

**Environmental and Social (ES) requirements
Government of Romania
Ministry of Health**

**ENVIRONMENTAL AND SOCIAL MANAGEMENT PLAN
Building a burn center for “Grigore Alexandrescu” Children’s
Emergency Clinical Hospital Bucharest**



August 2021

Table of content

ABBREVIATION	3
EXECUTIVE SUMMARY	4
1. Introduction	4
2. Legal and Administrative Framework.....	4
3. Sub-Project Description and Scope of the Work	5
4. Environmental and Social Impacts and Risk Assessment of Sub-Project Activities	5
5. Environmental and Social Management Plan and Monitoring Plan	6
6. Public consultations.....	7
7. Environmental and Social Management Plan	7
1. INTRODUCTION	8
1.1. Background.....	8
1.2. Rationale for preparation of ESMP	9
1.3. Project concept.....	10
2. LEGAL AND ADMINISTRATIVE FRAMEWORK.....	12
2.1 National framework	12
2.2. World Bank Safeguards Policies and Procedures.....	15
2.3 Institutional and Implementation Arrangements	17
3. SUB-PROJECT DESCRIPTION AND SCOPE OF WORK	22
4. ENVIRONMENTAL AND SOCIAL IMPACTS AND RISK ASSESSMENT OF SUB-PROJECT ACTIVITIES.....	34
4.1 Environmental and Social Impacts and Risks	34
4.2. Main Mitigation Measures.....	39
5. ENVIRONMENTAL AND SOCIAL MANAGEMENT PLAN & MONITORING PLAN	50
5.1 Site Specific Environmental Screening and Review	50
5.2 Monitoring, Supervision and Reporting.....	50
6. ENVIRONMENTAL GUIDELINES	52
6.1 Introduction.....	52
6.2 The Site.....	52
6.3 Energy Efficiency, Insulation and Ventilation	52
6.4 Electrical Systems.....	52
6.5 Selection of Construction Materials and Construction Methods.....	52
6.6 Handling of Waste	53
6.7. Occupational Health and Safety At Work	53
6.8. Contractor H&SP and ERP	53
6.9. Guidelines to minimize the risk of COVID19 transmission during civil works.....	53
7. PUBLIC CONSULTATION.....	54
8. ENVIRONMENTAL AND SOCIAL MANAGEMENT PLAN- GR. ALEXANDRESCU BURN CENTER 55	
9. ENVIRONMENTAL AND SOCIAL MONITORING PLAN – GR. ALEXANDRESCU BURN CENTER	64
ANNEX 1 – LEGAL AND INSTITUTIONAL FRAMEWORK ON EIA	66
ANNEX 2 - ROMANIAN LICENSING AND PERMITTING PROCEDURES	69
ANNEX 3 – SAFEGUARDS POLICIES OF THE WORLD BANK	73
ANNEX 4 – ENVIRONMENTAL GUIDELINES FOR CIVIL WORKS CONTRACTS	75
ANNEX 5 - COVID 19 CONSIDERATION IN CONSTRUCTION / CIVIL WORKS PROJECTS	76
ANNEX 7 - GRIEVANCE REDRESS MECHANISM	86
ANNEX 8 - ENVIRONMENT AND SOCIAL INCIDENTS RESPONSE TOOLKIT	89
ANNEX 9 - MAIN ISSUES REGARDING ASBESTOS	93
ANNEX 10 - GALLERY.....	95
ANNEX 11 - AUTHORIZATION FOR CONSTRUCTION.....	97
ANNEX 12 - CLASSIFIED NOTIFICATION BY LEPA.....	101
ANNEX 13 - FORM FOR SUBMITTING COMMENTS FOR ESMP.....	103

ABBREVIATION

ABC-Automated Brightness Control	OP-Operational Program
CA-Competent Authority	PCB/PCT-Polychlorinated biphenyls and polychlorinated terphenyls
C-ESMP-Contractor's ESMP	PMU-Project Management Unit
CFCs-Chlorofluorocarbons	PPE-personal protective equipment
CoC-Code of Conduct	PSMD-Planning Standards and Manual for Design
DTODA-Technical Documentation for obtaining the Demolition Authorization	QC-Quality Control
EA-Environmental Assessment	QMP-Quality Management Program
EEE-Electrical and Electronic Equipment	RAR-Romanian Civil Traffic Authority
EHS-Environmental Health and Safety Guidelines	RCA-Root Cause Analysis
EIA-Environmental Impact Assessment	RSA-Radiologic Security Authorization
EIS-Environmental Impact Statement	RSN-Radiologic Security Norms
ELVs-Emission Limit Values	SCAP-Standards Corrective Action Plan
EMP-Environmental Management Plan	SDC-Swiss Agency for Development and Cooperation
ERP-Emergency Response Plan	SPD-standard procurement documents
ESMP-Environmental and Social Management Plan	SSS-Social Safeguards Specialists
ESIRT-Environment and Social Incidents Response Toolkit	<u>TDOBP-Technical Documentation for Obtaining the Building Permit</u>
ESMF-Environmental and Social Management Framework	TRC-Technical Review Committee
ESMP-Environmental and Social Management Plan	UWWT-Urban Waste Water Treatment
ESS-Environmental Safeguards Specialists	VOC-Volatile Organic Compound
FFP-feedback focal point	VOC-Volatile Organic Compound
FIDIC-International Federation of Consulting Engineers (six FIDIC standard contracts)	WB-World Bank
FOIA-Freedom of Information Act	WEEE-Waste Electrical and Electronic Equipmen
GBV-Gender based violence	
GD-Government Decision	
GEO-Government Emergency Ordinance	
GIIP-Good International Industry Practice	
GIRP-Groupement International de la Répartition Pharmaceutique, European Healthcare Distribution Association	
GO-Government Ordinance	
GRM-Grievance Redress Mechanism	
HCF-Healthcare facility	
HCFCs-Hydrochlorofluorocarbons	
H&SP-Health and Safety Plan	
HSR-Health Sector Reform	
HTA-Health Technology Assessment	
ICWMP-Infection Control and Waste Management Plan	
ISO-International Organization for Standardization	
LEPA-Local Environmental Protection Agency	
LTC-Long-Term Care	
M&E-Monitoring and Evaluation	
MECC-Ministry of Environment and Climate Changes	
MEWF-Ministry of Environment, Waters and Forests	
MO-Ministerial Order	
MoH-Ministry of Health	
NAMMD-National Agency for Medicines and Medical Devices	
NCD-Non-Communicable Disease	
NCNAC-National Commission for Nuclear Activities Control	
NEPA-National Environmental Protection Agency	
ODS-Ozone-Depleting Substances	
OH&S-Occupational health and safety	

EXECUTIVE SUMMARY

1. Introduction

This Environmental and Social Management Plan (ESMP) is prepared for the construction of the Grigore Alexandrescu Burn Center. It has the purpose to ensure that activities under the Project fully address the ways in which Environmental and Social (E&S) impacts can be avoided and minimized, and where they cannot be avoided, the ways in which they can be adequately mitigated.

2. Legal and Administrative Framework

Based on the initial screening, the proposed investments are not expected to trigger a need for a full EIA under Romanian law (EGO 195/2005).

While Romanian legislation does not require a social assessment for investment projects, nor is this a requirement for issuance of any permit, social screening of the sub-project will be based on World Bank safeguards policies.

Among the World Bank Safeguard Policies and Procedures, the major document regulating the WB environmental safeguard policy is OP 4.01- Environmental Assessment, and the Op4.11 – Physical Cultural Resources, both being between the safeguards World Bank policies. While no specific social safeguards are triggered, social risks and impacts are considered critical to successful implementation of the project and have been analysed and included in this ESMP.

The Romanian Legal Framework provides guidelines for Environmental aspects ranging from the legislation governing the Environmental Impact Assessments to legislation governing major aspects of the Environment aspects including water, soil, air, noise and biodiversity. Furthermore, the Romanian legislation covers the social aspects through the Labour Code, Law on Occupational Health and Safety, Decisions regarding the Equal Opportunities of Women and Men, etc.

The project's investments will be managed by a special department within the Ministry of Health (MoH) – Project Management Unit (PMU). The other departments of the MoH – i.e. IT Department, Capital Investments Department, Budget Division, etc. --have specific and limited responsibilities related to management of investment components of the project.

The ESMP will be monitored by a specialized supervision and project management consultant, as part of the overall supervision services for each site, during construction stage. Thus, each periodic monitoring report, will include a specialized chapter dedicated to Environmental and Social Supervision and Performance, which shall include the following:

- the results of the field supervisors screening and review procedures;
- a description of any operations not currently in compliance with environmental requirements as per its corrective action measures and of the actions PMU through the consultancy supervision firm, or directly, has taken or intends to take to correct the situation.

Appropriate training on Bank safeguards will continue to be provided under the Health programme to local officials, contractors and community representatives. This will be provided by the PMU Environmental or Social Consultant as the case may require. The Bank's supervision of the project will include a special mid-term review of construction contracts financed by MoH in this period to post-review.

Grievance Redress Mechanism

A project-level GRM is established to provide affected people by the Project to file their grievances and seek resolution with no intimidation or coerciveness. Through providing a transparent and credible channel, it aims to build trust and cooperation with all parties involved, which is an integral component to enhance the Project's effectiveness. Individuals and/or groups are free to choose the method that best suits them to file a grievance, they may do so in writing or verbally.

The following channels of communication are made available to register a general grievance, including anonymous grievances.

1. The petitions may be submitted to the MoH Public Relation Department
2. to the Gr. Alexandrescu hospital's public relations office
3. Site/Building level Grievance Box
4. to the supervision engineer who will also serve as the feedback focal point (FFP) at the local level,
5. World Bank GRS

All complaints/concerns and feedback will be documented in a grievance log. All staff and operators who will be handling the GRM will receive the necessary training for effective handling of complaints including on any potential SEA/SH related complaints, complaints from the elderly or other vulnerable groups. The principles of confidentiality and anonymity will also be applied to the internal grievances redress mechanism. Grievances will be handled efficiently and in a specified timeline and not exceeding 5 days. The GRM will be clearly documented with close follow up by the responsible persons who will follow up and monitor the GRM in a GRM log. Details on the procedures for addressing grievances are provided in the main text.

3. Sub-Project Description and Scope of the Work

The Grigore Alexandrescu Burn Center is part of the WB financed project "Health Sector Reform" (HSR) - Improving Health System, Quality and Efficiency Project, which aims at strengthening prevention and health promotion, rationalizing the health service delivery, increasing secondary specialized ambulatory services and promoting the implementation of clinical pathways for the most prevalent non-communicable diseases (NCDs). The Ministry of Health is the executing government agency through its Project Management Unit.

The project has 4 components

1. Strengthening Health Service Delivery
2. Public Health Sector Governance and Stewardship Improvement
3. Project Management, Monitoring and Evaluation
4. Strengthening of Public Health Emergency Response to COVID-19

In accordance with the approved design the Burn Center will be located in the courtyard of the existing Grigore Alexandrescu hospital, as some old warehouses will be demolished. The proposed new building consists of 7 levels: Basement, Ground floor, 4 medical floors and one technical floor. Its footprint will be of 2400 sqm, a total area of 13700 sqm and will have the following functions:

- a. 8 operating rooms
- b. Sterilization station
- c. 36 beds Intensive Care Section ATI of which 14 for neonatology
- d. Doctors' guard rooms
- e. Clinic for plastic surgery
- f. 2 operating rooms for the burn center
- g. 10 beds for critical patient
- h. 16 intermediate + postcritical ATI beds
- i. 10 beds for microsurgery and reconstructive surgery

In terms of functionality, it will be linked to the existing Emergency Unit.

It is expected that the Works will last for 26 months, including the small demolition works required as preparatory measures.

4. Environmental and Social Impacts and Risk Assessment of Sub-Project Activities

This Environmental and Social Management Plan (ESMP) is specific to Grigore Alexandrescu Burn Center. It is intended to analyze the environmental and social risks and mitigation measures associated with the

construction of the new building, taking into account WB's Environmental and Social safeguards as well as the Romania legal framework as applicable. Furthermore, the ESMP will propose monitoring actions during the construction period where the proposed mitigation measures will be followed-up in parallel with the overall technical monitoring of the project.

This subproject will not finance any activity with significant or irreversible environmental impacts, and therefore has triggered OP 4.01 with classification as Environmental Category "B.", as well as OP 4.11, Physical Cultural Resources for chance findings. The ESMP includes requirements for contractors and for MoH which refer to specific measures necessary to be taken for complying with Romanian laws and procedures related to the physical cultural resources, and with the World Bank's requirements for managing impacts on cultural property.

The **environmental risk** rating of the Project is Moderate. The Project involves civil works that include new construction, reconfiguration of medical flows in existing medical facilities. Project management will follow national/WHO regulation on medical waste disposal and will have a sound regulatory framework, institutional capacity in place for infection control and healthcare waste management and also will follow national guidelines and protocols for COVID-19 on issues of accessibility in non-discriminatory manner (equal access to the health facility irrespective of age, gender, pre-existing medical conditions etc.).

The Project is taking place near existing drainage system, is including small earth works (excavation, removal of topsoil, etc.), is taking place within a site in a populated area; The main risks identified as posed by the project are related to the site location which is in the courtyard of a hospital, very close to a main traffic artery and blocks of flats. The noise pollution is unavoidable from the construction sites and this will be a major environmental challenge; in addition to dust and other waste produced.

Patients are the vulnerable group present in the subproject area. Existing Medical Section which will be demolished has a Basement with 25 beds and a Ground Floor with technical areas and Laundry. The Medical Station will be relocated. Laundry will be externalized during construction works and will be accommodated later on in the Basement of the Burn Center after completion of works.

The **social risk** rating of the Project is Moderate. There are no direct adverse social impacts resulting from project activities. The project does not involve any land acquisition and does not affect indigenous peoples, nor cultural heritage. The social risks are limited to possible problems arise from the relocation of patients, inconveniences for the hospital staff because the construction will be located inside the courtyard of the hospital, labour issues and working conditions, including gender and Gender-Based Violence (GBV) risks, in recruitment and management of project workers, such as project management staff and contracted workers, problems for the neighbouring communities. There could also be insufficient community engagement and inadequate awareness of communities regarding the purpose of the construction. But overall, the risks are rather limited in nature and scale. Social concerns have been included in project's ESMF and will be further addressed in site specific EMPs including: influx of labour, workers' rights, code of conduct, GRM, GBV/SEAH, and health and safety of workers, hospital staff, patients, and community members. All precautions will be taken, and guidance followed, to prevent transmission of COVID-19.

5. Environmental and Social Management Plan and Monitoring Plan

Based on the actions that are presented under the E&S management and monitoring plans, the safeguard specialists will keep track of direct and indirect activities that have an impact on the identified social risks related to the demolition, construction and operational phases of the investment.

The environmental and social issues including mitigation measures will be supervised periodically by the MoH-PMU and the hospital's technical staff assigned for carry out such activities in relation with the construction works.

The ESMP provisions will form part of the design documents for the sub-project in Grigore Alexandrescu Burn Center and will be included in construction contracts for proposed activities, both into specifications and bills of quantities. Furthermore, the Contractors will be required to include the associated to ESMP mitigation and monitoring costs in their financial bids and required to comply with the ESMP provisions while implementing the sub-project activities

6. *Public consultations*

In accordance with WB's ESF, stakeholder consultation will be conducted during the preparation of the ESMP. Stakeholder consultation aims to involve, inform, and consult the public in the planning, management, and decision-making activities of the Project.

7. *Environmental and Social Management Plan*

This ESMP seeks to manage and keep to a minimum, potential negative impacts of this sub-project, at the same time, enhance the positive and beneficial impacts.

ESMP is providing guidance on potential site-specific impacts and mitigation measures to be undertaken for activities during construction and operational phases. Also, ESMP is providing a monitoring plan format that includes monitoring indicators, timing, monitoring methods, and institutional responsibilities.

1. INTRODUCTION

1.1. Background

This project, Health Sector Reform (HSR) - Improving Health System Quality and Efficiency Project, aims at strengthening prevention and health promotion, rationalizing the health service delivery, increasing secondary specialized ambulatory services, and promoting the implementation of clinical pathways for the most prevalent non-communicable diseases (NCDs). To achieve this over a six-year period, this operation has focused on three main areas: (a) rationalization of the health facility network; (b) strengthening of prevention, health promotion, and the primary care level; and (c) improvement of health sector governance and stewardship. The project is being financed by the World Bank (WB) and is being managed centrally by a Project Management Unit (PMU), within the Ministry of Health. As a part of a level II project restructuring, a fourth component on “Strengthening of Public Health Emergency Response to COVID-19” will be included in this project. This component will support the Government of Romania in the acquisition of medical equipment for triage, intermediate and intensive care units in COVID-19 hospitals; and purchasing of laboratory equipment and kits to expand testing and early detection of COVID-19.

The project will establish an order of priority of the works to be carried out, starting with the medical units in possession of an operating license.

The four project components are the following:

1. **Strengthening Health Service Delivery**
2. **Public Health Sector Governance and Stewardship Improvement**
3. **Project Management, Monitoring and Evaluation**
4. **Strengthening of Public Health Emergency Response to COVID-19**

Activities under the first component of the Project, **Strengthening Health Service Delivery**, will focus on access and quality of selected key services (life-saving services and screenings). Specifically, this component would strengthen key hospitals that will become the backbone of the hospital network and improve cancer screening network through the provisions of goods, works, non-consulting services, consultants' services and training in support of the following activities: (a) improving life-saving medical services, such as medical services in the operating rooms, intensive care units (including Advanced Surveillance and Treatment Units for Critical Cardiac Patients – USTACC), burn units, radiotherapy units/centers, as well as emergency services (including emergency telemedicine systems) and medical imaging diagnosis services. b) Performing works of rehabilitation and new constructions for four large medical units, as well as reorganization of their medical flows; performing various rehabilitation works for other existing medical units; (b) improving cervical cancer screening network by supplying mobile units for cervical cancer screening, and by strengthening the technical capacity of the regional pathology and cytology laboratories.

The second component, **Public Health Sector Governance and Stewardship Improvement**, aims at improving sector governance and stewardship of the MoH and other relevant governmental institutions to bridge the gap between policy and practice and to strengthen the capacity of improving the quality of medical care services through the provisions of goods, non-consulting services, consultants' services and training, through the following activities: (a) adapting evidence-based standards and protocols; (b) strengthening and supporting the implementation of health technology assessments (HTA); (c) strengthening the capacity of the health sector to conduct surveys and studies, and make evidence-based health policies; (d) supporting selected national health programs to move the focus toward preventive care and promotion of health services among the population; and (e) strengthening the communication strategy of the MoH to inform the general public on reform program and expected outcomes.

The third component, **Project Management, Monitoring and Evaluation**, includes support to the MoH and the Project Management Unit (“PMU”) in Project management and implementation, including fiduciary tasks, monitoring and evaluation and reporting through the provisions of goods, non-consulting services, consultants' services, training, auditing and incremental operating costs.

The fourth component, **Strengthening of Public Health Emergency Response to COVID-19** will support the Government of Romania in the implementation of selected activities to respond to the COVID-19 outbreak. The Government's plan focuses on strengthening the country's capacity for early detection of cases and the development of the network of public health laboratories; reorganizes health service delivery to implement patient triage and establish COVID-19 related services in COVID-19-specific facilities; expands public health surveillance and active monitoring of people exposed to COVID-19 patients; and strengthen the capacity of COVID-19 facilities. Specifically, the component will finance the following activities: (i) acquisition of medical equipment for triage, intermediate and intensive care units in COVID-19 hospitals; and (ii) purchasing of laboratory equipment and supplies to expand the detection of COVID-19. It will be financed through a reallocation of US\$77 million (EUR70 million equivalent) from Component 1.

The main physical investment components of the Health Sector Reform - Improving Health System Quality and Efficiency Project are:

- a. rehabilitation of intensive care units
- b. rehabilitation of operating (surgery) rooms
- c. rehabilitation of emergency departments
- d. improvement of Diagnostic Imaging Services
- e. creation of 4 new burn units (with about 6 beds each within a regional hospital)
- f. development of regional radiotherapy units
- g. establishment of hub centers for ambulatory diagnostic and treatment
- h. community care centers.

1.2. Rationale for preparation of ESMP

An Environmental and Social Management Plan (ESMP) outlines the mitigation, monitoring and institutional strengthening measures to be taken during project/sub-project implementation and operation phases to avoid or eliminate negative environmental/social impacts. For projects/sub-projects of intermediate environmental risk (Category B) an ESMP may be an effective way of summarizing the activities needed to achieve effective mitigation of negative environmental/social impacts.

The present ESMP outlines environmental impacts and mitigation measures related to the construction of a burn center for Grigore Alexandrescu Children's Emergency Clinical Hospital subproject. This Environmental and Social Management Plan (ESMP) is based on the Environmental and Social Management Framework (ESMF) for the project consistent with Environmental Assessment (OP 4.01) requirements that has been prepared and found satisfactory by the World Bank. The ESMF covers procedures and mechanisms that will be triggered by HSR to comply with the World Bank Policy 4.01 Environmental Assessment, and with the legislation and normative and legal acts of Romania governing the preparation and implementation of environmental, social and health and safety requirements. Public consultations for the ESMF were held in Bucharest and the final ESMF document in both Romanian and English languages was disclosed in country and on the Bank Infoshop on March 2nd 2021. The updated version of the ESMF both in Romanian and English versions are posted on the MoH website and submitted to the World Bank for its disclosure on its website. This revised ESMF is used by the client during the Project implementation.

The project beneficiary prepared this site specific ESMP in order to identify, avoid and/or minimize, mitigate or compensate potential impacts of project components on the natural and social environment in a way consistent with both national legislation and WB OPs.

The ESMP covers the following key areas: national and WB rules and procedures; environmental screening of the proposed sub-projects; description of key potential impacts and mitigation measures; requirements for monitoring and reporting; public consultations. It would support:

- inclusion of ESMP follow-up procedures in the operational processes of PMU, of MoH, and the selected hospitals;

- highlighting the ESMP follow-up responsibility in the job description of the MoH inspectorate staff;
- training of designated staff from the hospitals participating in the project as well as from PMU in project implementation;
- site-specific environmental screening concerning all project supported activities for the rehabilitation of the hospitals;
- monitoring and evaluation of mitigation measures identified in the site specific reviews; and
- inclusion of Environmental Guidelines for ecological planning and design of hospital buildings in the Design Standards and Manual.

The required mitigation measures and issues to be addressed through this ESMP and its instruments for the project activities are standard and widely used in construction practices. These include proper waste management and disposal of construction debris (including if the case asbestos), proper wastewater treatment; heating and fuel system assembly, dust and noise control, sensitivity of designs to cultural settings, and cultural heritage/chance finds procedures. In practice, these issues will be addressed through a series of local permits detailed in the environmental framework review, through contractor site supervisor oversight, through the local municipality requirements, and through the unit (PMU) in the MoH responsible for the objective facilities and rehabilitation.

Each activity to be financed under HSR will be reviewed for safeguards risks in line with OP4.01 and must obtain the clearances required by Romanian national regulations.

ESMP requirements will be included in the bidding and contract documents as integral part of both construction execution and technical supervision phases.

It will also allow ensuring environmental and social sustainability of activities throughout their implementation cycle and to provide the PMU Department in MoH, both engineering and technical staff and consultants with adequate institutional, normative and technical framework for the processes and procedures that should be observed during the subproject implementation:

1.3. Project concept

The main objective of this project is to improve the accessibility, quality and efficiency of health services in Romania. The Ministry of Health has identified the hospitals that will be part of the strategic network on which investments will focus, in accordance with its vision of development and prioritization of investments in the health sector for 2014-2020, which includes the Grigore Alexandrescu Children's Emergency Clinical Hospital.

