাইরাস (কোভিড-১৯) আক্রান্ত দেশ হতে আসার অথবা আক্রান্ত
ব্যক্তির সংস্পর্শে আসার ১৪ দিনের মধ্যে উপরের যে কোনো লক্ষণ দেখা
দিলে-

- ✓ নাক-মুখ ঢাকার জন্য মাস্ক ব্যবহার করুন
- ✓ সুস্থ ব্যক্তি হতে ৩ ফুট দূরত্ব বজায় রাখুন
- ✓ আইইডিসিআর- এর হটলাইন নম্বরে যোগাযোগ করুন



করোনাভাইরাস (কোভিড-১৯) আক্রান্ত দেশ হতে আসার অথবা আক্রান্ত
ব্যক্তির সংস্পর্শে আসার ১৪ দিনের মধ্যে উপরের যে কোনো লক্ষণ দেখা
দিলে-

- ✓ নাক-মুখ ঢাকার জন্য মাস্ক ব্যবহার করুন
- ✓ সুস্থ ব্যক্তি হতে ৩ ফুট দূরত্ব বজায় রাখুন
- ✓ আইইডিসিআর- এর হটলাইন নম্বরে যোগাযোগ করুন



আইইডিসিআর - এর হটলাইন নম্বর:

০১৯৩৭১১০০১১, ০১৯৩৭০০০০১১, ০১৯২৭১১৭৮৪, ০১৯২৭১১৭৮৫ ও স্বাস্থ্য সচিবালয় - ১৬২৬৩



Annex 3: Sample Festoons on COVID 19 awareness to display at different prominent places in labor camps and site offices.



Courtesy: BRAC and different internet sources

Emergency Contacts:

National Help Line- 109; National Call Centre -333
Hotline at Cox's Bazar Medical College-01713 205 877

Annex 4: Sample Register for checking Body temperature

EMERGENCY MULTI SECTOR ROHINGYA CRISIS RESPONSE PROJECT (EMCRP)	
Local Government Engineering Department	
Name of the Sub-Project:	Package No.:
Sub-project Component:	
Contractor:	Site Manager (with contact no.):
H&S Supervisor (with Contact no.):	Date:

Sl. No.	Name	Position	Age	Body Temperature (°F)	Time

(H&S Supervisor)

(Contractor/Site Manager)

Emergency Contacts:

National Help Line- 109; National Call Centre -333
Hotline at Cox's Bazar Medical College-01713 205 877

Annex 5: Sample Monitoring Questionnaire/Checklist for Ensuring COVID SOP Compliance

EMERGENCY MULTI SECTOR ROHINGYA CRISIS RESPONSE PROJECT (EMCRP)	
Local Government Engineering Department	
Name of the Sub-Project:	Package No.:
Sub-project Component:	
Contractor:	Site Manager (with contact no.):
H&S Supervisor (with Contact no.):	Date:

Sl. No.	Monitoring Questionnaire/Checklist	Yes	No	Comments
1.	Does the Contractor deploy/engage any person as the H&S/Safeguards Supervisor for the sub-project?			
2.	Does the site/site office display H&S signboard/banner in relation to COVID awareness?			
3.	Does the site office and labor camp have emergency contact numbers posted on board/wall at important places?			
4.	Does the site office have Digital Laser Infrared Thermometer?			
5.	Is screening of body temperature conducted every day at the entrance of the site office?			
6.	Does the site conduct training on H&S issues, incl. COVID preparedness? How many in current month? (pls. answer in comments section)			
7.	Is the site office provided with Soap and hand washing facilities?			
8.	Is the Labor camp provided with Soap and hand washing facilities?			
9.	Is the Labor camp provided with bathing and cleaning (e.g., detergents) facilities?			
10.	Is the workers and site officials are provided with face masks?			
11.	Whether the workers and site officials use facemasks at site?			
12.	Does the workers practice self-distancing at workplace (wherever possible)?			
13.	Whether the workers live in Labor camps?			