Within the hospital, a Burn Center will be built in accordance with Order 476/2017 inside the Grigore Alexandrescu Emergency Clinical Hospital as a new building and connect the main departments of the hospital (UPU, Operator Block, ATI) so that the unit hospital to comply with the Order of the Minister of Health 1241/2016 completed with Order MS 699/2017. In order to comply with the provisions of this order of hospital organization and authorization rules, the existing situation was analyzed in the first stage of design and resulted in the structure of a new building that will include the burn center, operating room, intensive care unit and neonatology.

The new building has the following functions:

- 8 operating rooms
- Sterilization station
- 36 beds Intensive Care Section ATI of which 14 for neonatology
- Doctors' guard rooms
- clinic for plastic surgery
- 2 operating rooms for the burn center
- 10 beds for critical patient

- 16 intermediate + postcritical ATI beds
- 10 beds for microsurgery and reconstructive surgery

The new building will be connected to the existing Emergency Unit UPU.

Some specific objectives for the current project are:

- a. Construction of a new building - Burn Center.
- b. Construction of technical and utility annexes - drinking water reserve, station for medical fluids, electric power center
- c. Connecting existing hospital parts (by construction of 2 gateways from Burn Center - one to existing ER and one to other existing building), organizing and optimizing hospital flows,

As the new building will be built by demolishing existing hospital buildings, those wards will be relocated to existing wards by reorganizing wards. The reorganization of the sections will be done in accordance with the bed structure approved by the MoH Order no. 1241/2016 completed with the MoH Order 699/2017. To ensure the medical circuits and the transport of patients, body J and the new building will be connected on the ground floor, and body G and the new building will be connected with a walkway on the 1st floor, at a height high enough not to disrupt vehicle traffic.

This document covers the following: legal and administrative framework, sub-project description and scope of work, environmental and social impacts and risk assessment of sub-project activities, general description of environmental and social management and monitoring plan, environmental guidelines Site Specific Environmental and Social Management Plan with Monitoring Plan and annexes.

2. LEGAL AND ADMINISTRATIVE FRAMEWORK

2.1 National framework

A. Environmental Regulations & Standards.

This section briefly describes the main existing environmental regulations and standards relevant to the project and makes reference to institutions at the local and national levels responsible for issuing permits, licenses, and enforcing compliance of environmental standards.

The national authority for the environmental protection is the Ministry of Environment through its National Environmental Protection Agency (NEPA) and its local branches - Local Environmental Protection Agencies (LEPAs) operating in each County in Romania.

The main legislative body is defined by the Government Emergency Ordinance 195/2005 for environmental protection, as subsequently modified, and other organic and major laws on various domains, International Conventions and treaties signed and ratified by Romania, different governmental decisions or ministerial orders with relevance to environmental protection. A more comprehensive list of the legal and institutional framework will be provided as annexes.

Agencies (entities) proposing new investment projects that are likely to have a significant environmental impact have to apply for environmental agreement. This might be awarded only after a serious environmental impact assessment accomplished by accredited experts and accompanied by a public debate. Potential impacts, mitigation measures and the necessary monitoring system should be outlined in this process. After project commissioning, an environmental authorization is also required. This might be issued after LEPA staff verified the compliance with environmental agreement provisions. Without these certificates, the proposed activity is not allowed to proceed. Awarding of environmental agreement is made simultaneously with other needed approvals, but the environmental authorization is preceded by obtaining of other approvals (for telecommunication utilities, for natural gas network, for electric power, from the Fire Commandment, etc.), the Water Permit being the most important one.

As part of the approval process, the environmental permit could contain mitigation measures and a monitoring plan for measurement of various pollution parameters to be observed during the construction period, and further on the operation phase. Data must be registered and made available for LEPA or other responsible agencies.

Environmental Impact Assessment (EIA). The accomplishment of full EIA on which basis the environmental agreement would be issued, is mandatory for all activities listed in Appendix I of the GD no.445/2009 on the framework procedure for environmental impact assessment for certain public and private projects, as well as all projects proposed for the coastal zone and those proposed in protected hydro-geological areas. Projects listed in Appendix II of the same normative act, projects proposed within a natural protected area and those designated for the management of the natural protected areas are subject to the screening procedure. The result of the screening procedure is a decision based on which the project is further subject to the EIA or not. The current regulations require that the information provided by the developer of the EIA process shall include the measures envisaged in order to avoid, reduce and where possible, offset the significant adverse effects.

The EIA procedure comprises a mandatory involvement of the public and the public authorities with environmental protection responsibilities. The public comments are taken into account in the EIA procedure. The public authorities with environmental protection responsibilities are always involved in the Technical Review Committee-which is mandatory required by the national EIA procedure.

In conformity with Emergency Ordinance for Environmental Protection No.195/2005 including the respective updates - the Governmental Decision No. 445/2009, and the MO No. 863/2002 and 135/2010, the decision-

making process of the EIA regarding the issuance of the Environmental License to construct and the Environmental Permit to operate is well developed. The Environmental Protection regulation sets out the EIA requirements and principles; the GD 445/2009 sets out the procedures, while the OM 863/2002 and 135/2010 present in detail the procedures for EIA and for issuing the environmental license.

Inspection and enforcement responsibility for applicable laws for hospital facilities is the responsibility of the structures developed at level of MoH and Hospitals. Capital Investment Directorate of the MoH and economic/administrative structures of hospitals are in collaborations, and on issues related to capital investments implementation MoH departments coordinate the implementation.

The proposed investments are not expected to trigger a need for a full EIA under Romanian law (EGO 195/2005).

B. Social Legislation and Policies

The Romanian legislation does not require a social assessment for investment projects, nor is this a requirement for issuance of any permit. The main acts of legislation, by-laws and government policies relevant to social impact assessment applied for this ESMP are listed in the below table:

Table 1. Social policies at the level of Romania

Law	Purpose
Law No. 53/2003 - Labor Code	The legal act regulates individual and collective employment relationships, the enforcement of the regulations regarding employment and the labor jurisdiction.
Law No. 319/2006 – Occupational Health and Safety	The law provides the general framework for health and safety at the workplace, roles and responsibilities, monitoring bodies.
Law no. 481/2004 regarding the civil protection	Envisions an integrated set of specific activities, measures and organizational, technical, operative, humanitarian and public information tasks, planned, organized and realized in order to prevent and reduce risks of disasters; protection of population; goods and environment against the negative effects of emergency situations.
Law No. 448/2006 regarding the protection and promotion of the rights of disabled persons (republished in 2008)	Regulates the rights and obligations of disabled persons granted for the purpose of their social integration and inclusion.
Law no. 202/2002 regarding the Equal Opportunities of Women and Men	Regulates measures to promote equal opportunities and treatment between men and women, to eliminate all forms of discrimination based on gender in all spheres of public life in Romania.
Law no. 544/2001 regarding the free access to information of public interest	The law outlines the transparency principles for public administration, providing free and unrestricted access of citizens to information of public interest, defined as such by this law; it constitutes one of the fundamental principles of the relation between persons and public authorities, in accordance with the Constitution of Romania and with the international treaties ratified by the Romanian Parliament and Government.
Law no.50/1991 regarding the permitting for execution of construction works	The law defines the process for permitting construction, rehabilitation, extension, demolition works and includes provisions for the assessment of neighboring properties, consultation and consent of neighbors, where the project is expected to impact the near-by properties, as defined by technical norms.

Law	Purpose
GD no. 907/2016 regarding the technical and economic documentation for public investments	The governmental decision defines the elements and steps for elaborating the technical documentation for investments financed from public funds, including requirements to assess impact on cultural heritage buildings, near-by properties, measures to protect neighboring properties, etc.
Law no. 10/1995 regarding the quality assurance for constructions	The law defines the roles and responsibilities that apply in assuring that construction norms and standards are applied in buildings, including access for disabled persons, the use of environmentally friendly materials, gender dimension, etc.
Law no. 233/2002 for the approval of GO no. 27/2002 on regulation of petitioning rights of citizens in relation to public institutions	The law defines the principle related to the rights of citizens to submit petitions to public authorities and the procedures and responsibilities for recording/ answering/ solving the raised concerns, questions or suggestions of citizens.
Social Assistance Law (292/2011)	The legal acts sets out the key social security benefits and social services that are applicable to vulnerable groups in Romania.
Law 272/2004 on the protection and promotion of children's rights	The legal act regulates the legal framework for respecting, promoting and guaranteeing the rights of the child.
Law no. 116/2002 on preventing and combating social marginalization, with subsequent amendments and completions	The legal act constitutes the guarantee of the effective access, especially of the young people, to elementary and fundamental rights, such as: the right to a job, to a house, to medical assistance, to education, as well as the establishment of measures to prevent and combat social marginalization and mobilization of institutions with responsibilities in the field.
Law no. 219/2015 on social economy	The law regulates the field of social economy, to establish measures to promote and support the social economy
Joint order of the Ministry of Labor and Social Justice, the Ministry of Health and the Ministry of National Education no. 393/630/43636/2017 approving the collaboration protocol in order to implement the integrated community services necessary to prevent social exclusion and combat poverty	This normative act approves the Protocol of collaboration in order to implement the integrated community services (ICS) necessary to prevent social exclusion and fight poverty,
Law no. 17/2000 on social assistance for the elderly	The law regulates the fact that elderly have the right to social assistance in relation to the socio-medical situation and the economic resources they have.
Law no. 350/2001 regarding spatial planning and urbanization	The law defines the roles and responsibilities in relation to urban planning in Romania.
Law no. 287/2009 – The New Civil Code	The New Civil Code in Romania provides indication and regulation on access to neighboring properties, rights for compensations, principles of good-faith vicinity.

C. Guidelines Governing COVID-19 Activities

The WHO is maintaining a website specific to the COVID-19 pandemic with up-to-date country and technical guidance¹. As the situation remains fluid it is critical that those managing both the national response as well as specific health care facilities and programs keep abreast of guidance provided by the WHO and other

¹ <https://www.who.int/emergencies/diseases/novel-coronavirus-2019>

international best practice. The following WHO guidelines related to COVID-19 outbreak are used in internal orders by the Ministry of Health of Romania.

- WHO / 2019-nCoV / Surveillance Guidance / 2020.3 Global Surveillance for human infection with novel coronavirus (2019-nCoV) Interim guidance v3 31 January 2020, [https://www.who.int/publications-detail/global-surveillance-for-human-infection-with-novel-coronavirus-\(2019-ncov\)](https://www.who.int/publications-detail/global-surveillance-for-human-infection-with-novel-coronavirus-(2019-ncov))
- Novel Coronavirus (2019-nCoV) technical guidance: Early investigations <https://www.who.int/emergencies/diseases/novel-coronavirus-2019/technicalguidance>
- Home care for patients with suspected novel coronavirus (nCoV) infection presenting with mild symptoms and management of contacts Interim guidance 20 January 2020: [https://www.who.int/publications-detail/home-care-for-patients-with-suspected-novel-coronavirus-\(ncov\)-infection-presenting-with-mild-symptoms-and-management-of-contacts](https://www.who.int/publications-detail/home-care-for-patients-with-suspected-novel-coronavirus-(ncov)-infection-presenting-with-mild-symptoms-and-management-of-contacts)
- Clinical management of severe acute respiratory infection when novel coronavirus (2019-nCoV) infection is suspected Interim guidance 28 January 2020: [https://www.who.int/publications-detail/clinical-management-of-severe-acute-respiratory-infection-when-novel-coronavirus-\(ncov\)-infection-is-suspected](https://www.who.int/publications-detail/clinical-management-of-severe-acute-respiratory-infection-when-novel-coronavirus-(ncov)-infection-is-suspected)
- Novel Coronavirus (2019-nCoV) v2 Operational Support & Logistics Disease Commodity Packages: <https://apps.who.int/iris/handle/10665/332317>

2.2. World Bank Safeguards Policies and Procedures

The major document regulating the WB environmental safeguard policy is OP 4.01 Environmental Assessment, which is one of ten safeguard policies that the projects submitted for the Bank financing are to comply with.

Ten safeguard policies and the additional policy on *Access to Information* represent the framework of safeguard mechanisms applied by the WB for the sake of interests of beneficiaries, clients, stakeholders and that of the Bank. Applying these policies allows avoiding adverse impacts on the environment and people's lives, minimizing and mitigating potential unfavorable environmental and social project impacts.

1. Environmental Assessment (OP 4.01);
2. Natural Habitats (OP 4.04);
3. Pest management (OP 4.09);
4. Physical Cultural Resources (OP 4.11);
5. Forests (OP 4.36);
6. Safety of Dams (OP 4.37);
7. Involuntary Resettlement (OP 4.12);
8. Indigenous Peoples (OP 4.10);
9. Projects on International Waterways (OP 7.50);
10. Projects in Disputed Areas (OP 7.60);
- +1. Access to Information

The first six policies are environmental policies and they are taken as focus during preparation of the Environmental Assessment. The seventh and eighth are social and the ninth and tenth are legal.

The objectives of 10+1 safeguard policies are to:

- a) Avoid negative impacts where possible; otherwise minimize, reduce, mitigate, compensate;
- b) Match level of review, mitigation and oversight to level of risk and impacts;
- c) Inform the public and enable people to participate in decisions which affect them;
- d) Integrate environmental and social issues into project identification, design and implementation.

The major requirements of the World Bank safeguard policies and Procedures are stated in the Annex 3.

Application of Principles of the World Bank OPs and Procedures

In case of discrepancy between the requirements of OP 10+1 and those of the national legislation norms, the more stringent ones prevail. In case of conflict between the OP 10+1 and the national environmental requirements, the WB policies will prevail (even if some parts of the project are financed by the Government of Romania or third parties). The legal basis for such approach is the Agreement ratified by the Romanian Parliament, which carries the force of an international treaty and prevails over the national legislative acts.

Therefore, if the specific WB safeguard policy is more stringent than the local legislation, the WB safeguard policy will be applicable for this project. For example, the Romanian law does not require social assessments but the WB requires it so the WB standards will prevail and a social assessment will be done.

2.2.1 Safeguard OP 4.01 Environmental Assessment (EA)

The Bank undertakes environmental screening of each proposed project to determine the appropriate extent and type of EA. The Bank classifies the proposed projects into one of four categories, depending on the type, location, sensitivity, and scale of the project and the nature and magnitude of its potential environmental impacts.

Category A: A proposed project is classified as Category A if it is likely to have significant adverse environmental impacts that are sensitive, diverse, or unprecedented. These impacts may affect an area broader than the sites or facilities subject to physical works. EA for a Category A project examines the project's potential negative and positive environmental impacts, compares them with those of feasible alternatives (including the "without project" situation), and recommends any measures needed to prevent, minimize, mitigate, or compensate for adverse impacts and improve environmental performance. For a Category A project, the borrower is responsible for preparing a report, normally an EIA (or a suitably comprehensive regional or sectoral EA).

Category B: A proposed project is classified as Category B if its potential adverse environmental impacts on human populations or environmentally important areas – including wetlands, forests, grasslands, and other natural habitats--are less adverse than those of Category A projects. These impacts are site-specific; few if any of them are irreversible; and in most cases, mitigation measures can be designed more readily than for Category A projects. The scope of EA for a Category B project may vary from project to project, but it is narrower than that of Category A EA. Like Category A EA, it examines the project's potential negative and positive environmental impacts and recommends any measures needed to prevent, minimize, mitigate, or compensate for adverse impacts and improve environmental performance.

Category C: A proposed project is classified as Category C if it is likely to have minimal or no adverse environmental impacts. Beyond screening, no further EA action is required for a Category C project.

Category FI: A proposed project is classified as Category FI if it involves investment of Bank funds through a financial intermediary, in subprojects that may result in adverse environmental impacts.

2.2.2 Social Impact assessment

In addition to environmental aspects, social impacts are considered critical to successful implementation of the project. This ESMP seeks to: i) identify and mitigate social risks and impacts to ensure that there is inclusion of individuals or groups who, because of their particular circumstances, may be disadvantaged or vulnerable to participate in the process and benefit from the construction of the burn center at Grigore Alexandrescu; ii) that there are opportunities to engage stakeholders, through consultations and grievance redress and feedback mechanisms; iii) ensure health, safety and rights of workers at the site; iv) health and safety of hospital staff, patients, and other community members; v) identifying and mitigating against gender based violence (GBV), sexual harassment, sexual exploitation and abuse (SEA/SH).

2.2.3 Project category and safeguards triggered

The project will not finance any activities with significant or irreversible environmental impacts, and therefore has triggered the **WB environmental safeguard policy OP 4.01**, with classification as Environmental Category "B" – partial assessment. The main project interventions refer to the rehabilitation and limited new construction of hospital buildings all over the country.

The project will not finance Category-A activities or activities that target natural habitats or protected sites, and will prohibit those activities that can cause a significant loss or degradation of any significant natural habitat. The environmental screening process will check for the presence of physical cultural resources. In addition, cultural heritage/chance find procedures will be included in all works contracts.

2.2.4 Other Safeguard Policies.

The project also triggers **OP/BP 4.11, Physical Cultural Resources**, and the ESMF includes requirements for the borrower and contractors, as reflected in this site-specific ESMP. These refer to specific measures necessary to be taken for complying with Romanian laws and procedures related to the physical cultural resources, and with the World Bank's requirements for managing impacts on cultural property.

Romania has a well-developed cultural heritage protection system with responsibility for monitoring and enforcement conducted by the Ministry of Culture (MoC). The legal framework for cultural preservation is outlined in the Law for Preservation of Historical Heritage No. 422/2001, as amended by several subsequent acts, lastly by the Governmental Ordinance No. 10/2016.

If any cultural assets are found during construction (excavation) works ("chance finds"), the measures outlined in the Law 422/2001 will be undertaken, including the setting up of a protection zone in compliance with the Law 422/2001, reporting to the local offices of MoC, and obtaining a special permit for the execution of works in connection with the found cultural assets. A chance finds management plan will be developed, consistent with World Bank guidance and procedures.

The World Bank Group's Environmental Health and Safety (EHS) Guidelines. The EHS Guidelines are technical reference documents with general and industry-specific examples of Good International Industry Practice (GIIP). The EHS Guidelines contain the performance levels and measures that are normally acceptable to the World Bank Group, and that are generally considered to be achievable in new facilities at reasonable costs by existing technology. The World Bank Group requires borrowers to apply the relevant levels or measures of the EHS Guidelines. When host country regulations differ from the levels and measures presented in the EHS Guidelines, projects will be required to achieve whichever is more stringent. In the case of this Project, the General EHS Guidelines apply. The PMU will pay particular attention to the following General EHS Guidelines:

- a. EHS 1.5 – Hazardous Materials Management;
- b. EHS 2.5 – Biological Hazards;
- c. EHS 2.7 – Personal Protective Equipment (PPE);
- d. EHS 2.8 – Special Hazard Environments;
- e. EHS 3.5 – Transportation of Hazardous Materials;
- f. EHS 3.6 – Disease Prevention;
- g. WBG Environmental, Health, and Safety Guidelines for Health Care Facilities.

2.3 Institutional and Implementation Arrangements

2.3.1 Overview

The project's investments will be managed by a special department within the Ministry of Health (MoH) – Project Management Unit (PMU). The other departments of the MoH – i.e. IT Department, Capital Investments Department, Budget Division, etc. --have specific and limited responsibilities related to management of investment components of the project.

PMU has detailed TOR for project management, and is staffed, among others, with procurement specialists and civil works engineers who will be primarily focusing on the Hospitals UPU Sub-Component.

PMU has created monitoring arrangements for environmental aspects of the approved projects during the whole project lifecycle. During project implementation, PMU has the overall supervision responsibility for ensuring that the measures indicated in the ESMF/ESMPs are being properly performed.

The PMU in collaboration with the local authorities of the selected objectives, is performing the environmental monitoring during both, construction and operation phases, as specified in the monitoring plan of the ESMPs. The project is relying on the Romanian laws and World Bank safeguards policies (aligned with the EU environmental acquis) governing the process for environmental permitting and review.

Major issues concerning project implementation challenges (e.g. heavier than usual access / traffic in the hospital courtyard, demolition dust and noise issues etc.), including the ones related to the environmental performance of the projects portfolio, have to be resolved through the sector's existing coordination systems, with the support of the PMU.

The ESMP will be monitored by a specialized supervision and project management consultant, as part of the overall supervision services for each site, during construction stage. Thus, each periodic monitoring report, will include a specialized chapter dedicated to Environmental and Social Supervision and Performance, which shall include the following:

- the results of the field supervisors screening and review procedures;
- a description of any operations not currently in compliance with environmental requirements as per its corrective action measures and of the actions PMU through the consultancy supervision firm, or directly, has taken or intends to take to correct the situation.

Appropriate training on Bank safeguards will continue to be provided under the Health programme to local officials, contractors and community representatives. This will be provided by the PMU Environmental or Social Consultant as the case may require. The Bank's supervision of the project will include a special mid-term review of construction contracts financed by MoH in this period to post-review.

Establishment of Environmental and Social Safeguards Expertise within PMU

Environmental and Social Safeguards Specialists under the PMU are responsible for full coordination and supervision of the environmental plans and risk mitigation measures undertaken within the project. The Specialists will work in close coordination with supervision project coordination staff and technical staff in hospitals and will:

- a) coordinate environmental training for staff, designers and local contractors;
- b) disseminate existing environmental management guidelines and develop guidelines in relation to issues not covered by the existing regulations, in line with the Bank and EU standards for implementation, monitoring and evaluation of mitigation measures;
- c) ensure that contracting processes for construction works and supply of equipment include reference to appropriate guidelines and standards; and
- d) conduct periodic site visits to inspect and approve plans and monitor compliance.

Role of the Contractor

The contractor shall be responsible for implementing the provisions under the ESMP. The final version of the ESMP, with updated actions based on the technical design and specifications provided by the Technical Documentation & Technical Assistance Consultants, will be approved after the contribution of the public, collected during public disclosure and consultations and organized during the technical design phase. Once the contract is signed, with the ESMP acting as an annex, the Contractor can bring contributions to the plan, following negotiations with the Environmental and Social Safeguards Specialists within the PMU and the Technical Documentation & Technical Assistance Consultants.

Contractor ESMP (C-ESMP)

The construction contractor will prepare his own ESMP based on the framework of the approved this site-specific ESMP. The C-ESMP will be reviewed and approved by the Supervising Engineer and will form part of the contractual obligations. The C-ESMP will be specific to the contracted services but will consider the impact of these services at the construction site.

Labor Management

The contractor has the obligation to ensure that in addition to their contracts, workers at the site will sign to a code of conduct (Annex 16 to *C-ESMP to be added*). The CoC acts as a guideline on the basic conduct of all the workers at the site, including no tolerance of GBV, SEA/SH and non-discrimination. In addition, the contractor will be responsible to put in place a GRM for project workers, including an appropriate mechanism through which GBV/SEA/SH complaints can be made and resolved sensitively. The CoC will be analyzed at the level of MPU.

Occupational Health and Safety at Work

The contractor has the obligation to ensure all necessary protective equipment and materials, and the workers have the obligation to use all such protective equipment - helmets, gloves, goggles where appropriate and work uniforms. The contractor will also have the responsibility to ensure that personal protective equipment and measure are put in place to safeguard workers from the risks of COVID-19. All these minimum protection rules, doubled by avoiding over-exhaustion of workers, prevent ergonomic injuries and other work-related accidents resulting from repetitive, excessive and manual handling of building materials.

Contractor Health and Safety Plan and Emergency Response Plan

Contractor will be required to produce a Health and Safety Plan (H&SP) and an Emergency Response Plan (ERP) to protect his employees during the works he shall undertake. The C-EMP shall be considered when preparing contractor's H&SP and ERP. Environmental controls and exposure levels associated with worker protection shall be included in the contractor's ESMP. Work practices required by the ESMP are not intended to compromise health and safety in any way. Each H&SP and ERP will be approved by the Supervising Engineer prior to the contractor commencing works to ensure adequate health and safety controls and procedures have been developed, that are appropriate to the works to be undertaken.

2.3.2 Grievance Redress Mechanism

Communities and individuals who believe that they are adversely affected by a WB supported project may submit complaints to existing institutional redress mechanism including the MoH's Public Relations Department or the WB's Grievance Redress Service (GRS).

The aim of this GRM is to be accessible to a broad range of Project stakeholders who are likely to be affected directly or indirectly by the project. It will include beneficiaries, community members, project implementers/contractors, civil society, media—all of who will be encouraged to refer their feedback, including grievances to the GRM.

The GRM will provide the option for beneficiaries, project affected persons and other stakeholders to provide anonymous feedback. Thus, the citizens will have the possibility to address a request or complaint to GIRP or its subordinated units, in a direct address to the institution, fax, e-mail or an online form to be completed (request or complaint) on the institution's website.

A project-level GRM is established to provide affected people by the Project to file their grievances and seek resolution with no intimidation or coerciveness. Through providing a transparent and credible channel, it aims to build trust and cooperation with all parties involved, which is an integral component to enhance the Project's

effectiveness. Individuals and/or groups are free to choose the method that best suits them to file a grievance, they may do so in writing or verbally.

The following channels of communication are made available to register a general grievance, including methods for anonymous grievance.

1. The petitions may be submitted to the MoH Public Relation Department
2. to the Gr. Alexandrescu hospital's public relations office
3. Site/Building level Grievance Box
4. to the supervision engineer who will also serve as the feedback focal point (FFP) at the local level,
5. World Bank GRS

All complaints/concerns and feedback will be documented in a grievance log. All staff and operators who will be handling the GRM will receive the necessary training for effective handling of complaints including on any potential SEA/SH related complaints, complaints from the elderly or other vulnerable groups. The principles of confidentiality and anonymity will also be applied to the internal grievances redress mechanism. Grievances will be handled efficiently and in a specified timeline and not exceeding 5 days. The GRM will be clearly documented with close follow up by the responsible persons who will follow up and monitor the GRM in a GRM log. Details on the procedures for addressing grievances are provided in the main text.

Institutional channels: the right to petition is guaranteed by the Romanian Constitution. The petition-related procedure is regulated by the Government Ordinance no. 27/2002, approved by the Law no. 233/2002 and other regulations in the field.

The petitions may be submitted to the MoH Public Relation Department:

- by post to: Str. Cristian Popișteanu, nr. 1-3, Bucharest
- by fax: +40 021 3072 514
- By phone: +40 021 312 22 12; +40 021 317 40 08
- by e-mail: relatii publice@ms.ro
- by delivering them in person to the MoH Registry

All interested stakeholders will have the access to:

- A printed form available at Gr. Alexandrescu hospital that could be filled in and submitted to the Gr. Alexandrescu hospital's public relations office;
- Site/Building level Grievance Box for the public to submit their grievances and proposals.
- A monitoring system that categorizes all project related petitions at local and central level;

The public will have the option to report their complaint/feedback to the supervision engineer who will also serve as the feedback focal point (FFP) at the local level, in Bucharest. If the issue cannot be resolved at the *level of Bucharest*, then the problem will be addressed to the level of PMU. The GRM will enable **safe, confidential reporting on GBV incidence. All the information will be treated with great care to ensure the confidentiality aspect, especially** when related to the identity of the complainant. The hospital staff and the FFP will be trained to collect the complains and ensure the confidentiality until the social specialist will come and collect more information in a confidential and ethical manner and treat survivors in a non-judgmental, supportive way.

If it is determined that an incidence of GBV is directly connected to project activities, and associated personnel, the PMU, in consultation with WB, will immediately address and take appropriate actions. Each civil works ESMP, to be followed by contractors, will include specific GRM procedures, workers' rights, and actions to prevent GBV/SEA. Additionally, each contractor should prepare a Code-of-Conduct, to be signed by workers hired by contractor, which includes zero-tolerance of GBV/SEAH.

Information about the GRM will be publicized as part of the consultations for the ESMP in the participating sites and communities. A standard flyer/brochure on the GRM will be designed and disseminated and this

information will also be presented on the PMU and hospital - webpage. Each worker will be provided with brochure which outlines GRM and worker's rights.

World Bank GRS: the GRS ensures that complaints received are promptly reviewed in order to address project-related concerns. The project affected communities and individuals may submit their complaint to the WB's independent Inspection Panel which determines whether harm occurred, or could occur, as a result of WB non-compliance with its policies and procedures. Complaints may be submitted at any time after concerns have been brought directly to the World Bank's attention, and Bank Management has been given an opportunity to respond.

For information on how to submit complaints to the World Bank's corporate Grievance Redress Service (GRS), please visit <http://www.worldbank.org/GRS>. For information on how to submit complaints to the World Bank Inspection Panel, please visit www.inspectionpanel.org.

The Grievance Redress Mechanism is detailed in Annex 7.

Despite significant efforts to manage environmental and social risks associated with project activities, incidents may always occur. An incident in this context is an accident or negative event resulting from failure on the part of the implementing party to comply with national legislation and bank safeguard requirements, or conditions that occur because of unexpected or unforeseen events during project implementation. Examples of incidents include: fatalities, serious accidents and injuries; social impacts from labor influx; sexual exploitation and abuse (sea) or other forms of gender-based violence (GBV); major environmental contamination; COVID-19 outbreak among workforce; loss of biodiversity or critical habitat; loss of physical cultural resources; and loss of access to community resources.

This environment and social incidents response toolkit (ESIRT) is intended to assist implementing parties to address incidents that occur during implementation of the project and to advise implementing parties on their response to such incidents. ESIRT does not replace regular project supervision and reporting but has been prepared to help implementing parties respond when they learn of incidents during supervision, or at any other time.

ESIRT is comprised of the following six steps under the incident management and reporting process:

- A. Step 1 initial communication
- B. Step 2 classification
- C. Step 3 investigation
- D. Step 4 response
- E. Step 5 follow up

The Implementing Agencies and MoH/PMU roles and responsibilities in incident response are outlined in each of the steps. This ESIRT also contains a section on responses and remedial actions, where examples of possible responses by implementing parties to incidents are provided. ESIRT is detailed in Annex 8.

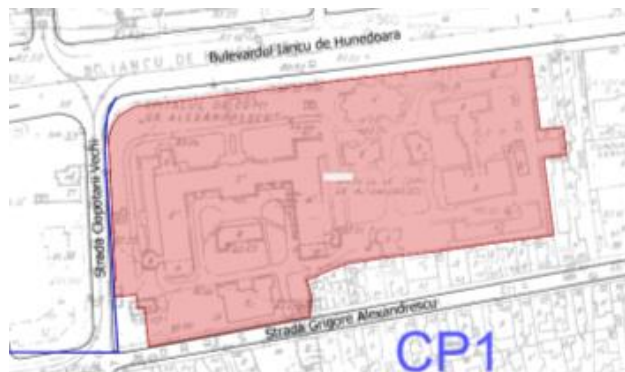
3. SUB-PROJECT DESCRIPTION AND SCOPE OF WORK

Description of the Site

Site description

a. The site is located inside the Emergency Clinical Hospital for Children Grigore Alexandrescu, (according to the situation plan) and has an area of approximately 121792 square meters, according to the land book extract no. 204162 and is owned by the Municipality of Bucharest through the City Hall of Sector 1, with the right of administrator of the Bucharest Hospitals and Medical Services Administration.

According to the General Urban Plan of Bucharest, the land is included in subzone CP1 - central subzone in which the configuration of the traditional urban fabric is maintained, containing a part of the protected area with Terrain Occupation Percentage POT max = 70%; and maximum Coefficient of Using the Land CUTmax = 3.0.



b. Relations with neighboring areas, existing accesses and / or possible access roads;

The vicinity of the site consists of private properties on one side and access roads on the other three.

- North - Blv. Iancu de Hunedoara at approx. 24 m from the existing buildings (approx. 36 m from the road axis), blocks of flats at approx. 37 m from the boundary of the studied location and about 57 m from the existing buildings;
- East - properties private - buildings with wall turbot joined the central power proposed at distances of 0 to 5.15 m limit site and of 6,1- 10.9 m of buildings Hospital;
- South - private properties (dwellings) at the site boundary and at distances of 0-12.55 m from the hospital buildings; Str. Grigore Alexandrescu at a distance of 0-27 m from the hospital buildings;
- West - Str. Clopotarii Vechi and building foundation Ronald McDonald at the distance of 15 meters from the location (to approx. 146 m of new proposed hospital building).

Access, both pedestrian; as well as car, is made from Str. Grigore Alexandrescu and Bd. Iancu de Hunedoara. The site is not inside protected natural areas. The nearest natural area (Natural Park Văcărești) is located approximately 5.7 km south- east of the site.

Description of the Works

Importance category and class:

- According to P100-1 / 2013, the building falls into the first class of importance;
- According to GD 766/1997, the building falls into the category of importance "A";
- According to P118 / 1999, the building falls to the first degree of fire resistance, low risk of fire.

The land in the study is shaped, in plan, polygonal.

Currently, 29 buildings are on site:

- C1 – Transformer post,
- C2 - Warehouse,
- C3 - Orthopaedic Clinic,
- C4 - Kitchen,
- C5 - Burns Clinic,
- C6 - Polyclinic,
- C7 - Warehouse,
- C8 - Administrative Offices,
- C9 - Warehouse
- C10 - Gas station,

- C11 - Urology Clinic,
- C12- Laboratory,
- C14 - Chlorination Station,
- C15 - Morgue,
- C16 - Gate cabin,
- C17 - Holy Trinity Church,
- C18 - Medical Department + Paediatric Clinic,
- C19 - Warehouse,
- C20 - Warehouse,
- C21 - Warehouse,
- C22 – Workshop + Transformer post
- C24 - Administrative Offices,
- C25 - Storage + toilet,
- C26 – Medical Section 2,
- C27 - Electrical switchboard,
- C28 - Oxygen Station Platform,
- C30 - St. Catherine's Pharmacy,
- C31 - Transformer Unit
- C32 - Warehouse.

In addition to construction, there are parking areas and green spaces on the land.

It is desired to demolish the bodies C14, C18, C19, C20, C21, C22, C24 and C25 and to clean the land in order to prepare it for the realization of new constructions – Burn Center

EXISTING and PROPOSED TERRITORIAL BALANCE SHEET				
Construction code	Destination	Sc (sqm)	Sd (mp)	Height regime
Buildings on which there is no intervention				
C1	Transformer Unit	33	33	P
C2	Warehouse	2. 3	2. 3	P
3	Orthopaedic clinic	3568	7355	Ss + P + 1 + M
4	Kitchen	426	426	P
C5	Burns clinic	590	2360	Ss + P + 2
6	Polyclinic	487	487	P
C7	Warehouse	22	22	P
C8	offices	79	79	P
C9	Warehouse	22	22	P
10	Gas station	17	17	P
C11	Urology clinic	503	1210	Ss + P + 1
12	Laboratory	182	182	P
C15	Morgue* (to be relocated)	148	148	P
C16	Cabin gate	10	10	P
C17	Church	84	84	P
C27	Electric panel	9	54	Ss + P + 5
C28	Oxygen station platform	27	27	P
C30	Pharmacy	79	79	P
C31	PTE	16	16	P
C32	Deposit	131	131	P

EXISTING and PROPOSED TERRITORIAL BALANCE SHEET				
Construction code	Destination	Sc (sqm)	Sd (mp)	Height regime
Existing buildings to be demolished				
C14	Chlorination station	32	32	P
C18	Medical department 1	598	1196	Ss + P
C19	Warehouse	31	31	Ss + P
C20	Generator	63	63	P
C21	Warehouse	34	34	P
C22	Transformation station	124	124	P
C24	Offices	68	68	P
C25	Storage + toilet	44	88	Ss + P + 1
C26	Medical department 2	367	367	P
TOTAL existing situation				
		8852	22013	
	St	POT	CUT	
	21792	40.62%	1.01	
New buildings				
C33	Reserve drinking water	145	145	P
C34	Thermal power plant	150	300	S + P
C35	Power plant	165	330	P + 1
C36	Burn Center	2400	13700	S+ P+ 4E + E teh
C37	Connecting gateway - UPU	150	150	1E
C38	Connecting gateway	200	300	P + 1
TOTAL proposed situation				
		10701	34 935	
	St	POT	CUT	
	21792	49.11%	1.59	

The new objective – Burn Center will include the following sections and halls, divided as follows:

- 8 operating rooms
- Sterilization station
- 36 beds Intensive Care ATI Section of which 14 neonatology
- 5 doctors' guard rooms
- 4 outpatient clinics for plastic surgery
- 2 operating rooms for the burn center
- 10 beds for critical patients
- 16 beds for intermediate ATI + post critical
- 10 beds for microsurgery and reconstructive surgery

The investment was divided into 14 main objectives that need to be realized, complementary projects necessary to be realized in order to obtain a functional objective or generated by the construction of the future Burning Center.

The main objectives are the following:

Demolition of existing buildings C14, C18, C19, C20, C21, C22

The buildings to be demolished currently house the chlorination station (C14), Medical Section 1 - with the pediatric department, laundry and technical spaces (C18), two warehouses, the electric generator, the transformation station (C19, C20, C21, C22).

After the demolition of existing buildings and until the completion of new buildings, the functions currently covered by the buildings to be decommissioned will be managed by a temporary solution (eg temporary construction, outsourcing to a third party, etc.).

The current height regime is P, Sp + P + 1 and S + P, the level heights on the ground floor vary between 2.5 m and 5 m and on the first floor the height is about 2.92 m.

The buildings are made either of solid brick and reinforced concrete elements that take over the gravitational and seismic loads: pillars, beams, floors, or of simple galvanized corrugated sheet or system made of galvanized corrugated sheet and expanded polystyrene.

For the bodies to be demolished, decommissioning works will be carried out of the thermal power plant in the basement of building C18 (equipment bases, heating and domestic hot water preparation boilers, boilers, distributors including fittings, chimney, etc.) of heating installations with static and air conditioning bodies, respectively of the thermal agent and refrigerant routes, decommissioning works of the sanitary installations: sanitary objects, water supply and sewerage.

Demolition of existing buildings - bodies C24 + C25

In the C24 building there was a former office building of the complex, with the height regime of partial S + GF + 1F, having an administrative function. The building is non-functional and is in an advanced state of degradation. Measures to support the building have been taken to prevent the collapse. The C25 building is an ensemble of two buildings with a common roofing system. They have the function of bathroom and storage spaces. On the outside we can see the connection between the body C24 and the body C25, the latter being made of sheet metal, compared to C24 which is made of brick masonry.

The demolition of the bodies will be done from top to bottom, starting with the roof and its structure, with the closing and partition walls on the floors and then with the demolition of the floor above the ground floor. The demolition process continues, respecting the same succession of operations, with the demolition of the ground floor, the partial cellar and the foundations.

Relocation of external networks

The installations that need relocation are the following:

a) Electrical installations

The transformation station and the generator set currently located in the area of the existing body, to be demolished, will be relocated. Also, the existing electrical networks in the area where the new building will be built, are to be identified and diverted.

b) Thermal installations: following the demolition of the C18 building, it is necessary to relocate the space arranged to the C19 thermal power plant (it will be attached to the C18 'building) which currently provides heat supply to the air treatment plants on the terrace of the cardiovascular surgery clinic. pediatric

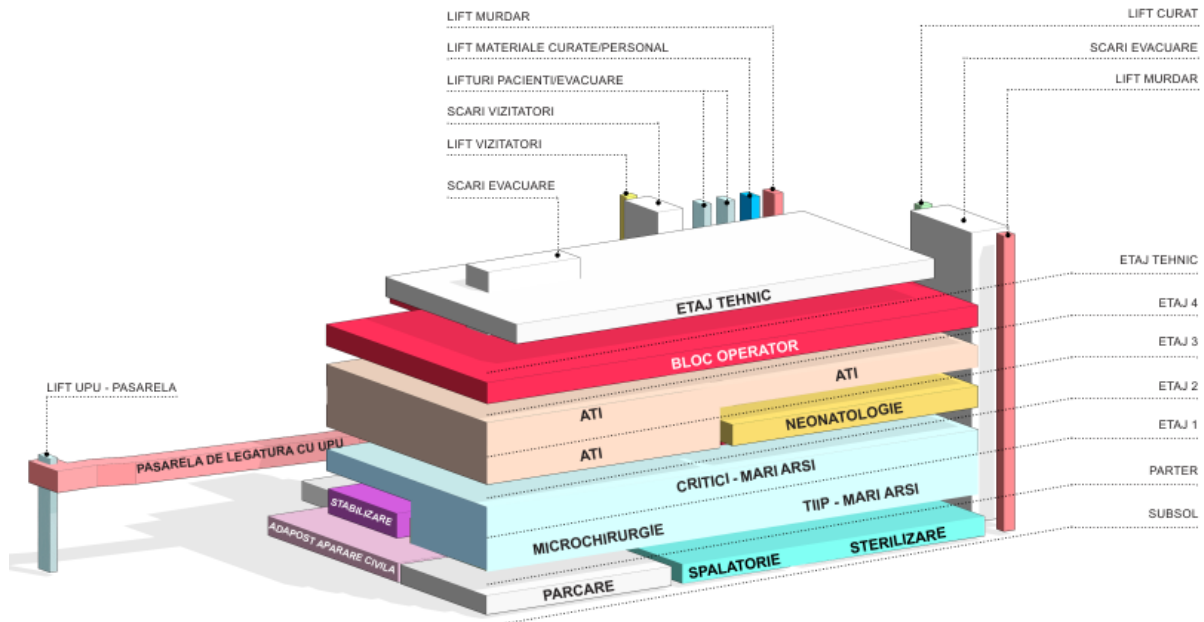
c) Sanitary installations: following the demolition of the C18 building, it is necessary to relocate the water supply, fire and sewerage networks.

New Hospital Building – Burn Center

The project will include the following sections and halls, divided as follows:

- 8 operating rooms
- Sterilization station
- 36 beds ATI Section of which 14 neonatology

- 5 doctors' guard rooms
- 4 outpatient clinics for plastic surgery
- 2 operating rooms for the burn center
- 10 critical patient beds
- 16 intermediate ATI beds + post critical
- 10 beds microsurgery and reconstructive surgery



The proposed new building consists of 7 levels: Basement, Ground floor and 4 floors, a technical floor. At the basement level, a parking area for staff, technical spaces with a workshop area, sterilization, laundry and civil defense shelter have been proposed. The basement is connected both by the staircase and by elevators with the upper floors.

On the ground floor, a reception was proposed in a lobby where people can receive the necessary information, an emergency area and emergency annexes for the burn center, microsurgery and reconstructive surgery department with 5 rooms, intermediate and post-critical burn section, outpatient clinics for the burn center with ancillary functions and on the opposite side is the morgue area.

On the 1st floor, a walkway was proposed that connects the emergency unit with the new building, the doctors' rooms on duty, the critical care unit of the burn center and the two operating rooms dedicated to the burn center, including its annexes.

The 2nd floor is composed of the neonatology and ATI department, with their ancillary functions.

On the 3rd floor is the ATI section with its ancillary functions.

On the 4th floor are the operating room, the patient preparation areas and the annexes related to the operating room.

The technical floor houses the mechanical part of the proposed building.

The internal flows of the existing hospital will be reorganized.

The new building will be connected to the existing UPU.

Exterior walkway with building G

It proposes a walkway between the Burn Center, to the floor level 1, the Emergency Room of the G building. The structure of the proposed walkway is rolled steel profiles and supported by the two frames made of -4 cite two poles in vertical direction, the closing of wall curtain, with vertical aluminum windows and double

insulated 6mm fixed. The infrastructure will be represented by foundations isolated from reinforced concrete in the columns of the support of the walkway.

The external walkway to building G will be provided with electrical installations for normal lighting and safety lighting, made with lighting fixtures with LED sources. The lighting circuits will be supplied from the level electrical panels designed for normal lighting and safety lighting, located in the new building.

Demolition of existing building C15 (morgue)

In building C15 is currently the pathological anatomy laboratory and the morgue for the entire hospital. After the completion of the burn center, this construction will prevent car access from the land. It is proposed to demolish it and reorganize the pathological anatomy laboratory within the spaces left vacant after the relocation of the surgery and pediatrics departments.

The construction has a height regime of P+1, a built area of 170 sqm and a developed area of 295 sqm, according to the surveys carried out by the design team.

Technical Annex – Power Plant and Water household

On the future footprint of the Burn Center is currently the drinking water reserve, the chlorination station, the fire water household, a transformer station, two generators, and repair workshops necessary in the operation of the hospital complex. In order to be able to demolish these constructions, it is necessary to relocate them.

It is proposed to build a power plant, located in place of bodies C24 and C25. It will have a height regime of P + 1 Floor and a built area of 148 sqm. The electrical equipment will be located on the ground floor, and on the first floor there will be repair workshops accessible through an external staircase.

In the power plant will be provided separate compartments for medium voltage cells, transformers and general switchboards for normal consumers (TGJT), respectively vital (TGV). The generators will be located outside.

For air conditioning, maintaining a constant temperature and removing excess heat from the power plant will be provided air conditioning unit with ecological Freon composed of the indoor wall unit and the outdoor unit mounted on metal supports. The ventilation of the space will be done naturally according to the provisions of the electricity supplier.

The water household, which will be located in the northern part of the land, near Ianca de Hunedoara Boulevard, will be a construction with a ground floor height and an area of 143.5 sqm. This building will consist of 3 rooms as follows: drinking water pumping group, fire pumping group, chlorination station water treatment from the drilled well.

Annex for medical fluids

It is proposed to build a cylinder station made of reinforced concrete with a roof made of metal structure with sandwich panel closure. It will be located in the northwest area of the land, will have a ground floor height and an area of 75.9 square meters. The construction will include cylinder stations for CO₂, O₂ and N₂O in different rooms, storage of empty cylinders and a space for staff with their own bathroom.

The CO₂ and N₂O cylinder stations are composed of two groups of 4 cylinders each.

The two groups of cylinders will be connected to an automatic switching panel by means of a high-pressure collector head. The gas cylinders will be connected to the collector head by means of flexible copper coils. A fire detection, signaling and alarm installation with total coverage will be provided.

Sewage treatment

According to the regulations in force, for the proper functioning of the hospital and to meet the norms of public health protection, the hospital as a whole needs a functional sewage treatment plant. Thus, it is proposed that once the relocation and restoration of facilities inside, and building a wastewater treatment plant with the aim to pre-treat the wastewater from medical facility before discharging them to the municipal sewage system.

The purpose and need for such a treatment system is determined that wastewater issued by the hospital unit, which comes from toilets, laboratories, food unit and sanitary facilities related salons patients may be infected with various micro contagious and contagious, meaning that the water must be treated before discharge their public network to prevent the spread of outbreaks that can spread with ease via the network of sewage.

Also, to ensure that after putting the whole into use in its new form, containing the new burn clinic, the hospital will be able to obtain an operating permit from the Public Health Directorate, the existence of this treatment plant is intrinsic.

The treatment plant will be standardized taking into account a volume according to the standards for the total number of users of the hospital, taking into account:

- permanent medical staff
- permanent auxiliary staff
- temporary staff (including residents)
- patients
- caregivers

Thus, following confirmations scenario of use and the number of total people inside will result in an estimated direct proportional waste water need to be treated and the station treatment plant will be sized accordingly. At this moment, according to the data taken from the hospital administration and derived from the functional disposition of the ensemble, the station was pre-dimensioned compared to a total need of approximately 1376 people, resulting in a covering need of 450 m³.