Emergency Contacts:

National Help Line- 109; National Call Centre -333
Hotline at Cox's Bazar Medical College-01713 205 877

14.	Does the labor camp have self-quarantined arrangement?			
15.	Is the site office and labor camp provided with dust bins/ waste boxes at important locations? (pls. include the numbers in remarks section)			
16.	Does the contractor pay for Covid treatment for any worker in this current month? (If yes, please mention in the comment box the number of workers and whether the contractor pay partial/full cost of treatment)			
17.	Pls. fill-in the following table			

Total Number of Workers at site	Number of resident workers at camp	No. of workers suffering from any Covid Symptoms incl. fever	No. of workers sent for Covid test	No. of workers sent back home after becoming Covid positive	No. of workers in quarantine at Camp site	No. of workers back in work after Covid recovery	No. of workers/ employees vaccinated

***Please attach relevant photographs with this monitoring checklist.**

(H&S/Safeguards Supervisor)

(Contractor/Representative)

(PIU/D&S Environmental Specialist)

Emergency Contacts:

*National Help Line- 109; National Call Centre -333
Hotline at Cox's Bazar Medical College-01713 205 877*

Annex 6: Tips on using and preparation of Cloth mask at home.

Everyone -- sick or healthy -- wear a cloth face mask covering mouth and nose while at public places or in a working site. A cloth face mask won't totally block the coronavirus. But it's an added layer of protection for the person and the people around him when he uses it along with regular hand washing and social distancing measures like staying 6 feet away from others. Cloth masks are best for people who don't work in health care and N95 respirators and surgical masks should be reserved for health care workers and first responders. Alternatively, handmade masks are also effective in preventing contamination, and here are some tips to keep in mind when making own or looking for handmade masks:

- Sew the fabric, tie it around the face, or fold it around some hair ties for ear loops.
- Use at least two layers of material.
- A pocket for a filter might be added. Be sure to take it out before washing the mask.
- Add a copper or wire ribbon on the nose of the mask to help it fit better.
- The mask should cover both the nose and mouth.
- The cloth mask should be washed with soap and hot water everyday after usage.

Annex 7: Covid 19 related Standard Operating Procedures (key Points only) in Bengali

ব্যক্তিগত স্বাস্থ্যবিধি ও সামাজিক দূরত্ব মেনে চলি, কোভিড থেকে মুক্ত থাকি

করোনা ভাইরাস কি?

করোনা এক প্রকার দ্রুত সংক্রামক ভাইরাস, যা মানবদেহে প্রবেশের পর শ্বাসতন্ত্রে মারাত্মক প্রদাহ সৃষ্টি করে, এমনকি মৃত্যু ও হতে পারে। এই ভাইরাসের কারণে যে রোগ হয় তাকে করোনা ভাইরাস রোগ বা কোভিড-১৯ রোগ বলে।

কীভাবে ছড়ায়?

- আক্রান্ত ব্যক্তির হাঁচি/ কাশি/ কফ/ সর্দি/ থুতু থেকে।
- আক্রান্ত ব্যক্তির সংস্পর্শে আসলে একজন থেকে অন্যজনে চড়ায়।
- চোখ, নাক ও মুখের মাধ্যমে শরীরে প্রবেশ করে।
- বেশিরভাগ ক্ষেত্রে হাতের মাধ্যমে।
- করোনা ভাইরাস মানুষের ফুসফুসে সংক্রমণ ঘটায়।

কোভিড-১৯ এর প্রধানতম লক্ষণসমূহ:

- ভাইরাস শরীরে ঢোকার পর সংক্রমণের লক্ষণ দেখা দিতে সাধারণত ২-১৪ দিন সময় লাগে।
- বেশিরভাগ ক্ষেত্রে প্রথম লক্ষণ জ্বর (১০০ ডিগ্রী ফারেনহাইট বা ৩৮ ডিগ্রি সেলসিয়াস এর বেশি)।
- শারীরিক দুর্বলতা দেখা দিতে পারে।
- এছাড়া শুকনো কাশি/ গলা ব্যথা হতে পারে।
- নাকে গন্ধ না পাওয়া/ স্বাদ না পাওয়া/ সর্দি হতে পারে।
- বুকে ব্যথা/ শ্বাসকষ্ট/ নিউমোনিয়া দেখা দিতে পারে।
- পাতলা পায়খানা/ ডাইরিয়া হতে পারে।
- অন্যান্য অসুস্থতা(ডায়াবেটিস/ উচ্চ রক্তচাপ/ হৃদরোগ/ কিডনি সমস্যা/ ক্যান্সার ইত্যাদি) থাকলে অর্গান ফেইলিওর হতে পারে।
- কখনও কখনও কোন লক্ষণ নাও থাকতে পারে।

করোনা প্রতিরোধে করণীয়:

ক) সকলের (শ্রমিক এবং প্রকল্পের অধীনে কর্মরত কর্মচারী ও কর্মকর্তাগণ) জন্য করণীয়:

Emergency Contacts:

National Help Line- 109; National Call Centre -333
Hotline at Cox's Bazar Medical College-01713 205 877

- সকলকেই অতি দ্রুত নিজ নিজ এলাকায় করোনার টীকা প্রদানের জন্য স্থাপিত ক্যাম্পে গিয়ে টীকার প্রথম ডোজ নিতে হবে এবং নির্দিষ্ট সময় অন্তর টীকা কার্ডে উল্লেখিত দিনে আবারো টীকা কেন্দ্রে গিয়ে দ্বিতীয় ডোজ টীকা গ্রহন করতে হবে। যাদের টীকা গ্রহনের জন্য সরকার নির্দেশিত 'সুরক্ষা' (<http://www.surokkha.gov.bd/>) সাইটের মাধ্যমে নিবন্ধনের সুযোগ রয়েছে, তাদের নিবন্ধন করে নির্দেশিত দিনে টীকা কেন্দ্রে উপস্থিত হয়ে টীকা গ্রহন করতে হবে। ইতিমধ্যে করোনায় আক্রান্ত হলে ডাক্তারের পরামর্শ মোতাবেক টীকা গ্রহন করতে হবে। উল্লেখ্য, টীকা গ্রহন করোনা থেকে পূর্ণ সুরক্ষা প্রদান করে না বিধায় নিম্নোলিখিত করণীয়গুলি যথাযথভাবে মেনে চলতে হবে।
- সম্ভব হলে অন্তত ২ ঘণ্টা পর পর সাবান পানি দিয়ে কমপক্ষে ২০ সেকেন্ড ধরে হাত ধোয়া। শ্রমিকেরা কাজের স্থানে বারে বারে হাত ধোওয়ার সুযোগ না পেলে কাজ শুরু পূর্বে, কাজের মাঝে অন্ততঃ দুইবার এবং কাজের শেষে ভালভাবে নিয়ম মেনে হাত ধুবে। ভালভাবে হাত ধোওয়ার নিয়ম নিচে বর্ণিত আছে।
- নাক, চোখ ও মুখে হাত দেয়ার অভ্যাস পরিহার করা।
- করমর্দন, কোলাকুলি বা সরাসরি স্পর্শ করে যে কোন প্রকার শুভেচ্ছা বা স্বাগত জানানোর রীতি সম্পূর্ণরূপে পরিত্যাগ করা।
- বাসা/ক্যাম্পের বাইরে গেলে নাক-মুখ সার্বক্ষণিক ঢাকার জন্য মাস্ক ব্যবহারের অভ্যাস গড়ে তোলা। মাস্ক ব্যবহার করলে, তা নিজেকে এবং অন্যকে ও ভাইরাস সংক্রমণ প্রতিরোধে সহায়তা করে। ওয়ান-টাইম মাস্ক ব্যবহার করলে মাস্কের নীল পার্শ্ব বাইরের দিকে রাখা এবং মাস্ক খোলার সময় পেছনের ফিতা ব্যবহার করা এবং ঢাকনায়ুক্ত ডাস্টবিনে ফেলা। কাপড়ের মাস্ক ব্যবহার করলে নিয়মিত ডিটারজেন্ট পানি দিয়ে ধুয়ে পরিষ্কার করা।
- হাঁচি, কাশি বা কথা বলার সময় মাস্ক মুখ থেকে নামানো বা কানে ঝুলিয়ে রাখার অভ্যাস পরিত্যাগ করা।
- যেখানে সেখানে এবং মানুষের চলাচলের স্থানে থুতু, কাশি ফেলা যাবে না। যদি থুতু বা কাশি কোন কারনে ফেলতে হয় তবে রাস্তার একপাশে বা মানুষ চলাচলের স্থান থেকে দূরে গিয়ে ফেলতে হবে।
- কাশি বা হাঁচি হচ্ছে এমন ব্যক্তির থেকে নিরাপদ (ন্যূনতম ১ মিটার বা ৩ ফুট) দূরত্ব বজায় রাখা। নিজে হাঁচি বা কাশি দেওয়ার সময় রুমাল বা টিস্যু পেপার ব্যবহার করা। হাতের কাছে রুমাল বা টিস্যু পেপার না থাকলে কনুই দিয়ে নাক-মুখ ঢাকা।
- ঘড়ি, বেল্ট, চুড়ি, আংটি, ব্রেসলেট, ও অন্যান্য অলঙ্কারের ব্যবহার যথাসম্ভব পরিহার করা।
- প্রতিদিন বাসা/শ্রমিকদের জন্য নির্ধারিত ক্যাম্প জীবাণুনাশক/ব্লিচিং পাউডার দিয়ে পরিষ্কার রাখা। সম্ভব হলে বাসা/ক্যাম্প এর আশে-পাশে পরিষ্কার রাখা।
- একজনের ব্যবহার্য কাপড়-চোপড়, থালা-বাসন, কাপ-প্লেট, গ্লাস অন্যজনকে ব্যবহার করতে না দেওয়া ও নিয়মিত পরিষ্কার করা।
- কাজের শেষে বাসায়/ক্যাম্পে ফিরে অবশ্যই সাবান-পানি দিয়ে ভালভাবে গোসল করা। ব্যবহার্য কাপড় অন্ততপক্ষে আধাঘণ্টা ডিটারজেন্ট পানিতে (সম্ভব হলে অল্প গরম পানিতে) ভিজিয়ে তারপরে পরিষ্কার করে ধুয়ে ফেলা।