The whole treatment plant will also be equipped with special taps, from where samples will be taken monthly and sent to the public health department, in accordance with the requirements of the operating license

Landscaping

Concrete and pedestrian platforms will be created for the access of patients and staff.

The types of work reviewed to be executed were established technically and economically in order to maintain the viability of conservation and adaptation of the road system and the safety of traffic in the aggressive traffic and environmental factors that will be subject in perspective.

The water on the road surface will be channeled in a drain, it will direct it to the hydrocarbon separator and then to the municipal sewerage network. The space for parking spaces will be provided with grassy slabs placed on a support ballast layer. Movement pedestrian, sidewalks will be made of concrete. At least 30% of the total land area will be reserved for green spaces. The lighting of the enclosure will be done by means of an LED system with photovoltaic panels, made up of lighting poles. Through the poles, the video surveillance of the enclosure will be ensured with the help of the video cameras placed on them.

The green space will be decorated with lawn and decorative vegetation. After completion of the execution will be taken to play in the use of land occupied in after work. In the case in which it finds a degradation of this will be applied of environmental measures: making plant and grass-covering layer. If the activity carried out on a certain location has generated a negative impact on the environment through significant pollution of environmental factors, it is necessary to take measures to reduce and even eliminate pollution sources and last but not least, adequate pollution control measures in view of the ecological reconstruction of the

respective area. The portions of land that were destroyed during the execution of the works are grassed;

Access to the site

Access to the site is provided by direct connection with Iancu de Hunedoara Boulevard.

Existing utilities

Water supply

The water supply of the building is made of the well bore and the public network of the water supply through the branch-through Dia 80mm. Manholes of branching will be located inside the hospital next to the building, by metering water feed pipe, enters the basement of the building and from where it enters a distributor where consumers from the newly designed building are fed

In order to ensure the pressure inside the building, a pumping unit with a frequency converter consisting of a stern, a spare pump and a pilot pump has been provided.

To ensure the continuous supply of water, the hospital will be equipped with storage tanks. It is recommended to ensure a consumption reserve of 1-3 days.

Inside the hospital there is a 100 m³ tank that will be relocated to a new position established by the hospital management and the newly designed hospital building will be connected to this reserve.

In the basement of the additional building were provided 3 tanks of 5000 liters connected in parallel that serve the new pumping station of the hospital.

In addition, to ensure the supply of indoor hydrants, a 16 m³ tank was provided in the basement of the hospital, this provides fire protection through internal hydrants for a period of 60 minutes.

Hot water preparation

The preparation of hot water will be done with the help of a domestic hot water preparation module consisting of:

- solar panels and complete automation / pumping station for solar systems
- monovalent boilers with a capacity of 3000 liters with a coil for heat from solar panels;
- plate heat exchanger

In the absence of solar radiation or if water heating is not possible entirely with the help of solar panels, hot water is prepared using the heat input from the auxiliary source or plate heat exchanger or electrical resistance located on each boiler.

120 vacuum tubes will be provided for each boiler (4 solar panels of 30 tubes each)

In order to avoid the development of various bacteria in the hot water network, a domestic hot water recirculation installation was provided and at the same time for extra comfort;

The designed external water supply pipes will be intended for water supply for household needs. The water supply network is made of HDPE pipes PN10 bar. The HDPE pipe will be mounted at a depth of 0.9 m, being higher than the frost depth specific to the area.

Domestic and rainwater drainage system

The domestic sewerage installation ensures the collection and evacuation of domestic wastewater from the toilets and on the floors to the public sewerage network in the area.

Floor drains will be provided in DN50mm bathrooms. Sanitary objects are connected to the sewerage with fireproof polypropylene pipe for sewerage.

The meteoric waters on the roof will be collected through the terrace receivers with parafrunzar and / or terrace receivers circulating and discharged through the indoor installation to the external sewerage network of the premises and subsequently to the public network.

The water coming from the parking spaces and from the road will be collected through the drains and / or gutters and directed to a hydrocarbon separator that will be located outside.

The treated meteoric waters in the hydrocarbon separator will then be directed to the retention basin and subsequently to the connection to the public storm sewer in the area.

In order to take over the domestic water from the basement that is below the level of the external sewerage, the wastewater will be taken over in a collecting tank from where it will be pumped at the level of the external sewerage and then it will be taken to the treatment plant.

According to the norms in force, the treatment systems of the various categories of wastewater, prior to their discharge into the general sewerage of the enclosure, are:

- wastewater with sand, soil and grease will be passed through separators
- suspiciously radioactive wastewater will be directed to retention tanks and after a radioactivity control, discharged to the public sewer or treated
- wastewater from infectious disease departments and / or laboratories that work with pathological products or that by their specificity contaminate wastewater with pathogens, will be directed to a local disinfection station, where harmful agents will be neutralized.

Fire extinguishing systems

The equipment and the minimum obligatory technical endowment of the construction with fire extinguishing systems and installations, correspond to the normative P118-2 / 2013 and to the specific regulations, fulfilling the requirements from the general norms and dispositions of limitation and extinguishing of fires.

Fire extinguishing installations using water were proposed for the new building

Due to the need for heat for heating and boiling, the water causes the environment to cool down and therefore the water has the highest extinguishing efficiency for class A fires. Due to its relatively high density compared to combustible liquids, water is not recommended for extinguishing fires of combustible liquids (class B).

Due to the good electrical conductivity, water is not recommended for extinguishing fires in live electrical installations. In contact with some substances, water reacts by producing combustible gases that can explode and thus contribute to the intensification of combustion (sodium, potassium, zirconium, aluminum powders, etc.).

Considering the constructive and functional characteristics and taking into account the provisions of the norms and standards in force (P118-2 / 2013, Normative P118-99, STAS 1478, SR EN 12845, etc.), the following extinguishing and limiting installations were provided. fire:

- installations with indoor hydrants
- installations with external hydrants

Fire extinguishing system with internal hydrants

Such a fire extinguishing installation with internal hydrants will be designed and executed according to the provisions of P118 / 2 - 2013 as follows:

- The interior fire hydrants are located in visible and easily accessible places in case of fire, depending on the length of the hoses and the geometry of the protected space, in the following order: near the entrances, on traffic;
- The interior fire hydrants will be mounted apparently or buried, marking accordingly;
- In the absence of normal lighting, the hydrants will be identified by security lighting to mark the interior hydrants;
- The fire hydrant valve, together with the service equipment consisting of the hose, the drum with its support and the water discharge devices, is mounted in a special box, located in the niche or niche in the masonry, at a height of 0.80 m. .1.50m from the floor;
- The niches of the interior fire hydrants do not pierce the walls resistant to fire or delimiting the escape routes;
- The boxes are provided with a door and will be equipped with a lock and an emergency opening device that will be protected with a transparent material that can be easily broken. Valve closing valve screwed to the end, it will be positioned so that to allow the staying of at least 35mm space around the outside diameter of the hand wheel. If opener emergency is protected by a glass front, it must be able to be broken with ease, without the risk of leaving pieces or objects sharp that could cause injury

to those who act opener in case expedite. The box doors must open at least 170 ° to allow the hose to move freely in all directions;

- Only metal pipes are used in the internal water networks for fire;
- Ensure, according to SR 671, a minimum pressure required for the nozzle of the discharge pipe 22 mH₂O and a maximum pressure of 40 mH₂O;

Fire hydrant installation with external hydrants

In order to ensure the pressure and flow parameters, a own water household will be provided, consisting of an intangible external hydrant reserve of, useful volume of 325 m³.

The location of the tank will be in the basement of the building. Hydrants will be equipped with the necessary accessories for the passage of water (connection opening keys, discharge pipes, etc.). The intervention accessories will be kept in PSI panels (pickets) located near the building or in a separate room, specially provided for the storage of materials and substances for the prevention and extinguishing of fires.

Electrical installations

The basic power supply will be made from the National Energy System (SEN), through a new 2x1600 KVA transformer station, located in the Technical Annex - New power plant. As a backup source, 2 850 KVA generators were proposed, located in a specially arranged room in the power plant building.

The general electrical switchboard of the TGD building and the general electrical switchboard TGS will be supplied from the general switchboard of the transformer station (TGJT).

From the main electrical panels, the electricity is distributed to the secondary level electrical panels and further to the zonal or living room electrical panels. The building will be provided with normal and vital socket installations (with power supply from the generator or from the UPS). The normal lighting and safety lighting system will be provided with luminaires with LED sources.

Protection against accidental contact voltages will be achieved by grounding protection as the main measure, and by grounding, as well as differential protection and use of the IT distribution system in certain areas.

The earth socket will be artificial with a maximum dispersion resistance of 1 Ω, the socket being common for the electrical installation and the lightning protection installation.

Installations of protection against the effects of lightning must be set as normative I7 / 2011 with PDA type PREVECTRON mounted on the highest high of the building. The protection installations specific to the hospital will be made according to I7 / 2011 and NP015 / 97.

Thermal installations

The new technical space created will include the equipment necessary for the preparation of the heating agent and domestic hot water, respectively those related to the preparation of the technological steam.

The boiler room will be provided with the glass surface of the explosive (2% of the room), the detector for natural gas sensitivity threshold of 2% and electromagnetic valve on the circuit of the gas of the boilers that detect the concentration maximum allowable and will act servo-valve on the gas circuit in the sense of closing it and an audible signal (alarm) will be triggered. The operation of the boilers will be controlled by the automation equipment that will allow them to come into operation in the cascade. The adjustment of the boilers will be done qualitatively by adjusting the flow temperature according to the external temperature sensor.

The evacuation of the flue gases coming from the boilers is done by means of chimneys from prefabricated, metallic, thermally insulated sections, with double stainless-steel walls. The baskets will be equipped with inspection units, smoke detector units, condensate separator, increase parts, weather protection terminal

elements (wind, rain), mounting and mounting brackets, etc. The condensate from the chimneys will be neutralized with the help of a condenser neutralizer placed in the boiler room.

At the top, the chimneys will exceed the attic of the building by at least 1.5 m, which ensures a good dispersion in the atmosphere of the flue gases.

The burners are provided with a control panel, which ensures the automatic operation and which contains a flame control device, intended to switch off the burner and to stop the supply in the following cases:

- short circuit of commands;
- accidental extinguishing of the flame;
- defects or abnormal wear of flame detector;
- ignition safety time of less than 5 seconds;
- purge the boiler furnace required before any surgery ignition or re-ignition. The minimum duration of pre - ventilation is 20 sec. with an air flow corresponding to the burners at the nominal capacity of the burner.
- the burner will stop automatically in case the minimum gas flow is reached.

It will be installed in the boiler room by means of a distributor whose is the power to each circuit of the heating. The distributor is supplied from the steel boilers, by means of injection pumps. The water for loading the installation will be softened with the help of a softening station.

Heating, ventilation and air conditioning installations

Heating and cooling of clean rooms class III, will be done by means of uncharged ceiling fan coil units in 4-pipe system and steel panel type radiators supplied with thermal agent 80/60 °C from the heating plant located in the dedicated space.

The fan coils will have provided on each flow pipe, for hot water and chilled water, an automatic flow regulator and a motorized control valve, which will allow the regulation of the water flow entering each fan coil.

The heating of the common spaces, of the bathrooms, of the warehouses, of the staircase, etc. will be done by means of static steel panel type bodies, connected by means of a thermostatic flow control valve, a return shut-off valve and will have drain valves. and automatic vent valve. The placement of the static bodies is done especially near the glass where the height of the parapet and the space allow this. In other cases, the location is on adjacent walls. The heating elements are dimensioned taking into account the temperature of the heating agent 80 / 60°C, flow / return.

In order to prevent the entry of cold air masses from outside the building, air curtains with thermal agent mounted horizontally above the access doors will be provided for the entrance areas. The air curtains will also be equipped with sector valves and automatic flow regulator.

The pipes will be insulated so as to prevent the formation of condensation and loss of energy. The distribution will be made vertically through the gaps for the pipes, and horizontally through the false ceiling. Fixing the pipes to the construction elements (where applicable) will be done with the help of double or single clamps with rubber gasket. Expansion pounds will be provided for straight lines longer than 7 meters. The distribution pipes will be installed with a slope of 0.1-0.2% and will be provided with automatic ventilation valves in the maximum elevation points as well as with drain valves in the minimum elevation points.

For the ventilation of the spaces of hygienic class III, common air treatment plants will be provided, except for the central sterilization, which is provided with a separate treatment plant. The air treatment plants have been dimensioned to ensure a fresh air flow corresponding to a need of 7 air exchanges / hour for the sterilization and prosecting chambers, respectively the fresh air flow per person, calculated according to IS-2010.

The introduction of air must in no way create a feeling of discomfort inside the spaces. The following air speed limits must not be exceeded:

- 0.2 m / s in salons, medical offices, conference rooms, offices, locker rooms
- 0.3 m / s in, circulation spaces, toilets and bathrooms, service spaces.

The ventilation installations will be of double flow type, heat recovery being mandatory.

The air treatment plants will be able to be cleaned and decontaminated. For this, they will be provided with double walls, smooth, hygienic, with the possibility of installing filters type G4 (coarse), G7 (fine filtration) and will be equipped with a heat recovery system with an efficiency of over 70%.

Each of the treatment plant of the air will be completely equipped and accessorized, including the switchboard of force, automation interface BMS (' long-talk communication card '), wafer vibration compartment filter, battery heaters , battery the cooling fans centrifugal introducing air exhaust, muffler, heat recovery, and everything needed for the system to be fully functional. The air handling units will be EUROVENT certified.

The ventilation installation that serves the spaces belonging to class III of air purity will be provided with air filtration systems that will achieve the two filtration stages imposed for this category. Thus, the air treatment plants will be provided with G4 type filters, upstream of the air treatment unit and G7, after the air inlet fan. The installations will operate without air recirculation, the introduced air will be 100% outside air. The treatment plants will be equipped with heat recovery systems and control equipment to maintain constant flow rates of intake air regardless of the conditions, otherwise monitored within prescribed areas, clogging of the filters in the 2 filter stages and adjusting device for maintaining overpressure levels in rooms with higher air purity requirements than in spaces with lower requirements within or outside the controlled area.

The introduction and evacuation of air for all spaces belonging to class III will be done through grilles placed in the false ceiling.

Temporary Facilities Required During Construction Phase

Construction activities will require temporary facilities to be erected and installed on the site. Installation of these temporary facilities will enable various site functions to be achieved, including storage of construction materials, office administration and amenities and provision of site security. Temporary facilities required during construction works might include items such as a batch plant, bulk materials laydown yard, vehicle wash bays, decontamination facilities for vehicles, fencing and security access control points, contamination control points, portable toilets, waste water utilities, bulk material stockpile areas, demountable offices and lighting.

4. ENVIRONMENTAL AND SOCIAL IMPACTS AND RISK ASSESSMENT OF SUB-PROJECT ACTIVITIES

4.1 Environmental and Social Impacts and Risks

This subproject will not finance any activity with significant or irreversible environmental impacts, and has triggered WB OP 4.01 with classification as Environmental Category "B.", as well as OP 4.11, Physical Cultural Resources for chance findings due to the location of the site within the protected cultural area. According to the General Urban Plan of Bucharest, the land is included in subzone CP1 - central subzone in which the configuration of the traditional urban fabric is maintained, containing a part of the protected area with Terrain Occupation Percentage POT max = 70%; and maximum Coefficient of Using the Land CUTmax = 3.0.

Characteristics of the Project:

- is involving civil works that include new construction, reconfiguration of medical flows in existing medical facilities.
- is not involving land acquisition and/or restriction on land use, the land being free from encumbrances and in possession of the community.
- is not involving acquisition of assets to hold patients (including yet-to-confirm cases for medical observation or isolation purpose)
- will follow national/WHO regulation on medical waste disposal and will have a sound regulatory framework, institutional capacity in place for infection control and healthcare waste management
- will follow national guidelines and protocols for COVID-19 on issues of accessibility in non-discriminatory manner (equal access to the health facility irrespective of age, gender, pre-existing medical conditions etc.)
- will not cause loss of employments/jobs or relocation, closure of business/commercial/livelihood activities of persons and probably will involve recruitment of workforce including direct, contracted, primary supply, and/or community workers
- is not located within or in the vicinity of any ecologically sensitive areas (e.g. nature reserve, Emerald Sites), or critical habitats. The nearest natural area (Natural Park Văcărești) is located approximately 5.7 km south- east of the site.
- is taking place near existing drainage system, is including small earth works (excavation, removal of topsoil, etc.), is taking place within a site in a populated area;
- is not taking place near open water sources (e.g. rivers, lakes), is not including cutting of trees/forest/vegetation, is not taking place in vicinity of any historical buildings (the nearest historical listed building is at least 100 m distance - Art Museum Frederic and Cecilia Cuțescu Stork) or areas and is not using hazardous materials.

Patients are the vulnerable group present in the subproject area. Existing Medical Section which will be demolished has a Basement with 25 beds and a Ground Floor with technical areas and Laundry. The Medical Station will be relocated. Laundry will be externalized during construction works and will be accommodated later on in the Basement of the Burn Center after completion of works.

The ESMP includes requirements for contractors and for MoH which refer to specific measures necessary to be taken for complying with Romanian laws and procedures related to the physical cultural resources, and with the World Bank's requirements for managing impacts on cultural property.

If any cultural assets are found during construction (excavation) works ("chance finds"), the measures outlined in the Law 422/2001 will be undertaken, including the setting up of a protection zone in compliance with the Law 422/2001, reporting to the local offices of MoC, and obtaining a special permit for the execution of works in connection with the found cultural assets. This will be in line with a cultural heritage management plan, consistent with World Bank OP4.11.

However, in this case the chances are very slim as the site is located in an area where modern constructions situated in vicinity did not discover any potential cultural heritage

In the current situation of COVID -19 outbreak, a special attention should be given to measures related to reduce exposure and spread of disease to public and more specific to stop spreading the virus among construction workers.

4.1.1 Environmental Impact and Risks

The analysis of environmental impacts involves that is expected to have a net positive environmental impact by increasing the response capacity to medical emergencies in western Romania.

The potential adverse environmental impacts of project implementation will be limited and temporary, and are mainly related to construction works which may include:

- increased pollution due to demolition and construction waste;
- increased noise and dust level during demolition works and construction activities
- generation of dust, noise, and vibration due to the movement of construction vehicles and machinery;
- associated risks due to improper disposal of construction waste, asbestos and asbestos-containing materials, or minor operational or accidental spills of fuel and lubricants from the construction machinery;
- increase in traffic during construction which may impact community;
- impact on workers and community health and safety during construction activities;
- improper reinstatement of construction sites upon completion of works;
- unsafe practices during operation of the building; and
- Inappropriate disposal of the demolition debris.

The risks listed above are anticipated in advance of project implementation and direct mitigation activities will be designed, implemented, monitored and evaluated during construction period in a way consistent with national legislation, WB OPs and international good practice.

Use of construction materials that are hazardous to human health (e.g., asbestos, asbestos contained materials) are not permitted. Asbestos-contained materials waste will be collected, transported and finally disposed by applying special protective measures in accordance with the hazardous waste handling standards.

Table 3. Environmental risks

Impact	Possible environmental factors affected	Extent	Impact characteristics (Magnitude, Probability, Duration, Reversibility)	Measures
Positive impacts				
Reducing the risk of death by increasing the efficiency and response capacity to medical emergencies	Population (health)	Regional	Medium magnitude Average probability Duration: long term Irreversible impact	Not necessary
Stimulating the workforce by creating new jobs for graduates of Romanian Medical Schools	Population (economy)	National	Small magnitude Average probability Duration: long term Irreversible impact	Not necessary

Impact	Possible environmental factors affected	Extent	Impact characteristics (Magnitude, Probability, Duration, Reversibility)	Measures
Valorization of the land inside hospital through an efficient and productive use	Soil, population (urbanism)	Local	Large magnitude High probability Duration: long term Irreversible impact	Not necessary
Improving the physico-chemical properties of discharged wastewater by implementing adequate wastewater collection and pre-treatment systems	Surface water	Local	Small magnitude High probability Duration: long term Irreversible impact	Not necessary
Qualitative improvement of the medical act by implementing appropriate measures in order to ensure the necessary utilities for the development of the medical act	Population (health)	Regional	Medium magnitude High probability Duration: long term Irreversible impact	Not necessary
Negative impacts				
Reduction of the efficiency of the wastewater treatment plant of the municipality of Bucharest as a result of the discharge of wastewater with chemical and biological load	Surface water	Local	Small magnitude Low probability Duration: short term Reversible impact	Local pre-treatment systems selected according to discharged pollutants with by-passes
Increase in the concentration of greenhouse gases in the site area as a result of CO ₂ emissions from combustion and ventilation processes, as well as in case of accidental emissions of freons from cooling installations	Ambient air	Local	Small magnitude Average probability Duration: medium term Reversible impact	Periodic monitoring of emissions and periodic preventive maintenance
Decreased ambient air quality due to emissions from stationary, mobile and fugitive sources in the hospital area	Ambient air	Local	Small magnitude Average probability Duration: long term Reversible impact	Periodic monitoring of emissions, periodic preventive maintenance, management and surveillance of traffic inside hospital
Contamination of soil and aquifers with free level with chemical and biological substances in case of failures in the sewerage system or underground basins	Soil, subsoil, groundwater	Local	Medium magnitude Low probability Duration: long term Irreversible impact	Choice of double-walled underground basins, periodic inspection of the sewerage system to identify potential accidental leaks

Impact	Possible environmental factors affected	Extent	Impact characteristics (Magnitude, Probability, Duration, Reversibility)	Measures
Increasing the amount of waste generated, including medical waste	Soil, ambient air, natural resources, population (health)	Local	Large magnitude High probability Duration: long term Irreversible impact	Selective waste collection, concluding waste disposal contracts with authorized companies, keeping proper records of waste generated and conducting annual waste audits
Increasing the consumption of hazardous chemicals	Soil, ambient air, population (health)	Local	Small magnitude Average probability Duration: long term Reversible impact	Efficient management of hazardous chemicals

4.1.2 Social Impacts and Risks

Potential Social Impacts. Implementation of sub-projects will have various social implications. In general, successful implementation of this Project will have social benefits to the people, but there could be some negative impacts, real or perceived. The project is expected to mainly have a positive social impact at the level of the community by providing improved access to medical services for children in general and specific to a children burn center.

Issues related to new construction:

The site for new construction is located on public land, within the existing developed urban areas and within the existing hospital territories. The land is owned by Bucharest Sector 1 Municipality and new land is not to be acquired from private owners, nor is resettlement envisaged in order to have access to the land for construction. There are no illegal occupants on the site in question and the land is not used for agricultural or businesses purposes, by formal or informal users.

Cultural assets

No cultural or historical assets will be affected by the new construction.

If any cultural assets are found during construction (excavation) works ("chance finds"), the measures outlined in the Law 422/2001 as further amended will be undertaken, including instituting a protection zone in compliance with the Law 422/2001, reporting to the local offices of MoC and obtaining a special permit for the execution of works in connection with the found cultural assets.

In relation to the potential negative impacts and risks identified in relation to the construction of the Burn Center:

- COVID-19 related risks with regards to enhanced spread of the virus among i) construction and other on-site healthcare workers; ii) local communities surrounding the site iii) patients and other people within the hospital premises
- possible injuries of the local population, patients and workers (both health care and project workers) during demolition, construction and relocation of patients;

- community dissatisfaction regarding the site noise and dust
- Potential interruptions in utilities for neighboring properties, at the time of connecting the new buildings to gas, water, sewerage, electricity;
- Temporary increase of traffic congestion and road accident risks during transport of demolition waste and building materials.
- Labour management related risks such as occupational health and safety, SEA/SH

4.1.3. Occupational Health and Safety

Occupational health and safety hazards may occur during construction, maintenance, and operation of new facilities and equipment, and must be carefully managed.

Many workers will be exposed to occupational health and safety hazards, primarily including, but not limited to:

- Lack of awareness on occupational health and safety requirements such as the use of personal protective equipment (PPE) and safe workplace practices;
- Electrical works;
- Exposure to chemicals (as paints, solvents, lubricants, and fuels);
- Traffic accidents;
- Excavations hazards;
- Lifting of heavy structures;
- Exposure to construction airborne agents (dust, silica and asbestos);
- Welding hazards (fumes, burns and radiation).

In particular, prevention and control measures must ensure that only trained and certified workers access the facilities or any area that could present occupational health and safety hazards, with the necessary safety devices and respect for minimum setback distances.

Social potential negative impacts and risks identified are related to:

- impact on workers and community health and safety during construction activities, including risk of the spread of the COVID-19 virus among on-site workers and local communities;
- impact on patients' health and safety during construction activities, including risk of the spread of the COVID-19 virus;
- possible injuries of the local population and workers;
- community dissatisfaction regarding the site noise and dust and the potential spread of the COVID-19 virus;
- problems with connections to the water supply network, and temporary negative impacts to the population in the vicinity;
- Increase discomfort for neighbors due to noise and dust pollution;
- Relocation of patients, and medical staff to other areas of the hospital
- Potential interruptions in utilities for neighboring properties, at the time of connecting the new buildings to gas, water, sewerage, electricity; and
- Temporary increase of traffic congestion and road accident risks during transport of demolition waste and building materials.

Community safety and health

The project-supported communication activities will ensure a broad awareness of the government's pandemic response strategy and the role of communities, individuals and businesses in implementing specific community health and safety measures, including social distancing, hygiene practices. personal / worker, self-isolation and compulsory quarantine.

The major COVID-19 related social risks are in relation with:

- i) spread of the virus among construction and other on-site/healthcare workers (for construction phase);

ii) the spread of the virus in local communities (for construction and operational phase); medical waste management and disposal (for operational phase). Also, during construction, some in-patients may need to be transferred to other pavilions of hospital. In addition to the inconvenience, such transfers now entail the risk of spreading COVID-19 to patients and hospital personnel, both during the transfer and at the new premises/hospitals.

In operational phase relevant staff would need to have the training to ensure that equipment and testing kits are handled, sanitized and maintained as per national safety protocols for COVID-19. Also, there is a potential risk that vulnerable and disadvantaged social groups may have difficulties accessing COVID-19 support.

Considering the current situation with COVID-19 in the country, in addition to the measures for safety and protection at work, the OH&S plan also should include measures for prevention of COVID -19. Detailed description of the measures and recommendations from the World Bank/WHO and Romania's health authorities are presented in Annex 5.

4.2. Main Mitigation Measures

Overall, appropriate planning, monitoring, consultations with affected parties and a grievance procedure are expected to keep these impacts at a minimum low.

Mitigation measures for more specific environmental risks are detailed below:

A. Water quality protection

Construction stage / Sources of pollutants

The sources of pollutants that can negatively influence water quality are the following:

- Wastewater from washing the tires of vehicles leaving the site;
- Accidental spills from machinery and storage areas of hazardous chemicals and waste;
- Domestic wastewater resulting from hygienic-sanitary activities of employees;
- Emissions of sediment dust that can be entrained by rainwater in the public sewer system;
- Rainwater contaminated with hydrocarbons resulting from outdoor platforms, parking lots and roads associated with the site.

Construction stage / Sources of pollutants

The sources of pollutants that can negatively influence water quality are the following:

- Wastewater from washing the tires of vehicles leaving the site;
- Accidental spills from machinery and storage areas of hazardous chemicals and waste;
- Domestic wastewater resulting from hygienic-sanitary activities of employees;
- Emissions of sediment dust that can be entrained by rainwater in the public sewer system;
- Rainwater contaminated with hydrocarbons resulting from outdoor platforms, parking lots and roads associated with the site.

Treatment or pre - treatment plants and installations

The treatment or pre -treatment plants and installations that will be installed during the construction phase are the following:

- Installation of temporary pre - treatment equipment equipped with hydrofoils and hydrocarbon separators for tire washing activities and waterproof collection basins for hazardous chemicals and waste storage areas;
- Ensuring a sufficient number of ecological toilets for the employees of the executors.

Operating stage / Sources of pollutants

The sources of pollutants that can negatively influence water quality are the following:

- Wastewater from sanitary ware used by patients, which can be loaded with various substances from drugs or biological contaminants (viruses, bacteria);

- Wastewater from the operating room and other areas associated with medical acts (eg. laboratories) that can be loaded with various biological and chemical contaminants;
- Radioactive wastewater from imaging laboratories;
- Condensation water from the operation of fan coil units and indoor air conditioning units;
- Hydrocarbon-contaminated stormwater resulting from outdoor platforms, parking lots, motorways and heliports;
- Conventionally clean rainwater collected from the terrace of the building (except for water from the heliport);
- Accidental water and water from the emptying of installation elements in technical spaces.

Water pre-treatment and treatment plant

In order to comply with the permissible limit values for loading with pollutants of wastewater discharged into the public network in strict accordance with the provisions of NTPA-002, the following equipment will be provided:

- Hydrocarbon separator with coalescent filter and internal by-pass, in order to purify rainwater from car traffic
- Sediment separator, in order to retain various residues such as gypsum
- Condensation water neutralization device for each boiler - it will be delivered with them
- Decontamination / neutralization basin consisting of two compartments calculated as follows:
 - Compartment 1 - water retention between 24 and 48 hours
 - Compartment 2 - water retention 48 hours

B. AIR PROTECTION

Construction stage /Sources of pollutants

The sources of pollutants that may adversely affect air quality are the following:

- Landscaping works and foundations of technical annexes: excavation and filling works for punctual levelling activities of the land, which can generate high concentrations of suspended dust;
- Occasional construction and finishing works: cutting, turning, welding, painting, sanding that can generate high concentrations of dust in the atmosphere from the handling of construction materials and finishes, volatile organic compounds (VOCs) from thinners and paints;
- Activities ancillary to the works: storage of waste, construction materials, fuels and other chemicals used during the works that may generate fugitive VOC emissions and an annoying odor;
- Mobile sources due to vehicular traffic on / off site that may generate emissions of dust, CO, CO₂, NO_x, SO₂.

Installations for containment and dispersion of pollutants

Organizational measures will be taken to limit on-site traffic, use only CE-marked equipment with high energy efficiency and cover all vehicles carrying materials or waste that can be entrained.

Operating stage / Sources of pollutants

The sources of pollutants that may adversely affect air quality are the following:

- Emissions from mobile sources as a result of personnel vehicles, patients, belongings or ambulances;
- Fugitive emissions from the temporary waste storage area consisting of packaging waste, small particles and organic compounds as a result of the fermentation of household waste;
- Refrigerant emissions from local air conditioning systems in technical spaces. It should be noted that emissions can only occur in the event of potential leaks due to improper installation or maintenance during the execution or operation phase.

Installations for containment and dispersion of pollutants

Installations to retain and the dispersion of pollutants and measures they proposed to limit and emission control are the following:

- Selection of efficient combustion boilers that do not exceed the emission limits established by Law no. 188/2018, Annex no. 2, Part 1, Table 1;
- Exhaust chimneys for the three boilers for the preparation of the thermal agent with adequate height to ensure an efficient dispersion of the resulting flue gases;
- Registration of the two average combustion installations according to the requirements of Law no. 188/2018 regarding the limitation of air emissions of certain pollutants from medium combustion plants, Art. 5, para. (1);
- Periodic monitoring of emissions and keeping records required by Law no. 188/2018 regarding the limitation of air emissions of certain pollutants from medium combustion plants, Art. 11;
- Disposal of waste with an appropriate frequency depending on weather conditions to avoid temporary long-term storage;
- Proper management and control of traffic inside the hospital to avoid the formation of traffic jams and to streamline traffic effectively;
- Keeping a record of all refrigeration equipment containing the type and quantity of refrigerant contained, the global warming potential (GWP) in tonnes of CO₂ equivalent and the maintenance frequency according to Regulation no. 517/2014 on fluorinated greenhouse gases and repealing Regulation (EC) no. 842/2006;

C. PROTECTION AGAINST NOISE AND VIBRATION

Execution period / Sources of noise and vibration

The sources of noise and vibration during the execution period are the following:

- Heavy machinery and equipment used for field work and transport, as well as for lifting loads;
- The activity of the workers and the communication between the employees of the executor;
- Materials loading and unloading activities;
- Vehicle and forklift traffic.

Arrangements and equipment for protection against noise and vibration

- The arrangements and equipment for protection against noise and vibration are as follows:
- Placement of sound-absorbing panels at the construction site boundary;
- Use of equipment with CE marking and low noise level;
- Avoiding activities that generate loud noise during quiet hours;
- Carrying out an execution plan and periodically verifying the activities carried out, including a noise management plan.

Operating period / Sources of noise and vibration

The site does not present a significant noise source and vibration during operation, with the exception of the exterior of the equipment installed in buildings covered by the present draft facilities such as heating / cooling, air treatment plants and inside hospital traffic.

The most important sources of noise and vibration will occur during the execution phase as described.

Arrangements and equipment for protection against noise and vibration

Only CE marked equipment will be selected and efficient traffic management on the hospital site will be ensured.

D. RADIATION PROTECTION

Radiation sources - is not the case.

There is no equipment with ionizing radiation emissions to be used in the current project.

E. SOIL AND SUBSOIL PROTECTION

Execution stage / Sources of pollutants

Potential sources of pollutants that may affect the quality of soil, subsoil or groundwater are the following:

- Construction works and land preparation: cleaning the existing concrete layer (removing vegetation, repairing cracks, waterproofing joints, etc.);
- On-site operation of the equipment: possible fuel and oil leaks due to malfunction of the equipment, fuel supply or maintenance and repair work;
- The activity of employees who can throw waste that will be carried by the wind;
- Combustion engines of machines and equipment that emit flue gases that can be entrained by precipitation directly into the soil and the geological environment.

Works and equipment for soil and subsoil protection

The works and equipment for the protection of the soil and subsoil provided for the execution stage are the following:

- Proper arrangement of storage spaces for fuels, construction materials and waste, welding areas, painting and spaces for maintenance and repair of equipment;
- Purchase of holding tanks for chemical and hazardous liquid waste storage areas so as to ensure double protection of the soil and the geological environment in case of accidental spills;
- Drawing up an instruction on how to intervene in case of an accidental spill and the appropriate training of employees.

Operating stage / Sources of pollutants

Potential sources of pollutants that may affect the quality of soil, subsoil or groundwater are the following:

- Fuel leaks from reservoirs related to backup electric generators;
- Wastewater transport pipelines with damaged seals or damage caused by external factors;
- Accidental spills from wastewater retention basins or accidental spills from modular wastewater treatment plants;
- Discharges of liquid waste containing hazardous substances from temporary storage areas located in the basement of the building;
- Leakage of hazardous substances from underground workshops (sanitary, biomedical, electronic, painting, carpentry and mechanical installations).

Works and equipment for soil and subsoil protection

All surfaces on which hazardous chemicals and mixtures will be stored shall be concreted and provided with appropriate and compatible retention tanks for the substance to be retained.

The wastewater pipes are made of corrosion-resistant material both to chemical conditions and site-specific soil and will be installed to a depth sufficient not to be influenced by external factors such as natural or human auto traffic.

All storage areas of the waste will be waterproofed with resin epoxy and will be provided with sewage collection and proper sewage where appropriate, to ensure taking water from washing surfaces or containers collection of waste (especially for the household waste).

F. WORKS, ENDOWMENTS AND MEASURES FOR THE PROTECTION OF BIODIVERSITY

Based on the very low anticipated impact, no special works, facilities or measures other than those included in the other chapters are considered necessary for the protection of biodiversity and natural heritage.

During the landscaping Works it will be done:

- Leveling the land at the end of the works;
- Arranging pedestrian paths and providing lighting in the area;
- Laying a layer of vegetal soil at least 20 cm thick;
- Given the limited space inside hospital, it is recommended to plant a number of 46 trees in the northern part of the House of Austria and in the eastern part of the Regional Transfusion Center;

considering the short distance to the park of the Dan Păltinișanu stadium, no significant impact is estimated on the air quality or on the green spaces in the municipality of Bucharest;

- Sowing the land with plant and grass species;
- Installation of street furniture (eg rest benches, waste bins) in an appropriate number.

The landscape plan and the execution details will be made in the technical project phase.

G. PREVENTION AND MANAGING OF WASTE

Demolition and construction phase: The collection of household waste resulting from construction activities will be carried out in specially designed bins. Disposal will be made at the nearest landfill. Particular importance will be given to the possible presence of asbestos in the demolition of old buildings. If present, asbestos waste will be collected carefully, with increased attention to dusts that form when fracturing asbestos-cement panels or other panels containing asbestos. Current waste will be pre-collected and stored on an arranged platform. Solid waste will be stored on sorts (types) and will be handed over periodically, on a contract basis, to the certified economic agents for this type of activity (collection and takeover). The concrete slabs will be temporarily stored on a concrete platform after which they will be evacuated together with the household waste to the nearest waste platform. Technological waste resulting from construction activities will be managed according to their nature: recyclable waste will be recovered and recycled by specialized units, and non-hazardous non-hazardous waste will be stored in specially designed containers and will be disposed of in the landfill.

Operating phase: The collection of household waste resulting from the current activity will be done in specially designed bins. Waste (paper / cardboard, plastic, glass, metals) will be collected selectively by categories and will be handed over to authorized operators for disposal / recovery.

The interior and exterior of the building will be equipped with bins, containers for storing waste from the activity of the technological and administrative process.

The collection of medical waste will be done at the place of production as follows:

1. Non-cutting infectious waste is collected in special yellow resistant boxes
2. Infectious and stinging waste is collected in boxes made of material resistant to mechanical action.

At the end of the work schedule, the waste will be temporarily stored in the separate space. The temporary storage space will be provided with two compartments: a compartment for hazardous waste and a compartment for household waste. The space for hazardous waste will be provided with a floor siphon for the evacuation in the sewerage network of the wastewater resulting from the cleaning and disinfection; Duration of temporary storage in the hazardous waste compartment: 72 hours, of which 48 hours inside the unit and 24 hours for transport and final disposal;

Access by unauthorized persons to rooms intended for temporary storage is prohibited;

Storage containers are made of materials resistant to mechanical action, easily washable and resistant to disinfectant solutions.

The transport of hazardous waste from the sanitary unit to the temporary storage space is done through two elevators and a dedicated cart.

External transport (outside the medical unit) is done with a special vehicle.

Management of hazardous chemicals and preparations

Toxic and hazardous waste during the construction period

In the construction phase, the project does not involve the use, handling, use or production of dangerous or toxic products and / or substances.

Toxic and hazardous waste during operation

Due to the nature of the construction function, waste will be generated, the collection of which is the subject of special measures. The collection of this waste will be done in hermetically sealed containers, resistant to mechanical and thermal shock and their elimination is done with the help of specialized companies in the field, based on service contracts, for incineration.

Waste disposal hygiene

The waste accumulated in this building is of two types: medical waste (hazardous) and non-hazardous waste (household). The color codes of the packaging in which the waste is collected are: yellow for hazardous waste (infected, stinging-cutting, pathological) and black for non-hazardous waste (assimilable to household waste); the "BIOLOGICAL HAZARD" icon is used for infectious and stinging waste.

Waste, both medical and household, is collected at the place of production and is transported, whenever the special container for each type of waste is filled, to the temporary waste storage area located at each level of the building. It is separated for the two types of waste; it is equipped with access to water and sewerage. Here they are kept until they are transported at the end of each day to the temporary storage area located inside the hospital, from where they are taken over by the vehicles of the specialized company.

Hazardous waste (medical) circuit:

Cutting-stinging waste is collected in special boxes made of material resistant to mechanical actions, provided with a tight lid that allows only the introduction of waste without allowing their removal; the anatomic-pathological waste is collected in special boxes. These wastes are collected separately at the place of production and stored intermediate in the outdoor space specifically intended for the hospital, and will then be transported for final disposal by the means of transport of the specialized company.

Non-hazardous waste (household) circuit:

Collect in trash cans with black bags, replace as many times as needed. They are stored intermediate in the bins not registered in the space located on each floor and at the end of each day they are transported to the waste area located inside the hospital where the waste is collected by the means of transport of the sanitation company.

H. SOLID WASTE MANAGEMENT PLAN

The PMU together with the Public Health Inspectorate (DSP Bucharest) will screen in the operation phases the medical waste management and disposal practices to determine if they are in keeping with the World Bank Group's EHS Guidelines and current WHO Guidelines for COVID-19. It will include:

- a. Identification of current methods of medical waste management and disposal at this facility;
- b. Identification of any on-site facilities for disposal of medical waste including incinerators, pits for burning medical waste, pits for burial of medical waste, etc.;
- c. Identification of any off-site disposal of medical waste, including how material is gathered and stored, routes taken to the disposal facility, and disposal procedures;
- d. Review of protocols (including transportation of medical wastes) and capacity for dealing with medical waste (including at the level of waste management facilities) specifically related to infectious diseases like COVID-19;
- e. Review of training procedures for healthcare workers and other relevant employees for medical waste management and disposal;
- f. Preparation of an ICWMP, based on the findings of previous mentioned actions, for operational phase, having as model the Annex 6.

Code according to Government Decision no. 856/2002	Categories of waste resulting from medical activities	Description of the collection method
18 01 01 sharp objects (except 18 01 03*)	The waste-cutting stinging: pins, wire, catheter, syringe needle cannula, scalpel blades, pipette, or other glass laboratory glassware broken or not, etc. disposable, unused or expiry date beyond it that has not been in contact with potentially infectious material In case of waste above came into contact with potentially infectious material, including vessels contained vaccines are considered waste infectious and are included in 18 01 03 *. Where sharps have been in contact with substances / materials are considered hazardous waste and are included in 18 01 06 *.	It is collected in boxes with rigid walls with lids.
18 01 02 human fragments and organs, including blood and blood vessels (except 18 01 03 *)	The waste pathological organ consisting of fragments of the human organs, body parts, bodily fluids, biopsy material blocks resulting from surgery operators and Obstetrics (foetus, placentas, etc.), lab anatomical autopsy results, blood and blood vessels, etc. All this of wastes are considered infectious and are included in 18 01 03 *.	It is collected in bins, lid cartons or bags provided with yellow them in plastic bags rigid cap provided with yellow, as appropriate.
18 01 03 * The Waste whose collection and disposal is subject to special measures to prevent infections	The waste infectious, respectively waste containing or in contact with blood or other biological fluids, such as viruses, bacteria, parasites, and / or toxins of microorganisms, the infusion tubing, containers which contain blood or other biological fluids, fields operators, gloves and probes and other materials for single use, compresses, dressings and other contaminated materials, dialysis membranes, plastic bags for collecting urine, lab materials used, diapers emanating in patients hospitalized in infectious disease-specific health facilities or in infectious disease departments of healthcare facilities.	It is collected in bins, lid cartons or bags provided with yellow them in plastic bags rigid cap provided with yellow, if appropriate in the outer wall rigid with the cover.
18 01 04 of wastes whose collection and disposal is not subject to special requirements in order to prevent infection	Non-contaminated clothing, plaster casts, linen uncontaminated by waste results after treatment / thermal decontamination of the waste infectious containers which contain, other than cytotoxic and chemotherapy, etc.	It is collected in black or transparent bags.
18 01 06 * chemicals consisting of or containing dangerous substances	Acids, bases, halogenated solvents, other solvents, organic and inorganic chemicals, including residual products generated during laboratory diagnosis, fixing or developing solutions, concentrated products used in disinfection and cleaning services, formaldehyde solutions, etc.	Collect in special containers with appropriate hazard marking ("Flammable", "Corrosive", "Toxic" etc.) be treated according to the law on the hazardous waste.
18 01 07 chemicals other than those mentioned in 18 01 06 *	Organic chemicals inorganic or hazardous (which does not require specific labelling), disinfectants (weakly concentrated sodium hypochlorite, cleaning products, etc.), antiseptic solutions, the waste from diagnostic devices with low concentration of hazardous chemical substances, etc., not falling within 18 01 06 *	Collect separately in the original packaging. In the case of waste from diagnostic devices, which contain dangerous chemicals in negligible concentrations, specific instructions are followed equipment. Those of waste is recovered or disposed of as non-hazardous waste

Code according to Government Decision no. 856/2002	Categories of waste resulting from medical activities	Description of the collection method
18 01 08 * cytotoxic and cytostatic drugs	N / A	The waste resulting from the administration of cytotoxic treatments and cytostatic represented by the bodies or needle syringe used with bottles, and perfusion systems, soft materials contaminated personal protective equipment, etc. must be collected separately, packed in secure disposable containers with lids, which must be disposed of separately. The containers to be labelled with the same and the specific information above, other types of waste. This type of I is only removed by incineration, under Law No 278/2013, as amended and supplemented.
18 01 09 medicinal products, other than those specified previously	N / A	

The collection and separation of waste by categories at the place of production are the first stages of collection and are very important, they require the use of 2-color packaging:

- yellow - for hazardous waste (infectious, cutting, stinging, chemical and pharmaceutical; they are disposable and are disposed of with their contents).
- black - for non-hazardous waste.

Collecting waste of sections, compartments and laboratories is carried out as follows:

- Infectious non-stinging waste is collected in cardboard boxes with yellow polyethylene bags. The boxes are checked to be strong, continuous and watertight and impermeable to prevent liquid leakage, to be yellow and printed with the "biohazard" icon;
- Infectious waste that is cutter-prickly is collected in plastic containers with special caps with permanent closure, holes for detaching the syringe needles and scalpel blades and transport handles. Containers must be yellow, resistant to mechanical action and printed with the 'biohazard' icon;
- The anatomical parts that are intended for incineration are collected in rigid cardboard boxes provided with a high-density polyethylene bag. The boxes are checked for leaks and printed with the "biohazard" icon;
- Chemical and pharmaceutical waste is collected in special containers which are selected according to the physico-chemical properties of the waste to be deposited. The containers are subsequently labelled according to the characteristics of the waste;
- Non-hazardous waste (eg household, paper and cardboard, plastic, etc.) is collected in black or colorless bags;

All bags, regardless of the type of I content must be labelled with information on the department, department or laboratory that produced them, start date using and filling, the name of the person who performed the carriage to the point of temporary storage i maximum filling capacity.

Preliminary sorting of the waste must be made in sections, compartments and laboratories where they are generated. It is mandatory to analyze the activities of each department responsible for the environment

together with a representative of the department (ie. Head of department, doctor, nurse / A) and identifying Waste results, at least the following categories:

- Cutting-stinging infectious waste;
- Infectious waste that is not sharp;
- Anatomical parts for incineration;
- Hazardous chemical and pharmaceutical waste;
- Non-hazardous chemical and pharmaceutical waste;
- Household waste;
- Paper and cardboard;
- Plastic;
- Glass.

In the evaluation of waste generated will take into account the possible reduction in the amount of the waste contaminated, so as to increase the collection rate of the recyclable waste (eg, a more accurate separation of the waste from packaging). Such an approach reduces negative environmental impacts and reduce disposal costs of waste. Therefore, it is recommended that after installing medical equipment and establish quality requirements for the provision of medical care based on the future flow in each division, department or laboratory to be established collection points for waste which:

- Adapted in size to the waste stream generated;
- Equipped with appropriate containers and sized for each type of waste mentioned above;
- Easily accessible and located in a safe place for waste management staff;
- Properly labeled, visible and easily recognizable by installing signage and expressive labels, as well as by marking the location on the floor with paint or colored tape.