- জানালা-দরজা খোলা রেখে আলো-বাতাস চলাচলের ব্যবস্থা রাখা।
- যে সকল স্থানে বারেবারে মানুষের হাতের স্পর্শ লাগে বা ব্যবহারের প্রয়োজন হয়, যেমন-দরজা জানালার হাতল, সিঁড়ির হাতল, পানির কল, ইত্যাদি কিছু সময় অন্তর জীবাণুনাশক/ ডিটারজেন্ট পানি দিয়ে পরিষ্কার করা।
- সম্ভব হলে প্রতিদিন কমপক্ষে ৩ বার হালকা গরম পানি পান করা, অথবা কুসুম গরম পানিতে লবন মিশিয়ে গড়গড়া করা, ভিটামিন সি-যুক্ত এবং অন্যান্য পুষ্টিকর খাবার খাওয়া। তামাকজাতীয় (বিড়ি, সিগারেট, ইত্যাদি) ও অ্যালকোহল জাতীয় পানীয় বর্জন করা।
- মাছ-মাংস, শাকসবজি এবং ফলমূল প্রবাহমান পানিতে কচলিয়ে ভাল করে ধুয়ে নেওয়া এবং রান্নার ক্ষেত্রে ভাল করে সিদ্ধ করা। খাবার সবসময় ঢেকে রাখার অভ্যাস করা।
- অফিস বা বাসায় এসির ব্যবহার নিরুৎসাহিত করা অপরিহার্য হলে তাপমাত্রা ২৬-২৭ ডিগ্রি সেলসিয়াসে রাখা।
- জুতা, স্যান্ডেল সবসময় বাসা বা ঘরের বাইরে রেখে পরিধান করা।
- বেড়াতে যাওয়া, দাওয়াত, সামাজিক অনুষ্ঠান ও আড্ডা থেকে নিজেকে এবং পরিবারের সদস্যদের বিরত রাখা। জনসমাগম, বাজার, শপিংমল, পাবলিক প্লেস এড়িয়ে চলা।
- টাকা লেনদেনের সময় সম্ভব হলে হ্যান্ড গ্লভস ব্যবহার করা, অথবা লেনদেনের পরপরই হ্যান্ড স্যানিটাইজার ব্যবহার করে বা সাবান দিয়ে ধুয়ে হাত জীবাণুমুক্ত করা।
- বাইরে গেলে যথাসম্ভব গনপরিবহন এড়িয়ে চলা। অল্প দূরত্বে হেটে যাওয়ার অভ্যাস গড়ে তোলা।
- প্রয়োজন, সামর্থ্য, ঝুঁকি এবং সংবেদনশীলতা বিবেচনায় নির্দিষ্ট ব্যক্তিগত সুরক্ষা সামগ্রী (পিপিই) ব্যবহার করা।
- অসুস্থ বোধ করলে বাড়িতেই থাকা (শ্রমিকেরা অবশ্যই তাদের সুপারভাইজারকে জানাবে) এবং জ্বর, কাশি এবং শ্বাসকষ্ট হলে ডাক্তারের পরামর্শ নেওয়া।
- সরকারের পক্ষ থেকে বিভিন্ন সময়ে জারি করা নিয়মকানুন বা বিধিনিষেধসমূহ অত্যন্ত কার্যকরভাবে মেনে চলা।