Evacuation of waste from stations, compartments and laboratories must be performed with a frequency of at least 3 times a day for wards with patients and at least one time of day in office. The frequency will be adjusted depending on the necessity and will identify and document sections, compartments and laboratories that are exceptions to the rule (eg, operating rooms, or areas where the discharge of waste is carried out on demand, higher frequency or lower frequency).

These risks are anticipated in advance of project implementation and addressed by local regulations and direct mitigation activities in the design, planning and construction supervision process as well as during the operation of the facilities.

The risks listed above are anticipated in advance of project implementation and direct mitigation activities will be designed, implemented, monitored and evaluated during pre-construction, construction and operation in a way consistent with national legislation, WB OPs and international good practice.

Use of construction materials that are hazardous to human health (e.g., asbestos, asbestos contained materials) will not be permitted. Asbestos-contained materials waste will be collected, transported and finally disposed by applying special protective measures in accordance with the hazardous waste handling standards.

I. OCCUPATIONAL HEALTH & SAFETY

Occupational health and safety hazards may occur during construction, maintenance, and operation of new facilities and equipment, and must be carefully managed.

The Contractor will develop a Method Statement before starting construction works on site, and this document will be approved by the Employer.

Many workers will be exposed to occupational health and safety hazards, primarily including, but not limited to:

- Lack of awareness on occupational health and safety requirements such as the use of personal protective equipment (PPE) and safe workplace practices;
- Electrical works;
- Exposure to chemicals (as paints, solvents, lubricants, and fuels);
- Traffic accidents;
- Excavations hazards;
- Lifting of heavy structures;
- Exposure to construction airborne agents (dust, silica and asbestos);
- Welding hazards (fumes, burns and radiation).

In particular, prevention and control measures must ensure that only trained and certified workers access the facilities or any area that could present occupational health and safety hazards, with the necessary safety devices and respect for minimum setback distances.

Considering the current situation with COVID-19 in the country, in addition to the measures for safety and protection at work, the OH&S plan also should include measures for prevention of COVID -19. Detailed description of the measures and recommendations from the World Bank/WHO and Romania's health authorities are presented in Annex 5. The COVID-19 prevention measures contains recommendations from the World Bank / WHO, as well as recommendations from the Romania Health authorities in the form of a Guide that the Contractor of the construction works needs to implement. The Contractor is required to follow/update and implement the measures that are currently in force and adopted by the Government as binding at national level. Official site for information related to COVID 19 on national level is [Government of Romania's official COVID-19 page: https://stirioficiala.ro/informatii](https://stirioficiala.ro/informatii)

Protecting healthcare workers and infection control. The PMU will conduct a review of protocol's for protecting healthcare workers and patients from infections based on current WHO Guidelines for COVID-19 and the Infection and Prevention Protocol contained in Annex 5. The review will include:

- Determination if training given to healthcare workers and other employees is adequate;
- Determination if healthcare staff are trained on how to deal with the remains of those who might die from COVID-19, including those conducting autopsies;
- Determination if adequate stores of PPE are available on-site; and
- Identification of supply lines for required PPE.

The legislation in the environmental field must be observed both in the construction and in operational phase. Because of their special impact during the operational phase, the radiation protection issues are treated separately.

LABOUR MANAGEMENT

To ensure that the rights of workers are safeguarded, and that non-discrimination is adhered to as well as prevention of SEA/SH, workers will be required to sign a contract and a code of conduct according to the provisions of Romanian law, and consistent with the WB Policies. Workers will also have access to a grievance redress mechanism to lodge complaints, including a separate mechanism to which SEA/SH related grievances can be lodge securely and privately.

Community Health and Safety

The full ESMF describes under ESS 10, the provisions for widespread engagement with communities to disseminate information related to community health and safety associated with the construction and operation of this project. These measures are applicable to this ESMP.

The project will mitigate the risk of Sexual Exploitation and Abuse by applying the WHO Code of Ethics and Professional Conduct ("Codes of Conduct" using WB's terminology) for all workers under the Project as well as the provision of gender-sensitive infrastructure, such as installation of adequate sex-segregated sanitation and lodging facilities on work sites that are well-lit, secure, and lockable from the inside. Information sessions

and any necessary consultations will be carried out in a sex-disaggregated way and in confidential spaces. The project's LMP also includes provisions to prevent Sexual Exploitation, Abuse, and Harassment (SEAH) and/or Violence Against Children (VAC) with the elaboration of a SEAH Action Plan. Training on safe community interaction and SEAH/VAC key concepts will be provided for all construction workers and staff employed for the operation of the clinical waste treatment centre. For the purposes of this ESMP, the ESCOP Checklist # 4 Codes of Conduct will guide appropriate measures for dealing with SEAH and VAC risks be included in the letter of PCU's staff appointment and contracts (for contracted workers) in line with relevant national laws and legislations to be adopted and applied under the project, in addition to explanations of prohibited behaviors and applicable sanctions, as well as provisions for a grievance mechanism that is adapted to ensure the ethical and confidential management of SEA/SH and VAC claims.

5. ENVIRONMENTAL AND SOCIAL MANAGEMENT PLAN & MONITORING PLAN

5.1 Site Specific Environmental Screening and Review

All project-supported activities related to construction of the Bucharest Burn Center have been subjected to a site-specific environmental and social screening and review process, according to the requirements of the Environmental Protection Law, World Bank Group EHS Guidelines and WHO COVID-19 Guidelines, See Annex 4.

In accordance with the national legislation, the local environmental authorities have the obligation to submit an Environmental Approval for the anticipated civil works. This process is based on the mitigation of site-specific environmental impacts and uses a standardized appraisal format that includes, but is not limited to the reviewing of:

- a) current environmental problems on respective site (soil erosion, water supply contamination, etc.);
- b) potential environmental impacts, if any, due to the project (disposal of waste from demolition and construction, waste handling and disposal, construction noise and dust etc.);
- c) any cultural assets that might be found in the place of construction, and
- d) potential pedestrian and vehicle traffic disruption and associated public safety risks.

5.2 Monitoring, Supervision and Reporting

Based on the actions that are presented under the E&S management and monitoring plans, the safeguard specialists will keep track of direct and indirect activities that have an impact on the identified social risks related to the demolition, construction and operational phases of the investment.

The ESMP implementation will be supervised by social safeguard specialist and PMU's staff periodically (as per monitoring schedule), as well as by the WB (during its supervision missions) and by the local environmental guard inspectors. Furthermore, the social and environmental safeguard specialists will present quarterly short information about the ESMP implementation as part of the Progress Reports to be presented to the WB by the client.

The environmental and social issues including mitigation measures will be supervised periodically by the MoH-PMU and the hospital's technical staff assigned for carry out such activities in relation with the construction works. The Hospital has a legal obligation to have an external team for supervision of Works, including environmental, H&S aspects

There are environmental regulations in force in Romania, which make control and supervision of construction works mandatory. Contracts and bill of quantities will include clauses for appropriate disposal of construction debris, including hazardous materials that may be encountered. Existing regulations require, and procurement documents will specify, that no environmentally unacceptable materials can be used. The environmental management guidelines included in Attachment 2 should be provided to contractors engaged in civil works under the project, and should be made an integral part of the civil works contracts.

Integration of the ESMP into project documents. The ESMP provisions will form part of the design documents for the sub-project in Grigore Alexandrescu Burn Center in Bucharest and will be included in construction contracts for proposed activities, both into specifications and bills of quantities. Furthermore, the Contractors will be required to include the associated to ESMP mitigation and monitoring costs in their financial bids and required to comply with the ESMP provisions while implementing the sub-project activities.

During the site preparation for construction activities and the construction period, the Contractor will submit monthly reports to the MoH with information on temporary traffic regulation, water or energy regime, start date of construction works and expected duration, weekly program of working hours, opening jobs for construction, etc., when relevant to the community, will be revealed well in advance on the MoH website and at local level.

Also, the Ministry of Health, through its environmental specialist, will monitor the situation of compliance with the PMSM during the execution of the works, as well as the necessary measures to be taken in the event of unforeseen circumstances.

6. ENVIRONMENTAL GUIDELINES

6.1 Introduction

The Environmental Guidelines section details the specifics to be addressed during construction and rehabilitation of hospital buildings, and will be incorporated into the Planning Standards and Manual for Design.

The guidelines cover the handling of construction debris generated, selection of construction materials and construction methods with limited impact on the environment and energy saving methods.

6.2 The Site

The site specific screening and review should carefully consider the following issues:

- Dust and noise due to the demolition and construction;
- Dumping of construction wastes accidental spillage of machine oil, lubricants etc.;
- Inadequate handling of hazardous materials such as asbestos and paint from transportation and handling of construction works will be minimized by water and other means such as enclosure of construction sites.
- To reduce noise, construction will be restricted during certain hours.
- All debris, construction and wood waste will be stored within the work site.
- Wood waste will be stored separately and arranged to be recycled instead of disposing it.
- Open burning and illegal dumping will not be permitted.
- Proper sites for earth/clay and sand disposal will be determined and prior approval from relevant authority for disposal will be obtained.
- Stock piling of construction debris on site will be avoided and waste will be disposed of on a regular basis at the authorized government dumping ground. Debris chutes will be provided to transfer debris from higher floors to the ground.

6.3 Energy Efficiency, Insulation and Ventilation

Insulation should be tailored to the seasonal impacts of climate, internal thermal load, and characteristics of exposure. Vapour barriers should prevent moisture intrusion in the roof insulation and outer wall cavities and using damp course.

Window location should be determined on view, ventilation, light, thermal gain, privacy control and interior space functions.

High-efficiency systems for heating domestic water (including solar systems) and for interior space heating should be selected with maintenance and long term running costs in mind.

Plumbing should be coordinated to minimize plumbing and also water service to toilets and utility rooms. Water-saving faucets, ring mains and other devices also require consideration. Construction materials will conform to national regulations and internationally accepted standards of safety and environmental impacts.

6.4 Electrical Systems

Incoming cables should be located underground. Main entrance feed and panel located away from places of work and waiting is prudent in avoidance of electromagnetic fields. Ground faulty wiring near any plumbing fixture is a precaution. Selecting the most energy efficient light fixtures, lamps, appliances and equipment will reduce energy demand but can introduce undesirable electromagnetic fields. Be aware that close proximity to table, floor and desk halogen, fluorescent and other high-efficiency fixtures and lamps can cause an exposure to harmful electromagnetic fields.

6.5 Selection of Construction Materials and Construction Methods

Environmentally sound goods and services should be selected. Priority should be given to products meeting standards for recognized international or national symbols. Traditionally well-tried materials and methods

should be chosen before new and unknown techniques. Construction sites should be fenced off in order to prevent entry of public, and general safety measures would be imposed. Temporary inconveniences due to construction works should be minimized through planning and coordination with contractors, neighbors and authorities. In densely populated areas, noisy or vibration generating activities should be strictly confined to the daytime.

6.6 Handling of Waste

The handling of construction debris will be according to local and national regulations, and as specified in the ESMP, and described above under site considerations. These regulations are developed and enforceable in Romania. Monitoring will be the responsibility of site supervisors working for the MoH. For asbestos and asbestos-containing materials please see Annex 7. In all the specific cases for which contractors should demolish or remove asbestos-containing materials, these categories of works should be done only with qualified personnel and fully in line with the specific legislation related to this specific field.

6.7. Occupational Health and Safety At Work

The contractor has the obligation to ensure all necessary personal protective equipment (PPE) and materials, and the workers have the obligation to use all such protective equipment - helmets, gloves, goggles where appropriate and work uniforms. All these minimum protection rules, doubled by avoiding over-exhaustion of workers, prevent ergonomic injuries and other work-related accidents resulting from repetitive, excessive and manual handling of building materials.

Recommendations for their prevention and control include knowledge of the most common causes of wounds in construction and decommissioning by:

- Training of workers in the lifting and handling of materials, techniques in construction and decommissioning projects, including placement of weight limits over which mechanical assistance is required.
- Workplace site planning to minimize the need for manual heavy load transfer.
- Selecting tools and designing workstations that reduce the need for strength.
- Implement administrative controls in work processes, such as job rotation and rest breaks.

6.8. Contractor H&SP and ERP

Contractor will be required to produce a Health and Safety Plan (H&SP) and an Emergency Response Plan (ERP) to protect his employees during the works he shall undertake. This Plan will be reviewed at the level of the PMU both on Environmental and Social aspects and at the level of the Bank. The Contractor's ESMP (C-ESMP) shall be considered when preparing contractor's H&SP and ERP. Environmental controls and exposure levels associated with worker protection shall be included in the C-ESMP. Work practices required by the ESMP are not intended to compromise health and safety in any way. Each H&SP and ERP will be approved by the Supervising Engineer prior to the contractor commencing works to ensure adequate health and safety controls and procedures have been developed, that are appropriate to the works to be undertaken.

6.9. Guidelines to minimize the risk of COVID19 transmission during civil works.

Considering the current situation with COVID-19 in the country, in addition to the measures for safety and protection at work, the OH&S plan also should include measures for prevention of COVID-19. Detailed description of the measures and recommendations from the World Bank/WHO and Ministry of Health are presented in this document, section 2.1. National framework, point C. The COVID-19 prevention measures contains recommendations from the World Bank / WHO, as well as recommendations from the national occupational health & safety association in the form of a Guide that the Contractor of the construction works needs to implement. The Contractor is required to follow/update and implement the measures that are currently in force and adopted by the Government as binding at national level. Official site for information related to COVID 19 on national level is www.stirioficiale.ro

7. PUBLIC CONSULTATION

In accordance with WB's ESF, stakeholder consultation will be conducted before the finalization of the ESMP. Stakeholder consultation aims to involve, inform, and consult the public in the planning, management, and decision-making activities of the Project. The Project's Stakeholder Engagement Plan will inform the identification of relevant stakeholders to be consulted. Depending on national guidelines related COVID-19, in person public consultations may be held with the main stakeholders. Alternatively, a mix of virtual and small meeting consultations may also be organized.

The draft ESMP will be disclosed at the MoH web-site and on the ESMP will be available at the Grigore Alexandrescu hospital's site <https://spitalulgrigorealexandrescu.ro/> and on the institutions' websites, with the clear indication of addresses <http://www.ms.ro/programe/banca-internationala-pentru-reconstructie-si-dezvoltare-nr-8362-ro/#tab-id-4>, together with the Form for submitting comments (see Annex 8) and making complaints. The patients and hospital staff will be informed about the project. They will receive one short regulation guideline advising them to stay away from the construction site (fenced construction site). The neighbours will be informed about the project and about possible problems that might arise. They will be informed about the grievance mechanism.

The period of disclosure is two weeks. Comments will be received during this period. At the end of the disclosure period, the public consultations will take place. The comments received both during the disclosure period and the consultation will be carefully considered for the modification of the final draft of ESMP.

Results of the consultations and a list of participants will be attached to the revised version of this ESMP. The revised final version of the ESMP will be redisclosed, after clearance from the World Bank.

Where substantial modifications occur in the project structure or potential risks, the ESMP will be adjusted and public consultations will be reorganized. The public will be thoroughly informed about the potential negative and positive impacts of the project, the opportunities and mitigation measures that will be taken. The public will be provided with information about the schedule and information on activities that will be arranged to local communities, together with the mechanisms for gathering the feedback; the environmental and social risks and impacts associated with project activities; the grievance procedure, and all the mitigating measures that would be taken.

The project intends to have a clear and consistent communication with all interested stakeholders beyond public consultations using feedback mechanisms. To provide feedback, a system has been put in place where an affected person can lodge grievances, make feedback and offers suggestions about the project. The system is set on 3 levels: locally registered complaints at the construction site, an e-mail for complaints to be sent to PMU or directly through the World Bank Grievance Redress Service.

8. ENVIRONMENTAL AND SOCIAL MANAGEMENT PLAN- Gr. Alexandrescu Burn Center

This ESMP seeks to manage and keep to a minimum the negative impacts of the construction development and at the same time, enhance the positive and beneficial impacts.

A copy of the ESMP must be kept on site during the construction period at all times. This ESMP will be made binding on all contractors operating on the site and is included within the Contractual Clauses.

Potential impact	Impact scale	Proposed mitigation measures	Responsibility	Cost of mitigation activities ²
Preparation activities for on-site activities				
Possible adverse social, health and safety impacts to construction and other on-site/healthcare workers, patients and local community	Short term impact during on site activities	<p>The local construction and environment inspectorates and communities have been notified of upcoming activities</p> <p>The public has been notified of the works through appropriate notification in the media and/or at publicly accessible sites (including the site of the works)</p> <p>(a) All legally required permits have been acquired for construction and/or rehabilitation</p> <p>(b) The Contractor formally agrees that all work will be carried out in a safe and disciplined manner designed to minimize impacts on neighboring residents and environment. That the contractor will establish a Code of Conduct to be signed and followed by employees. The Contractor will also agree to follow strict measures to prevent transmission of COVID-19, or other diseases.</p> <p>(c) Workers' PPE will comply with international good practice (always hard-hats, as needed masks and safety glasses, harnesses and safety boots).</p> <p>(d) Appropriate signposting of the sites will inform workers of key rules and regulations to follow.</p>	Contractor Supervisor PMU Safeguards specialists	
Health and Safety of communities impacted by proximity to construction activities, change traffic pattern, etc.	Short-term	<p>OHS protocols following the World Bank Group Environmental Health and Safety Guidelines are established to ensure community safety during the works.</p> <ul style="list-style-type: none"> All work is carried out in a safe and disciplined manner designed to minimize impacts on workers and citizens in the vicinity Clear warning signs are displayed for the public and public transport about all potentially hazardous works. 	Contractor Supervisor PMU Safeguards specialists	

Potential impact	Impact scale	Proposed mitigation measures	Responsibility	Cost of mitigation activities ²
		<ul style="list-style-type: none"> A traffic control system and staff training are organized, especially for providing access to the facility and nearby intensive traffic. Safe walkways and passages for pedestrians in places of public transport traffic and construction vehicles are provided. Adjustment of working hours to local traffic patterns, e.g. avoiding major transport activities during rush hours or times of livestock movement Active traffic management by trained and visible staff at the site, if required for safe and convenient passage for the public. <p>Ensuring safe and continuous access to office facilities, shops and residences during renovation activities, if the buildings stay open for the public.</p>		
Risk of spreading COVID 19 virus or spread of other diseases amongst onsite workers, patients of nearby hospital and community members living in the vicinity	Medium	<ul style="list-style-type: none"> Compliance with World Bank Group EHS Guidelines, WHO COVID-19 Guidelines and national regulations Use project GRM to convey and manage any suspected cases of infection immediately Report case(es) to MoH COVID-19 hotline <p>Strict safety measures will be enforced to prevent contamination of nearby hospital units in operation and patients being treated.</p>	Contractor Supervisor PMU	
Possible adverse social and health impacts due to demolition activities	Short term impact during the demolition phase and clearance of the site	<ul style="list-style-type: none"> Establish and maintain a clear procedure for demolition of old construction in accordance with safety instructions Clear procedure to be implemented for identification of asbestos slabs and their handling Clear procedure to be followed for collection and disposal of regular and special demolition debris 	Contractor Supervisor	
Demolition activities				
Asbestos findings and contamination with asbestos of adjacent area, soil, water resources.	Local/ within the public institutions and services area short term/ major	<p>If asbestos is located on the project site, it shall be marked clearly as hazardous material</p> <p>Identify waste material containing asbestos</p> <p>Establish codes for the sorted waste, according to Decision</p>	Contractor Supervisor	

Potential impact	Impact scale	Proposed mitigation measures	Responsibility	Cost of mitigation activities ²
		<p>2000/532/EC establishing a list of wastes</p> <p>When possible, the asbestos will be appropriately contained and sealed to minimize exposure</p> <p>The asbestos prior to removal will be treated with a wetting agent to minimize asbestos dust</p> <p>If asbestos material is to be stored temporarily, the wastes should be securely enclosed inside closed containments and marked appropriately. Security measures will be taken against unauthorized removal from the site.</p> <p>The removed asbestos will not be reused</p> <p>Employ a licensed waste operator to remove asbestos waste using appropriate safety equipment</p> <p>Dispose of asbestos waste at a landfill site licensed to receive such waste</p>		
Wastes generation during demolition works	Short term impact	<p>Assure that waste is collected in an appropriate manner and disposal is not done in unauthorized areas</p> <ul style="list-style-type: none"> ➤ Waste collection and disposal pathways and sites will be identified for all major waste types expected from construction activities ➤ Mineral/solid construction and demolition wastes will be separated from general refuse, organic, liquid and chemical wastes by on-site sorting and stored in appropriate places ➤ Construction waste will be collected and disposed properly on authorized landfills by licensed collectors ➤ The records of waste disposal will be maintained as proof for proper management as designed <p>Whenever feasible the contractor will reuse and recycle appropriate and viable materials</p>	Contractor Supervisor	
Noise pollution during demolition	Short term impact	<p>Taking all measures to reduce pollution for demolition staff and local community</p> <ul style="list-style-type: none"> ➤ Organize work so that time spent in noisy areas is limited ➤ Planning the noise-producing activities so that their 	Contractor Supervisor	

Potential impact	Impact scale	Proposed mitigation measures	Responsibility	Cost of mitigation activities ²
		<p>performance affects as fewer workers as possible</p> <ul style="list-style-type: none"> Implementing work programs to control exposure to noise <p>Use of sound absorbing materials and filters/barriers to reduce reflected sounds</p>		
Air pollution during demolition works	Short term impact	<p>Taking all measures to reduce pollution for demolition staff and local community</p> <ul style="list-style-type: none"> During demolition activities it is necessary to reduce dust by spraying with water and / or installation of dust absorption devices It is strictly forbidden to burn building materials / waste on the ground For transporting any other dusty material at the work site, it is necessary to moisten or cover the load <p>Dust reduction on land during the dry season of the year is done by moistening the soil surface.</p>	Contractor Supervisor	
Health and safety hazards during demolition	Short term impact	<p>Ensuring that all conditions are fulfilled on site for the staff and that passers-by or children do not enter the site at any time</p> <ul style="list-style-type: none"> Ensure construction workers are given safety instruction, equipment and working clothes Special instruction/warning signs must be installed on the facility Ensure safety officers on site Provide appropriate sanitary and solid waste disposal facilities for use by construction workers Provide first aid and protection kits <p>Ensure effective signage for the public and ensure that all exposed construction areas are fenced from public access. Security should enforce that access on site is made through an ID and in strict connection to the works</p>	Contractor Supervisor	
Loss of soil resources, land/soil degradation and pollution during construction	Short term impact	<ul style="list-style-type: none"> Compliance of the construction Detail Design with the national environmental, industrial safety, construction, architectural, technological and public health regulations 	Contractor Supervisor	