খ) শ্রমিকদের জন্য অতিরিক্তভাবে করণীয়:

- প্রতিদিন কাজ শুরু পূর্বে এবং পরে প্রত্যেকে তার ব্যবহার্য যন্ত্রপাতি সাবান বা ডিটারজেন্ট পানি দিয়ে ভালভাবে ধুয়ে পরিষ্কার করা। ধোওয়ার পূর্বে শুকনো ময়লা বা মাটি ব্রাশ দিয়ে ঘসে পরিষ্কার করা।
- কাজের/খাওয়ার/ক্যাম্পে থাকার সময় যথাসম্ভব অন্যদের থেকে দূরত্ব বজায় রাখা। কাজের সময় অনেক ক্ষেত্রে দূরত্ব বজায় রাখা সম্ভব না হলে ফেস মাস্ক/গগলস, হাতমোজা (হ্যান্ড গ্লভস) এবং মুখ ঢেকে (মাস্ক দিয়ে) কাজ করা।

- কাজের সময় যথাসম্ভব ফুল হাতা শার্ট বা কাপড় পরিধান করা।
- নিজেদের থাকার স্থান, রান্নাঘর, খাবারের স্থান, বাথরুম, আসবাবপত্র, পানির ফিল্টার প্রতিদিন নিয়ম করে (ক্যাম্পে থাকলে নিজেদের মধ্যে কাজের দায়িত্ব বণ্টন ও রুটিন করে) জীবাণুনাশক দিয়ে পরিষ্কার করা। পরিষ্কার করার সময় অবশ্যই নাক-মুখ ঢেকে রাখা এবং এর পরপরই সাবান দিয়ে ভালোভাবে গোসল করা।
- স্থানীয় মানুষজন বা স্কুলের ছাত্রছাত্রী, শিক্ষক কিংবা কর্মচারীদের সাথে দূরত্ব বজায় রাখা এবং তাদের সাথে কোনপ্রকার তর্ক বা বিবাদে না জড়ানো। স্থানীয়দের সাথে কোনোপ্রকার সমস্যা দেখা দিলে দ্রুত সুপারভাইজারকে জানানো।
- নিজের, সহকর্মীদের এবং পরিবারের নিরাপত্তার স্বার্থে প্রয়োজনীয় কাজের বাইরে ক্যাম্পের/বাসার বাইরে না যাওয়া এবং (বাসায় থাকা শ্রমিকেরা) পরিবারের সদস্যদের অযথা বাইরে যাওয়া থেকে বিরত রাখা, এবং (ক্যাম্পে থাকা শ্রমিকেরা) কাজের চুক্তি শেষে একবারেই বাড়িতে ফিরে যাওয়া।
- নিয়মিত পরিবারের সদস্যদের সাথে মোবাইল ফোনে কথা বলা এবং তাদেরকে কোভিড থেকে বেঁচে থাকার জন্য করণীয় সম্পর্কে জানানো।
- অবসর সময়ে পরিবারের সদস্য বা সহকর্মীদের সাথে (নির্দিষ্ট দূরত্ব বজায় রেখে) ঘরোয়া খেলাধুলা বা গল্পগুজব করে সময় কাটানো।

গ) অফিস ও ক্যাম্প ব্যবস্থাপনা:

- এলজিইডি-পি আই ইউ, পরামর্শক, ফিল্ড অফিস, কন্ট্রাক্টর ও সাইট অফিসের প্রবেশ পথে Infrared Thermometer এর মাধ্যমে স্ব-স্ব অফিসের সকল কর্মকর্তা, কর্মচারী, শ্রমিক সহ আগত সকল ব্যক্তির শরীরের তাপমাত্রা পরিষ্কা করা এবং তাপমাত্রা স্বাভাবিক (৯৭ থেকে ৯৯ ডিগ্রি ফারেনহাইট/৩৬.১ থেকে ৩৭.২ ডিগ্রি সেনসিয়াস) এর চেয়ে বেশি হলে বাধ্যতামূলকভাবে ফিরিয়ে দেওয়ার ব্যবস্থা করা। বাসা বা ক্যাম্প থেকে আগত শ্রমিকদের কাজের শিফটের শুরু এবং শেষে সাইট অফিসে হাজির হয়ে শরীরের তাপমাত্রা মেপে হেলথ রেজিস্টার এ লিপিপদ্ধ করা।
- সম্ভব হলে অফিসসমূহে জীবাণুনাশক অটো-স্প্রে দিয়ে জুতার তলা জীবাণুমুক্ত করা, অন্যথায় প্রবেশপথের উপর অবশ্যই ব্লিচিং পাউডারে ভেজা কাপড়/চটের বস্তা/স্পঞ্জ জুতা ভিজিয়ে/ঘষে প্রবেশের ব্যবস্থা করা।
- অফিসে পর্যাপ্ত মাস্ক, তরল হ্যান্ডসোপ, স্যানিটাইজার, Infrared Thermometer ও প্রয়োজনীয় প্রতিরোধক জিনিসপত্রের সরবরাহ নিশ্চিত করা এবং টয়লেটে পর্যাপ্ত সাবান, পানি, জীবাণুনাশক, টিস্যুর ব্যবস্থা রাখা।
- অফিসে যখনি সম্ভব মুখোমুখি না হয়ে ব্যাক-টু-ব্যাক বা পাশপাশি নিরাপদ দূরত্ব বজায় রেখে বসা।

- এসির ব্যবহার নিরুৎসাহিত করা, অপরিহার্য হলে তাপমাত্রা ২৬-২৭ ডিগ্রি সেলসিয়াসে রাখা। পর্যাপ্ত আলোবাতাসের প্রবাহ নিশ্চিত করা। এক্ষেত্রে অফিস চলাকালীন সময়ে অন্ততপক্ষে ৩ দফায় সকল দরজা-জানালা ৩০ মিনিটের জন্য খুলে রাখার ব্যবস্থা করা।
- অফিস এবং ক্যাম্পের বিভিন্ন সুবিধাজনক স্থানে ঢাকনা-যুক্ত ডাস্টবিন স্থাপন করা, এবং প্রতিদিনের ময়লা দিনের শেষে বা পরবর্তী দিনের শুরুতেই যথাযথ ব্যবস্থা করা।
- নামাজ আদায়ের জন্য প্রত্যেকের নিজ নিজ জায়নামাজ ব্যবহার করা এবং কমপক্ষে এক মিটার দূরত্ব বজায় রাখা।
- দিনের শুরুতে এবং প্রতি ঘণ্টায় লিফট এর বাটন, দরজার হাতল, সিঁড়ির রেলিং, টয়লেট, ইত্যাদি জীবাণুনাশক দিয়ে পরিষ্কার করা।
- অফিসের মেঝে (floor), টেবিল, চেয়ার, ডেস্ক, কম্পিউটার এবং অন্যান্য আসবাবপত্র ও সরঞ্জামাদি প্রতিদিন অফিস শুরুর পূর্বে জীবাণুনাশক দিয়ে ভালভাবে পরিষ্কার করা।
- কাজ শুরু করার আগে তরল হ্যান্ডসোপ/স্যানিটাইজার ব্যবহার নিশ্চিত করা এবং দুই ঘণ্টা পর পর হাত ধোওয়া।
- কাজের শুরুতে এবং শেষে নিজের টেবিল-চেয়ার ও ব্যক্তিগত ব্যবহার্য যন্ত্রপাতি জীবাণুমুক্ত করা।
- নিজের কলম, পেন্সিল, মার্কার, কাগজ এবং ব্যক্তিগত জিনিসপত্র (খাওয়ার জন্য নিজস্ব তৈজসপত্রসহ) অন্য কারো সাথে শেয়ার না করা।
- ড্রাইভার, ক্লিনার এবং অন্যান্য সেবা প্রদানকারীদের জন্য ব্যক্তিগত সুরক্ষা সামগ্রী(পিপিই) ব্যবস্থা করা এবং তাদেরকে সেগুলি নিয়মিত ব্যবহারের জন্য নির্দেশনা প্রদান করা।
- যাবতীয় সভা/প্রশিক্ষণসহ যে সকল সেবা ও কার্যক্রম অনলাইনে করা সম্ভব সেগুলো শতভাগ অনলাইনে সম্পন্ন করা, এবং এ সম্পর্কিত অফিস আদেশ প্রদান করা। অপরিহার্য ক্ষেত্রে সভা ও প্রশিক্ষণের সময় কমিয়ে স্বাস্থ্যবিধি ও সামাজিক দূরত্ব নিশ্চিত করা।
- একান্ত প্রয়োজন ব্যতিরেকে অফিসে দর্শনার্থীদের আগমন নিরুৎসাহিত করা, এবং সম্ভব হলে ভিডিও কনফারেন্সিং এর মাধ্যমে দর্শনার্থীদের প্রয়োজন মেটানো। অত্যাৱশ্যকীয় ক্ষেত্রে দর্শনার্থীদের মাস্ক না থাকলে তা সরবরাহ করা এবং অফিসে প্রবেশের পূর্বে তাদের হাত ধোওয়া নিশ্চিত করা।
- অফিস বা কর্মক্ষেত্রে থাকার সময় প্রলম্বিত না করা এবং সকল প্রকার অপ্রয়োজনীয় যোগাযোগ বা আড্ডা পরিহার করা।
- গর্ভবতী মা ও সন্তোরোধ ব্যক্তির অবশ্যই বাসার ভেতরে অবস্থান করা এবং অফিসে নিয়মিত উপস্থিতির ক্ষেত্রে তাদের জন্য বিশেষভাবে ছাড় দেওয়া।
- প্রযোজ্য ক্ষেত্রে সকল কর্মকর্তা- কর্মচারীকে জনস্বাস্থ্য সম্পর্কিত প্রয়োজনীয় বিধিনিষেধ ও