Potential impact	Impact scale	Proposed mitigation measures	Responsibility	Cost of mitigation activities ²
		<ul style="list-style-type: none"> • Location of building in place with low soil productivity • Proper design to minimize area under construction • If unfeasible, ensure soil protection through dead and live soil protection structures • Dislocate excavated fertile topsoil (if any) to adjacent agricultural lands • Incorporate protective design features (e.g., drainage structures and plant vegetation on slopes) <p>A proper rainwater/drainage system should be installed in order to exclude the flooding potential, landslide and/or erosion processes</p>		
Construction phase				
<p>Possible adverse social and health impacts to the population, drivers and workers due to:</p> <ul style="list-style-type: none"> – Lack of ensured safety measures at the start of repairs and structural consolidation works – Injury passing near by the construction site – Not compliance with strict OH&S standards and work procedure 	<p>Local/ within public institutions and services area in the city</p> <p>Short term during the repairs and structural consolidation period</p> <p>Significance - major</p>	<ul style="list-style-type: none"> ➢ Establish the access roads, prior to start up activities; ➢ The construction site will be temporarily fenced, as jointly established by the customer and the systematization office, in order to prevent the access of unauthorized persons, especially when the site is closed, and for protection against thefts, etc.; ➢ Connection to the utilities: <ul style="list-style-type: none"> • For site management purposes, the contractor will take all the necessary measures, together with the power supply and phone network companies, in order to temporarily connect the construction site. • The construction site must have artificial lighting when the works are carried out before sunrise or after sunset or in spaces where there is not enough natural light. ➢ Security: The Contractor must ensure presence of a Health and Safety Officer, in accordance with Romanian legislation ➢ The contractor must ensure the protection of the site during off-work hours (at night, during weekends ...). ➢ Application of good construction practice for marking out the construction site including: <ul style="list-style-type: none"> • Warning tapes and signage need to be provided; 	<p>Contractor – Bidder Supervisor Municipal staff (Communal Inspector and Environmental Inspector) PMU Safeguards specialists</p>	

Potential impact	Impact scale	Proposed mitigation measures	Responsibility	Cost of mitigation activities ²
		<ul style="list-style-type: none"> • Installation of Notice board with general information about the project, Contractor and Supervisor at street; • Forbidden entrance of unemployed persons within the warning tapes; • Community and Worker's OH&S measures should be applied (first aid, protective clothes for the workers, appropriate machines and tools); • The street and around sidewalks/ small roads should be kept clean; • The mobile toilet should be placed on the construction site; • Machines should be handled only by experienced and trained personnel, thus reducing the risk of accidents; <p>Larger quantities of flammable liquids should not be kept on the site along the construction street.</p>		
<p>Soil Pollution Destruction of the biological surface layer of soil due to the excavation.</p> <p>Soil pollution with hazardous substances (accidental leakage on soil, fuel, or oil from means of car transport)</p> <p>Generating inert wastes (broken concrete and debris from Demolition):</p> <p>Generate packaging waste from unpacking materials purchased for the job.</p> <p>Generation of metallic waste (from dismantling of electric cables, demolition/dismantling iron):</p>	<p>Local/ within the public institutions and services area short term/ major</p>	<ul style="list-style-type: none"> • In the execution of the excavations, the biological surface layer from the surface shall be stored separately, without mixing gravel or earth from lower states; The surface State shall be used in the field of landscaping after the completion of construction works and waste disposal • Use auto and machine tools in perfect operating condition – no oil or fuel leakage • In case of accident of leakage of petroleum products on the ground, the decontamination of the soil infested by the removal, mixing with biodegradable material and the evacuation of portions of soil contaminated with oil in containers, in spaces Specially arranged until their decontamination by authorized companies, certified by the environmental authority. Decontamination is executed by specific methods by companies certified by the environmental authority • Controlled storage on the concrete platform. Removal from the site by the contractor of the work with specialized firms or 	<p>Contractor – Bidder Supervisor Municipal staff (Communal Inspector and Environmental Inspector</p>	

Potential impact	Impact scale	Proposed mitigation measures	Responsibility	Cost of mitigation activities ²
		<p>reuse as refill material in constructions</p> <ul style="list-style-type: none"> Waste Records acc. Gov. Decision 856/2002 and packaging and waste from packaging according to GD 621/2005 The recovery of packaging waste by companies authorized on the basis of supporting documents. Temporary storage by category of waste, on the fitted concrete platform. <p>Reusable waste will be taught on the basis of a Receipt to the beneficiary of the work. Not Reusable wastes will be eliminated by companies authorized on the basis of supporting documents and copies thereof will be taught to the beneficiary of the work</p>		
<p>Possible emissions by transportation vehicles and impact on air quality in the Bucharest due to: Gases emissions of dust-suspended particulates and traffic congestion within the public institutions and services area</p>	<p>Local/ within the public institutions and services area short term/major</p>	<ul style="list-style-type: none"> Construction site, transportation routes and materials handling site should be water-sprayed on dry and windy days; Construction materials should be stored in appropriate places covered to minimize dust; Vehicle loads likely to emit dust need to be covered; Usage of protective masks for the workers if the dust appears; Restriction of the vehicle speed within the construction location; Perform regular maintenance of the vehicles and construction machinery in order to reduce the leakages of motor oils, emissions and dispersion of pollution; <p>Burning of debris from ground clearance not permitted.</p>	<p>Contractor Bidder Supervisor PMU Safeguards specialists</p>	
<p>Possible noise disturbance as a result of outdoor equipment usage and transportation vehicles driving around the site</p>	<p>Local/within the public institutions and services area short term /minor</p>	<ul style="list-style-type: none"> Whole noise protection area is located in public institutions and services zone and belong to the area with the maximum allowed noise level should be 40dBA for night and 50dBA for evening and day; <p>The construction work should be not permitted during the nights; the operations on site shall be restricted to the hours 7.00 -19.00.</p>	<p>Contractor Bidder Supervisor</p>	
<p>Possible adverse environmental impact and health effects could occur</p>	<p>Local within the public institutions</p>	<ul style="list-style-type: none"> Preparation, approval and implementation of the Waste Management Plan approved by the local administration; 	<p>Contractor Bidder Supervisor</p>	

Potential impact	Impact scale	Proposed mitigation measures	Responsibility	Cost of mitigation activities ²
as a result of generation of the different waste streams The inappropriate waste management and not in time collection and transportation of waste streams	and services area short term/ major	<ul style="list-style-type: none"> • Identification of the different waste types at the construction site (soil, sand, bottles, food, etc.) and proper classification according the national List of Waste (Official Gazette no.100/05); • The main waste would be classified under the Waste Chapter 17 “Construction and demolition wastes (including excavated soil from contaminated sites)” with the waste code 17 05 04 – Excavated soil, 17 09 04 – Mixed waste from construction site; • Small amount of solid municipal waste could be found (food, beverages), as well as packaging waste (paper, bottles, glass, etc.). Collection of the generated waste on daily basis, selection of waste, transportation and final disposal on appropriate places (according the type of waste). 	PMU Safeguards specialists	
		<ul style="list-style-type: none"> • Collection, transportation and final disposal of the inert and communal waste; • Possible hazardous waste (motor oils, vehicle fuels) should be collected separately and authorized collector and transporter should be sub-contracted to transport and finally dispose the hazardous waste; • The materials should be covered during the transportation to avoid waste dispersion; Burning of construction waste should be prohibited. 	Contractor Supervisor	
Environment trees and nature	Medium	The Client’s Supervisor will register the number of trees and the existing natural green grass areas, before start of the construction starts. The Contractor will restore the damaged vegetation at his own cost	Contractor Supervisor PMU Safeguards specialists	
Operation phase				
Waste management	Medium term impact	In compliance with national regulations the contractor will ensure that newly constructed and/or rehabilitated health care facilities include sufficient infrastructure for medical waste handling and disposal; this includes and not limited to:	Hospital management	

Potential impact	Impact scale	Proposed mitigation measures	Responsibility	Cost of mitigation activities ²
		<ul style="list-style-type: none"> • Identify the waste produced in the Center in operational phase • Finalize an ICWMP following the Waste management Plan approved at level of Hospital • Follow the performance of the companies contracted to collect and safely dispose different kind of waste <ul style="list-style-type: none"> ▪ Special facilities for segregated healthcare waste (including soiled instruments “sharps”, and human tissue or fluids) from other waste disposal; and ▪ Appropriate temporary storage facilities for medical waste are in place; and <p>If the activity includes facility-based treatment, appropriate disposal options are in place and operational</p>		

²⁾ Cost of mitigation activities is defined by the contractor in relevant items in bidding documents, either in a distinct chapter (Environmental protection) or included in the unitary price of each item.

9. ENVIRONMENTAL AND SOCIAL MONITORING PLAN – Gr. Alexandrescu Burn Center

<i>What parameter to be monitored?</i>	<i>Where is the parameter to be monitored?</i>	<i>How is the parameter monitored?</i>	<i>When is the parameter monitored (frequency of measurement)?</i>	<i>Why is the parameter monitored?</i>	Responsibility
Demolition & Construction Phases					
Feedback (complaints, queries, and any reports of COVID 19 related infections) provided by workers, communities living in the vicinity and the general public	<ul style="list-style-type: none"> • On the site • Project GRM channels 	GRM logbook	Number of feedback cases per week Number of reports of COVID-19 infection on a daily basis	To mitigate social and OHS risks	Contractor – H&S Responsible, Supervisor, PMU Safeguards specialists
Project stage: Preparation activities/ Startup of construction					
The safety protection measures applied for the workers during the demolition phase	On the site	Visual checks and according with the procedure for demolition	During the demolition phase and clean-up activities	To prevent health and safety risks – mechanical injuries during the demolition phase	Contractor – H&S Responsible, Supervisor, PMU Safeguards specialists
Dust and noise during the demolition phase	On the site	Visual checks and according with the procedure for demolition	During the demolition phase and clean-up activities	To prevent contamination of the environment with potential asbestos and related dust To prevent complaints from neighbors for high level of noise	Contractor – H&S Responsible, Supervisor, PMU Safeguard specialist
Collection and transport of demolition or hazardous waste (if any occurs)	On the site for identification of hazardous waste and on the safety temporary storage	Review the transportation list and conditions at the storage facility	Before the transportation of the hazardous waste (if there is any)	Not to dispose the hazardous waste from demolition debris on the municipal waste landfill	Authorized Contractor for collection and transportation of hazardous waste (if any occurs) PMU Safeguard specialist
The safety protection measures applied for the workers during the construction phase	On the construction site	Visual checks	At the beginning of each working day during the project activities	To prevent health and safety risks – mechanical injuries To be in compliance with national communal health regulation and OH&S standards	Contractor - Bidder Supervisor Communal inspector PMU Safeguard specialist
Safety traffic flow through the construction site in public institutions and	On the site	Visual monitoring	During the working day	To ensure the coordinated traffic flow through Bucharest City	Contractor - Bidder Supervisor Communal Inspector

What parameter to be monitored?	Where is the parameter to be monitored?	How is the parameter monitored?	When is the parameter monitored (frequency of measurement)?	Why is the parameter monitored?	Responsibility
services area in Bucharest City					
Prepared and approved Waste Management Plan and its implementation	On the site	Review the documentation and approval by the Supervisor is needed	At the beginning of work with new material/s	To ensure minimization of risks for improper waste handling, temporary/final disposal, collection and transportation	Contractor – Bidder Supervisor
Collection and transport as well as safe disposal of hazardous waste (if any occurs)	On safety temporary storage	Review the transportation list and conditions at the storage facility	Before the transportation of the hazardous waste (if there is any)	To improve the waste management practice on municipality and national level/ Not to dispose the hazardous waste on the waste disposal spots	Authorized Contractor for collection and transportation of hazardous waste (if any occurs) PMU Safeguards specialists
Operational phase					
Dust generation Noise emissions Waste-water volumes & quality Waste types and volumes	On site and in immediate neighborhood, close to potential impacted residents	Visual Consultation of locals Visual, analytical if suspicious Count of waste transports off site	Daily Daily Daily / continuous Every batch	Avoidance of public nuisance Avoidance of negative impacts on ground/ surface waters Ensuring proper waste management and disposal	Hospital management

Annex 1 – Legal and Institutional Framework on EIA²

International Laws

1. Article 11(2) of Romania's Constitution (as revised by Law No. 429/2003) provides that treaties ratified by Parliament according to the law are part of national law.

2. The following treaties to which Romania is party relate to the protection of natural habitats:

Ramsar Convention on Wetlands (Ramsar, 1971), ratified by Romania on 21/9/91.

The Danube Delta and Small Island of Braila have been designated as Ramsar Sites.

Convention on the Conservation of Migratory Species (Bonn, 1979), ratified by Romania on 1/7/98.

Convention on Biological Diversity (Rio de Janeiro, 1992), ratified by Romania on 17/8/94.

Convention on the Conservation of European Wildlife and Natural Habitats (Berne, 1979). Accession by Romania on 18/5/93.

Convention concerning the protection of the World Cultural and Natural Heritage (Paris, 1972). Accession by Romania on 16/5/90. Several areas, including the Danube Delta are designated as UNESCO World Heritage Site.

Danube River Protection Convention signed in 1994.

3. On environmental assessment, relevant treaties ratified by Romania include:

UN/ECE Convention on Access to Information, Public Participation in Decision-making and Access to Justice in Environmental Matters (Aarhus, 1998), ratified by Romania by Law no.86/2000.

Convention on Environmental Impact Assessment in a Transboundary Context (Espoo, 1991), ratified by Romania by Law no.22/2001.

4. The following treaties ratified by Romania relate to cultural property:

European Convention on the Protection of the Archaeological Heritage (revised) (Valetta, 1992), ratified by Romania 20/11/97.

Convention concerning the protection of the World Cultural and Natural Heritage (Paris, 1972). Accession by Romania on 16/5/90. Several areas, including the Danube Delta are designated as UNESCO World Heritage Site.

European Union's "acquis communautaire"

5. Relevant legal texts include:

Treaty concerning the Accession of the Republic of Bulgaria and Romania to the European Union, signed by the EU Member States and Bulgaria and Romania in Luxembourg on 25 April 2005.

Protocol concerning the conditions and arrangements for admission of the Republic of Bulgaria and Romania to the European Union (Annex VII; list referred to in Article 20 of the protocol; transitional measures, Romania; Section 9 on environment).

Environmental Assessment

Directive 2011/92/EU of the European Parliament and of the Council of 13 December 2011 on the assessment of the effects of certain public and private projects on the environment.

Directive 2001/42/EC on Strategic Environmental Assessment.

Pollution Prevention and Control; Integrated Permitting

Directive 2010/75/EU of the European Parliament and of the Council of 24 November 2010 on industrial emissions (integrated pollution prevention and control).

Waste Management

Council Directive 1999/31/EC of 26 April 1999, on the landfill of waste.

² The list presented here is comprehensive – not all the included legislation is relevant to the project interventions

Regulation (EC) No 1013/2006 of the European Parliament and of the Council of 14 June 2006 on shipments of waste.

Directive 2008/98/EC of the European Parliament and of the Council of 19 November 2008 on waste.

Council Directive 86/278/EEC of 12 June 1986, on the protection of the environment, and in particular the soil, when sewage sludge is used in agriculture (as amended by Directive 91/692/EEC, EC No. 807/2003 of 14 April 2003, EC No. 219/2009).

Council Directive 94/62/EC of 20 December 1994 on packaging and packaging of waste (as implemented by Commission Decisions 97/129/EC and 97/138/EC and amended by Directive 2004/12, Directive 2005/20, Regulation 219/2009, Directive 2/2013, Directive 720/2015).

Water and Waste Water

Council Directive 91/271/EEC of 21 May 1991 concerning urban waste water treatment, as amended by Commission Directive 98/15/EC, Regulation 1882/2003, Regulation 1137/2008, Directive 2013/64/EU.

Council Directive 98/83/EC of 3 November 1998 on the quality of water intended for human consumption as amended by Regulation 1882/2003, Regulation 596/2009.

Directive 2000/60/EC of the European Parliament and of the Council of 23 October 2000 establishing a framework for Community action in the field of water policy.

Directive 2006/11/EC of the European Parliament and of the Council of 15 February 2006 on pollution caused by certain dangerous substances discharged into the aquatic environment of the Community.

Nature Protection

Council Directive 92/43/EEC of 21 May 1992 on the conservation of natural habitats and of wild flora and fauna.

Air Quality

Directive 2008/50/EC of the European Parliament and of the Council of 21 May 2008 on ambient air quality and cleaner air for Europe.

Romanian Law

Relevant Romanian law includes the following:

Environmental Assessment

EGO 195/2005 on environmental protection, approved by Law no.265/2006. Framework Law on Protection of the Environment.

GD 445/2009 (published in M.Of. no. 481 of 13/07/2009). Framework procedure for environmental impact assessment, and approval of list of public and private projects subject to this procedure.

MO 135/2010 (published in M.Of. no. 274 of 04/27/2010). for approval of the EIA application methodology.

MO 863/2002 (published in M.Of. no. 52 of 01/30/2003). Guidelines on EIA methodology (screening, scoping, and review of study).

MO 864/2002 (published in M.Of. no. 397 of 06/09/2003) on procedures and public consultation in case of transboundary impacts.

MO 1026/2009 (published in M.Of. 562 on 08/12/2009) approval of the conditions for the development of the environmental report, EIA and other environmental documentations,.

MO 1798/2007 (published in M.Of. 808 on 11/27/2007) Methodology for the environmental permit issuance.

Strategic Environmental Assessment

GD 1076/2004 (published in M. Of nr. 707 of 05.08.2004) on procedures for environmental assessment of plans and programs.

MO 995/2006 on the list of plans and programs subject to the environmental assessment procedure.

Nature Protection

EO 57/2007 regarding the protected natural areas and the conservation of natural habitats, wild flora and fauna.

GD 230/2003.
MO 552/2003.
MO 1052/2014.

Waste, Waste Water, Air and Noise Pollution

MO 662/2006 for the approval of the procedure and competencies for issuing water management permits and authorizations
Water Law 107/1996 with subsequent modifications
MO no. 1012/ 2005 for the approval of the procedure for public information access related to the water management field
MO no. 1182/2005 MoEWM and 1270 /2005 MoAFRD for the approval of the Code of the agricultural good practices for the protection of the waters against pollution with nitrates from agricultural sources, as it was amended by MO 990/2015.
MO no. 296/216/2005 regarding the framework Program of actions for the elaboration of the action programs in vulnerable zones at the pollution with nitrates from agricultural sources
MO no. 242/197/2005 regarding the monitoring system of the sole from the vulnerable and potential vulnerable zones
Law 458/2002 regarding drinking water quality, republished
GD 974/2004 on inspection and monitoring of drinking water
GD 349/2005 regarding management of solid waste
GD 188/2002 for the approval of certain norms concerning the conditions of discharging waste water into the aquatic environment
GD 235/2007 regarding management of oil waste
Law 249/2015 regarding management of packaging and packaging of waste
GD 856/2002 regarding records of disposal and collection of solid waste and approval of list including hazardous waste
Law 211/2011 regarding solid waste
Law 104/2011 regarding ambient air quality.
GD 1470/2004 regarding approval of National strategy for solid waste management and National Plan for solid waste management.

Cultural Property

Law 422/2001 on protection of historic monuments, republished
GO 43/2000 on protection of the archaeological heritage, republished
Law 150/1997 ratification of the European Convention on the Protection of Archeological Heritage (Valetta, 1996).

Annex 2 - Romanian Licensing and Permitting Procedures¹

Introduction

In conformity with Emergency Ordinance for Environmental Protection No.195/2005 including the respective updates - the Governmental Decision No. 445/2009, and the MO No. 863/2002 and 135/2010, the decision-making process of the EIA regarding the issuance of the Environmental License to construct and the Environmental Permit to operate is well developed. The Environmental Protection regulation sets out the EIA requirements and principles; the GD 445/2009 sets out the procedures, while the OM 863/2002 and 135/2010 present in detail the procedures for EIA and for issuing the environmental license.

Based on the Romanian law, any development of a new facility or modification of an existing one requires the approval of an EIA before the environmental license (environmental agreement) and permit to operate (environmental authorization) is approved by LEPAs. For any activities not covered in the list of mandatory EIA (Annexes I and II of the GD no. 445/2009), the LEPAs use selection criteria to determine whether such activities could have a significant environmental impact. Existing facilities require an environmental permit from the LEPAs, which includes assessment of compliance with the environmental standards (e.g., conditions related to air, water, and soil reflecting existing standards).

The GD 445/2009 presents the steps of the procedure, the requirements that the physical or legal certified persons to prepare the impact studies, and the list of activities which are subject to the EIA procedure. Overall, the EIA procedure includes a screening stage, a scoping stage, and a validation stage.

Procedures for Receiving an Environmental License to Construct (or the Environmental Agreement)

The procedure for issuing the environmental license to construct is described in detail in the following steps and briefly presented in the flow chart.

Step 1. The initial screening of the new project/investment

This is determined by the local EPA responsible for the location (commune, city) where the investment will develop. When requesting the Environmental License to Construct, *the Beneficiary is responsible* to present to the local EPA or MEWF a *Technical File* including the following documentation:

Request Form of the EA in conformity with the MO No. 135/2010; this request is attention to the local EPA or to the MEWF depending on the geographical location of the project;

Urban Planning Certificate and the corresponding licenses and permits (obtained at the level of Feasibility Study) based on the corresponding law;

Contracts with the local solid waste company for collection of the solid wastes and with “*Apele Romane*” for water supply and sewage discharges (other authorizations from local utilities may be required based on necessity);

Technical Memorandum (standard form) in conformity with Annex .2 of the MO No. 1798/2007 (prepared by the Consultant/Firm that developed the Feasibility Study);

Technical Note (standard technical form) in conformity with the OM No. 839/2009 (prepared by the Consultant/Firm that developed the Feasibility Study);

Fee (differs depending on the stage of the EA process);

Public announcement/debate regarding the request to obtain the Environmental Permit in conformity with Annex 3 of the MO No. 1798/2007.

Within the EPA, a Technical Review Committee (TRC) is formed, which includes members of the local EPA, the National Environmental Guard (NAG), the National Water Administration “*Apele Romane*”, Sanitary and Urban Institutes and those authorities responsible for environmental permits authorizations. The TRC members analyze the documentation presented within the Technical File and issue one of the following three classifications of the project investments: (i) activities are of insignificant environmental impact and therefore the project is NOT subject to environmental procedure; (ii) activities are of low environmental impact and the

¹ The annex is provided for information purposes only its provisions do not apply in full to the project proposed interventions

simplified licensing procedure will apply; and (iii) activities are of significant environmental impact and the full environmental permitting procedure will apply. Furthermore, (for cases (ii) and (iii)) the EPA authorities together with the members of TRC and the Beneficiary are visiting the site of the future investment to: (i) verify its location as presented in the Technical File; and (ii) complete the List of Control developed according to the OM No. 863/2002.

Step 2. EIA Report Preparation

The EPA reviews and approves the List of Control which includes the conclusion presented by the TRC, based on which documents it announces the Beneficiary of his obligation to develop the EIA study (the impact study).

The Beneficiary is obliged to:

Prepare the EIA report in conformity with the OM No. 863/2002. The EIA report should be developed only by physical persons or consulting firms independent of the Beneficiary and the person who developed the Feasibility Study, that are accredited for developing such technical studies for Infrastructure Projects/Investments including the legal conditions stipulated in the OM No. 1026/2009; Hire based on contract and competition through expression of interest/invitation to submit proposals process the firm/physical person who will develop the EA report;
Prepare and sponsor the public announcement of the definition of the project (this is the 2nd public information in the EIA process approval);

Step 3. The Review of the EIA Report

At this stage, the EPA is in charge with the following steps: (i) completes the List of Control for the EIA Report analysis process; (ii) prepares the Public Consultation; and (iii) communicates the results to the Beneficiary.

The Beneficiary is obliged to:

Present to the local EPA the EIA report, with the help of the consulting firm that developed the EIA; Prepare and launch the public consultation in the presence of those affected, NGOs, or interested persons including presentation of the project and the EIA Report during of a public debate; Evaluate the discussions and conclusions received during the public consultation;
Reply to the public comments and requests with a valid technical solution.

Step 4. Decision and Approval of the Environmental License to construct

The EPA issues the Environmental License to start construction of the investment within 30 days after the final decision.