শিষ্টাচার সম্পর্কিত বিষয়ে প্রশিক্ষণ প্রদান করা।

ঘ) করোনা সন্দেহজনক হলে করণীয়:

- শরীরের তাপমাত্রা স্বাভাবিকের চেয়ে বেশি হলে, সাথে শ্বাসকষ্ট কাশি দুর্বলতা ইত্যাদি লক্ষণ দেখা দেওয়া মাত্রই স্বস্থ অফিসের/ক্যাম্পের ফোকাল পয়েন্টকে অবহিত করা এবং অফিসে/কাজে যাওয়া থেকে বিরত থাকা।
- পরিবারের কোন ব্যক্তির উক্ত লক্ষণ দেখা দিলে বা কোভিড পজিটিভ ব্যক্তির সংস্পর্শে আসলে কর্তৃপক্ষকে অবহিত করে ১৫ দিন হোম কোয়ারেন্টাইনে অবস্থান করা।
- অতি সত্বর কোভিড-১৯ পরিক্ষা করার ব্যবস্থা করা এবং টেস্ট রেজাল্ট পজিটিভ হলে ফোকাল পয়েন্টকে অবহিত করা এবং পরবর্তী পরিক্ষায় নেগেটিভ রেজাল্ট না আসা পর্যন্ত অফিসে/কাজে যাওয়া বন্ধ রাখা।
- করোনার উপসর্গ দেখা দিলে প্রথমে ১৬২৬৩/৩৩৩/BSMMU Telehealth ০৯৬১১৬৭৭৭৭৭/ হটলাইন টেলিমেডিসিন/Doctors Pool App ইত্যাদির মাধ্যমে অতি দ্রুত ডাক্তারের সাথে যোগাযোগ করা এবং ফোকাল পয়েন্টকে অবহিত করা।

হাত ধোওয়ার সঠিক নিয়ম:

 <p>১</p>	 <p>২</p>	 <p>৩</p>
পানি দিয়ে হাত ভেজান।	যথেষ্ট পরিমাণে সাবান দিন যাতে হাতের সম্পূর্ণ উপরিভাগে লাগে।	এক হাতের তালু দিয়ে আরেক হাতের তালু ঘষুন।
 <p>৪</p>	 <p>৫</p>	 <p>৬</p>
ডান হাতের তালু বাম হাতের পৃষ্ঠদেশের উপর নিয়ে আঙ্গুল ঢুকিয়ে দিন এবং উল্টোটিও করুন।	দুই হাতের তালু মিলিয়ে আঙ্গুলগুলো জড়িয়ে নিন।	আঙ্গুলের পেছনভাগ দিয়ে উল্টো দিকের তালুর সংস্পর্শে আঙ্গুলের সাথে আলিঙ্গনবদ্ধ করুন।
 <p>৭</p>	 <p>৮</p>	 <p>৯</p>
ডান হাতের তালু দিয়ে বাম হাতের বৃদ্ধাঙ্গুলীর চারদিকে ঘুরিয়ে ঘুরিয়ে ঘষুন এবং উল্টোটিও করুন।	ডান হাতের আঙ্গুলগুলো একত্রিত করে বাম হাতের তালুতে ঘুরিয়ে ঘুরিয়ে সামনে ও পেছনে ঘষুন এবং উল্টোটিও করুন।	বাম হাতের তালুর উপর ডান হাত রেখে পানির নিচে ধরুন।
 <p>১০</p>	 <p>১১</p>	 <p>১২</p>
একবার ব্যবহারযোগ্য তোয়ালে দিয়ে হাত ভালভাবে মুছে নিন।	তোয়ালেটি পানির কল বন্ধ করার জন্য ব্যবহার করুন।	আপনার হাতগুলো এখন নিরাপদ।
সৌজন্যে:		
 বিশ্ব স্বাস্থ্য সংস্থা		

Emergency Contacts:

National Help Line- 109; National Call Centre -333
Hotline at Cox's Bazar Medical College-01713 205 877