The Beneficiary is obliged to:

Announce the public about the approval of the Environmental License;
Request of Environmental Permit to Operate

Additional points:

The EIA report is prepared at the level of the project's Feasibility Study, in conformity with GD No. 445/2009; The minimum information presented by the Beneficiary during the request to obtain the Environmental License should be also completed based on conditions recommended by the foreign donors (EBRD, WB, EIB) and/or as required by the EU legislation and the Romanian legislation in force;

For those investments obtained through ISPA or SAPARD funds, the conditions during the project operation established through the Environmental Permit will take in consideration the limits of the pollutants' discharges required by the EU and Romanian legislation. However, the national limits will prevail if they are more restrictive than those imposed by the EU legislation.

The Environmental License is valid during the entire period of the project construction, but will expire if the investment works will not start in maximum 2 years from its approval. During the period of investment constructions, the local environmental protection authorities will monitor those conditions imposed by the Environmental License (please note detailed information on the monitoring process in the next section);

The Beneficiary is obliged by law to inform the environmental protection authorities in writing any time when there is a significant modification of the initial conditions of the project based on which the current Environmental License was issued.

Procedures for Obtaining an Environmental Permit to Operate

The Environmental Permit to Operate investments with significant impact on the environment is issued by the EPA in conformity with OM No. 1798/2007. The local EPA together with the local National Environmental Guard as well as representatives of National Agency "Apele Romane" is inspecting the site after construction and issue a technical note with observations at the site (e.g., Environmental Audit).

The Environmental Audit of existing facilities is carried out only by certified persons paid by the Investor and includes: (i) a checklist including characteristic elements of the investment; (ii) an environmental study including data collection and technical review of all environmental aspects, before taking a decision on the scale of potential or existing environmental impacts from the site; and (iii) site investigations to quantify the potential scale of contamination of the site. Compliance programs are usually required based on the result of the environmental audit.

The Beneficiary is in charge with:

Request the Environmental Permit to the local EPA;

Prepare a *Technical File* as in the previous case;

Announce the public about the request to start operations;

Annual renewal of the permit once it is issued (it is valid for 5 years).

Standards (ambient and emission limits) are usually followed to comply with the environmental protection as requested by EU. Currently there are ambient standards for air, noise, waste and discharges of certain substances in the water.

Monitoring capacity during the Construction Period and After the Issuance of the Environmental Permit to Operate

During constructions, LEPAs together with the NGA and "Apele Romane" are in charge with visiting the site of the project and inspecting the environmental compliances stipulated in the Environmental License and Environmental Permit.

The NGA inspectors may accompany the LEPAs' inspectors for site visits according to an inspection program. Following the site visit and checking the compliance, the inspectors prepare a report based on which they may advise the operators on how to meet standards and permit conditions. If a facility/project does not comply with relevant standards, it will first receive a warning from the inspector followed by a certain amount of time necessary to take care of the steps that comply with the permit. If these steps are not performed, an administrative fine will be imposed (the size of the fine varies as presented in the legislation). Finally, non-compliance will result in court action.

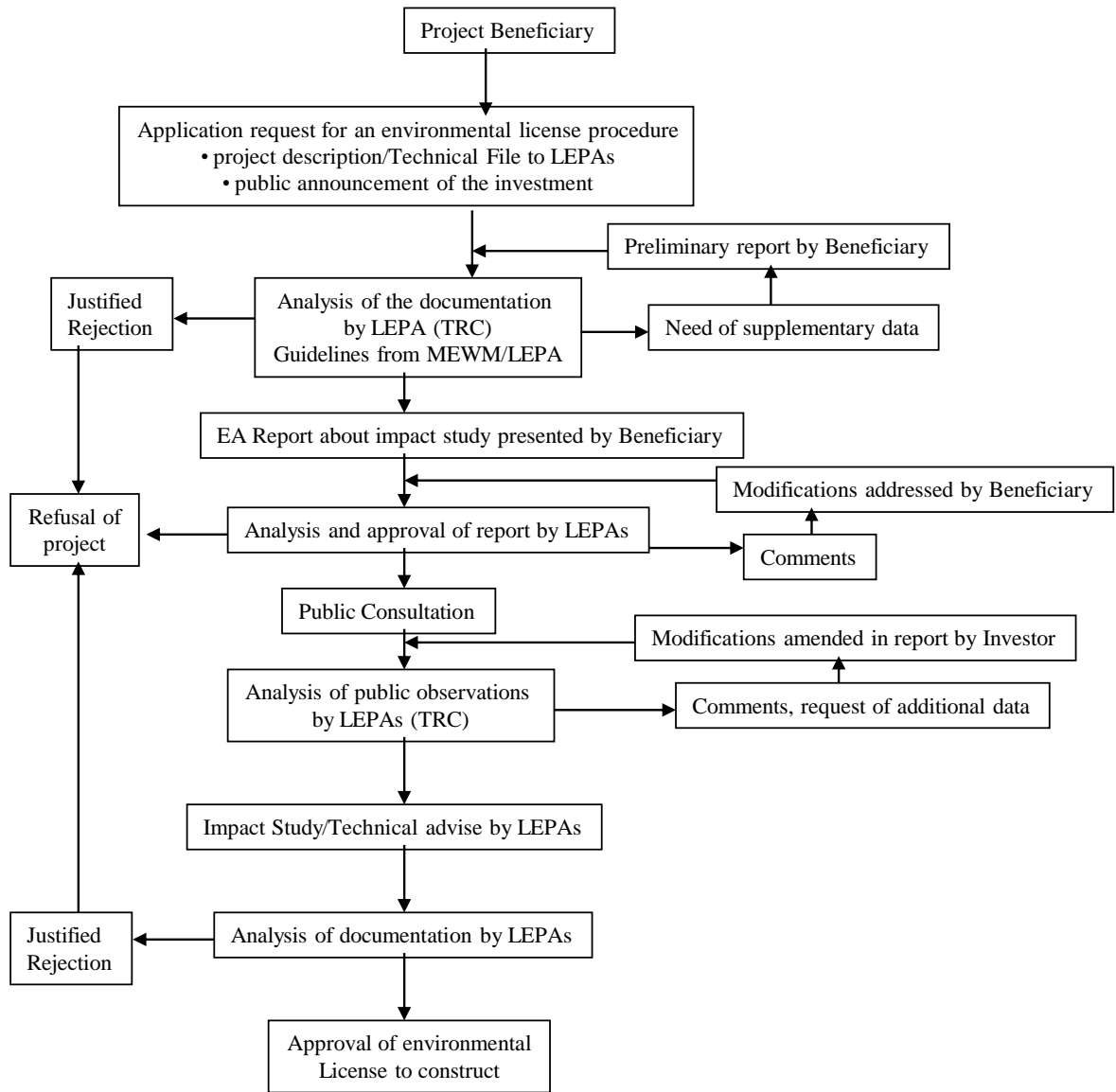


Figure. Procedures for issuing the environmental license to start-up investments of a new facility

Annex 3 – Safeguards Policies of the World Bank

Below are the key extracts from OP that give the idea of preventive mechanisms of the World Bank and help to understand and analyze information on environmental, social and legal policies.

1. Environmental Assessment (OP 4.01);
2. Natural Habitats (OP 4.04);
3. Pest management (OP 4.09);
4. Physical Cultural Resources (OP 4.11);
5. Forests (OP 4.36);
6. Safety of Dams (OP 4.37);
7. Involuntary Resettlement (OP 4.12);
8. Indigenous Peoples (OP 4.10);
9. Projects on International Waterways (OP 7.50);
10. Projects in Disputed Areas (OP 7.60);
- +1. Access to Information

1. OP 4.01 Environmental Assessment

EA is a process whose breadth, depth, and type of analysis depend on the nature, scale, and potential environmental impact of the proposed project. EA evaluates a project's potential environmental risks and impacts in its area of influence; examines project alternatives; identifies ways of improving project selection, siting, planning, design, and implementation by preventing, minimizing, mitigating, or compensating for adverse environmental impacts and enhancing positive impacts; and includes the process of mitigating and managing adverse environmental impacts throughout project implementation.

EA takes into account the natural environment (air, water, and land); human health and safety; social aspects (involuntary resettlement, indigenous peoples, and physical cultural resources); and transboundary and global environmental aspects.

EA considers natural and social aspects in an integrated way. EA is initiated as early as possible in project processing and is integrated closely with the economic, financial, institutional, social, and technical analyses of a proposed project

2. OP 4.04 Natural habitats

The Bank promotes and supports natural habitat conservation and improved land use by financing projects designed for environmental conservation. The Bank promotes the rehabilitation of degraded natural habitats and does not support projects that involve the significant conversion or degradation of critical natural habitats.

3. OP 4.09 Pest Management

In assisting borrowers to manage pests that affect either agriculture or public health, the Bank supports a strategy that promotes the use of biological or environmental control methods and reduces reliance on synthetic chemical pesticides.

The Bank requires that any pesticides it finances be manufactured, packaged, labeled, handled, stored, disposed of, and applied according to standards acceptable to the Bank. The FAO's Guidelines for Packaging and Storage of Pesticides (Rome, 1985), Guidelines on Good Labeling Practice for Pesticides (Rome, 1985), and Guidelines for the Disposal of Waste Pesticide and Pesticide Containers on the Farm (Rome, 1985) are used as minimum standards.

4. OP 4.11 Physical Cultural Resources

This policy addresses physical cultural resources, which are defined as movable or immovable objects, sites, structures, groups of structures, and natural features and landscapes that have archaeological, paleontological, historical, architectural, religious, aesthetic, or other cultural significance. Physical cultural resources include everything that remained after ancient inhabitants (holy places and battlefields) and unique natural sites such as waterfalls and canyons.

The Bank does not support projects threatening cultural resources that are property of population. The Bank supports only those projects that are located or designed in such a way as to prevent damage to the environment.

5. OP 4.36 Forests

Management, protection and sustainable development of forest ecosystem and its resources are necessary for reducing poverty and sustainable development.

The Bank does not finance plantations that involve any conversion or degradation of critical natural habitats due to potential risk to biodiversity.

The Bank may finance harvesting operations conducted by small-scale landholders, by local communities under community forest management, or by such entities under joint forest management arrangements, if these operations:

- (a) have achieved a standard of forest management developed with the meaningful participation of locally affected communities, consistent with the principles and criteria of responsible forest management; or
- (b) adhere to a time-bound phased action plan to achieve such a standard. The action plan must be developed with the meaningful participation of locally-affected communities and be acceptable to the Bank.

6. OP 4.37 Safety of dams

The Bank distinguishes between small and large dams. Small dams are normally less than 15 meters in height. This category includes, for example, farm ponds, local silt retention dams, and low embankment tanks. For small dams, generic dam safety measures designed by qualified engineers are usually adequate.

7. OP 7.50 Projects on international waterways

This policy applies to the following types of international waterways: (a) any river, canal, lake, or similar body of water that forms a boundary between, or any river or body of surface water that flows through, two or more states; (b) any tributary or other body of surface water that is a component of any waterway described in (a) above.

This policy applies to the following types of projects: hydroelectric, irrigation, flood control, navigation, drainage, water and sewerage, industrial, and similar projects that involve the use or potential pollution of international waterways as described above.

8. OP 7.60 Projects in disputed areas

Projects in disputed areas may raise a number of delicate problems affecting relations not only between the Bank and its member countries, but also between the country in which the project is carried out and one or more neighboring countries. In order not to prejudice the position of either the Bank or the countries concerned, any dispute over an area in which a proposed project is located is dealt with at the earliest possible stage.

Document references to OP WB, Procedures for Environmental Assessment of WB and Environmental Protection Policy of WB are presented below.

Annex 4 – Environmental Guidelines for Civil Works Contracts

Contractors will be obliged to apply environmentally sound construction standards and procedures. All civil works contracts will have the following environment-protecting provisions:

Take measures and precautions to avoid adverse environmental impacts, nuisance or disturbances arising from the execution of the works. This shall be done by avoidance or suppression whenever possible rather than abatement or mitigation of the impact once generated.

Comply with all national and local environmental laws and regulation. Assign responsibilities for implementation of environmental actions and to receive guidance and instructions from the engineer or environmental authorities.

Minimize dust emissions to avoid or minimize adverse impacts on air quality.

Maintain foot and vehicular traffic flows and public access to neighboring sites and facilities. Provide markers, lights and temporary connections by bypasses for safety and convenience.

Prevent or minimize vibration and noise from vehicles, equipment and blasting operations.

Minimize disturbance to and restore vegetation where it is disturbed as a consequence of the works.

Protect surface and groundwater and soil quality from pollution. Appropriately collect and dispose of water material.

Annex 5 - COVID 19 Consideration in Construction / Civil Works projects

I. CHALLENGES WITH CONSTRUCTION/CIVIL WORKS.

Projects involving construction/civil works frequently involve a large work force, together with suppliers and supporting functions and services. The work force may comprise workers from international, national, regional, and local labor markets. They may need to live in on-site accommodation, lodge within communities close to work sites or return to their homes after work. There may be different contractors permanently present on site, carrying out different activities, each with their own dedicated workers. Supply chains may involve international, regional and national suppliers facilitating the regular flow of goods and services to the project (including supplies essential to the project such as fuel, food, and water). As such there will also be regular flow of parties entering and exiting the site; support services, such as catering, cleaning services, equipment, material and supply deliveries, and specialist sub-contractors, brought in to deliver specific elements of the works.

Given the complexity and the concentrated number of workers, the potential for the spread of infectious disease in projects involving construction 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-serviced 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. The project must also exercise appropriate precautions against introducing the infection to local communities.

II. DOES THE CONSTRUCTION CONTRACT COVER THIS SITUATION?

Given the unprecedented nature of the COVID-19 pandemic, it is unlikely that the existing construction/civil works contracts will cover all the things that a prudent contractor will need to do. Nevertheless, the first place for a Borrower to start is with the contract, determining what a contractor's existing obligations are, and how these relate to the current situation.

The obligations on health and safety will depend on what kind of contract exists (between the Borrower and the main contractor; between the main contractors and the sub-contractors). It will differ if the Borrower used the World Bank's standard procurement documents (SPDs) or used national bidding documents. If a FIDIC document has been used, there will be general provisions relating to health and safety. For example, the standard FIDIC, Conditions of Contract for Construction (Second Edition 2017) states (in the General Conditions, clause 6.7) that the Contractor will be required:

- to take all necessary precautions to maintain the health and safety of the Contractor's Personnel
- to appoint 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 on the site and to take protective measures to prevent accidents
- to ensure, in collaboration with local health authorities, that medical staff, first aid facilities, sick bay, ambulance services and any other medical services specified are available at all times at the site and at any accommodation
- to ensure suitable arrangements are made for all necessary welfare and hygiene requirements and for the prevention of epidemics.

In addition, the Bank's Particular Conditions include a number of relevant requirements on the Contractor, including:

- to provide health and safety training for Contractor's Personnel (which include project workers and all personnel that the Contractor uses on site, including staff and other employees of the Contractor and Subcontractors and any other personnel assisting the Contractor in carrying out project activities)

- to put in place workplace processes for Contractor's Personnel to report work situations that are not safe or healthy
- gives Contractor's Personnel the right to report work situations which they believe are not safe or healthy, and to remove themselves from a work situation which they have a reasonable justification to believe presents an imminent and serious danger to their life or health (with no reprisal for reporting or removing themselves)
- requires measures to be in place to avoid or minimize the spread of diseases including measures to avoid or minimize the transmission of communicable diseases that may be associated with the influx of temporary or permanent contract-related labor
- to provide an easily accessible grievance mechanism to raise workplace concerns.

III. WHAT PLANNING SHOULD THE BORROWER BE DOING?

PMUs should confirm that projects (i) are taking adequate precautions to prevent or minimize an outbreak of COVID-19, and (ii) have identified what to do in the event of an outbreak. Suggestions on how to do this are set out below:

- The PMU, either directly or through the Supervising Engineer, should request details in writing from the main Contractor of the measures being taken to address the risks. As stated in Section 3, the construction contract should 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 emergency and preparedness plan or as standalone procedures. The measures may be reflected in revisions to the project's health and safety manual. This request should be made in writing (following any relevant procedure set out in the contract between the Borrower and the contractor).
- In making the request, it may be helpful for the PMU to specify the areas that should be covered. This should include the items set out in the section below and take into account guidance provided by national authorities, WHO and other organizations.
- The PMU should require the Contractor to convene regular meetings with the project health and safety specialists and medical staff (and where appropriate the local health authorities), and to take their advice in designing and implementing the agreed measures.
- Where possible, a senior person should be identified as a focal point to deal with COVID-19 issues. This can be a work supervisor or a health and safety specialist. This person can be responsible for coordinating preparation of the site and making sure that the measures taken are communicated to the workers, those entering the site and the local community. 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 PMU 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 effectiveness of mitigation measures will depend on the weakest implementation, and therefore it is important that all contractors and sub-contractors understand the risks and the procedure to be followed.
- The PMU, either directly or through the Supervising Engineer, may provide support to projects in identifying appropriate mitigation measures, particularly where these will involve interface with local services, in particular health and emergency services. In many cases, the PMU can play a valuable role in connecting project representatives with local Government agencies, and helping coordinate a strategic response, which takes into account the availability of resources. To be most effective, projects should consult and coordinate with relevant Government agencies and other projects in the vicinity.
- Workers should be encouraged to use the existing project grievance mechanism to report concerns relating to COVID-19, preparations being made by the project to address COVID-19 related issues, how procedures are being implemented, and concerns about the health of their co-workers and other staff.

IV. WHAT SHOULD THE CONTRACTOR COVER?

The Contractor should identify measures to address the COVID-19 situation. What will be possible will depend 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. A systematic approach 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. As discussed above, measures to address COVID-19 may be presented in different ways (as a contingency plan, as an extension of the existing project emergency and preparedness plan or as standalone procedures). PMUs and contractors should refer to guidance issued by relevant authorities, both national and international (e.g. WHO), which is regularly updated.

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 PMU representatives, the Supervising Engineer, management (e.g. the project manager) of the contractor and sub-contractors, security, and medical and OHS professionals. Procedures should be clear and straightforward, improved as necessary, and supervised and monitored by the COVID-19 focal point(s). Procedures should be documented, distributed to all contractors, and discussed at regular meetings to facilitate adaptive management. The issues set out below include a number that represent expected good workplace management but are especially pertinent in preparing the project response to COVID-19.

(a) **ASSESSING WORKFORCE CHARACTERISTICS** Many construction sites will have a mix of workers e.g. workers from the local communities; workers from a different part of the country; workers from another country. Workers will be employed under different terms and conditions and be accommodated in different ways. Assessing these different aspects of the workforce will help in identifying appropriate mitigation measures:

- The Contractor should prepare a detailed profile of the project work force, key work activities, schedule for carrying out such activities, different durations of contract and rotations (e.g. 4 weeks on, 4 weeks off).
- This should include a breakdown of workers who reside at home (i.e. workers from the community), workers who lodge within the local 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.
- Consideration should be given to ways in which 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.
- 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.
- 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.

(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 site, and establishing designating entry/exit points (if they do not already exist). Entry/exit to the site should be documented.
- 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.
- Confirming that workers are fit for work 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.
- Checking and recording temperatures of workers and other people entering the site or requiring selfreporting prior to or on entering the site.
- Providing daily briefings to workers prior to commencing work, focusing on COVID-19 specific considerations including 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.

(c) GENERAL HYGIENE 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 handwashing and social distancing) and what to do if they or other people have symptoms (for further information see WHO COVID-19 advice for the public).
- Placing posters and signs around the site, with images and text in local languages.
- Ensuring handwashing facilities supplied with soap, disposable paper towels and closed waste bins exist at key places throughout site, including at entrances/exits to work areas; where there is a toilet, canteen or food distribution, or provision of drinking water; in worker accommodation; at waste stations; at stores; and in common spaces. Where handwashing facilities do not exist or are not adequate, arrangements should be made to set them up. Alcohol based sanitizer (if available, 60-95% alcohol) can also be used.
- Review worker accommodations, and assess them in light of the requirements set out in IFC/EBRD guidance on Workers' Accommodation: processes and standards, which provides valuable guidance as to good practice for accommodation.
- Setting aside part of worker accommodation for precautionary self-quarantine as well as more formal isolation of staff who may be infected (see paragraph (f)).

(d) CLEANING AND WASTE DISPOSAL Conduct regular and thorough cleaning of all site facilities, including offices, accommodation, canteens, common spaces. Review cleaning protocols for key construction equipment (particularly if it is being operated by different workers). This should include:

- Providing cleaning staff with adequate cleaning equipment, materials and disinfectant.
- Review general cleaning systems, training cleaning staff on appropriate cleaning procedures and appropriate frequency in high use or high-risk areas.
- Where it is anticipated that cleaners 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, cleaners should be provided with best available alternatives.

- Training cleaners 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 (for further information see WHO interim guidance on water, sanitation and waste management for COVID-19).

(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.
- Limiting the number of workers on site at any one time.
- Changing to a 24-hour work rotation.
- 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. While as of the date of this note, general advice is that construction workers do not require COVID-19 specific PPE, this should be kept under review (for further information see WHO interim guidance on rational use of personal protective equipment (PPE) for COVID-19).
- Reviewing work methods to reduce use of construction PPE, in case supplies become scarce or the PPE is needed for medical workers or cleaners. 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.
- Arranging (where possible) for work breaks to be taken in outdoor areas within the site.
- Consider changing canteen layouts and phasing meal times to allow for social distancing and phasing access to and/or temporarily restricting access to leisure facilities that may exist on site, including gyms.
- 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) **PROJECT MEDICAL SERVICES** Consider whether existing project medical services are adequate, taking into account existing infrastructure (size of clinic/medical post, number of beds, isolation facilities), medical staff, equipment and supplies, procedures and training. Where these are not adequate, consider upgrading services where possible, including:

- Expanding medical infrastructure and preparing areas where patients can be isolated. Guidance on setting up isolation facilities is set out in WHO interim guidance on considerations for quarantine of individuals in the context of containment for COVID-19). Isolation facilities should be located away from worker 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 curtains, if possible. 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 canteens), they should only do so when unaffected workers are not present and the area/facilities should be cleaned prior to and after such use.
- Training medical staff, which should include current WHO advice on COVID-19 and recommendations on the specifics of COVID-19. Where COVID-19 infection is suspected, medical providers on site should follow WHO interim guidance on infection prevention and control during health care when novel coronavirus (nCoV) infection is suspected.
- Training medical staff in testing, if testing is available.

- Assessing the current stock of equipment, supplies and medicines on site, and obtaining additional stock, where required and possible. This could include medical PPE, such as gowns, aprons, medical masks, gloves, and eye protection. Refer to WHO guidance as to what is advised (for further information see WHO interim guidance on rational use of personal protective equipment (PPE) for COVID-19).
- If PPE items are unavailable due to world-wide shortages, medical staff on the project should agree on alternatives and try to procure them. 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.
- Ventilators will not normally be available on work sites, and in any event, intubation should only be conducted by experienced medical staff. If a worker is extremely ill and unable to breathe properly on his or her own, they should be referred immediately to the local hospital (see (g) below).
- Review existing methods for dealing with medical waste, including systems for storage and disposal (for further information see WHO interim guidance on water, sanitation and waste management for COVID-19, and WHO guidance on safe management of wastes from health-care activities).

(g) LOCAL MEDICAL AND OTHER SERVICES Given the limited scope of project medical services; the project may need to refer sick workers to local medical services. Preparation for this includes:

- Obtaining information as to the resources and capacity of local medical services (e.g. number of beds, availability of trained staff and essential supplies).
- Conducting preliminary discussions with specific medical facilities, to agree what should be done in the event of ill workers needing to be referred.
- Considering ways in which the project may be able to support local medical services in preparing for members of the community becoming ill, recognizing that the elderly or those with pre-existing medical conditions require additional support to access appropriate treatment if they become ill.
- Clarifying the way in which an ill worker will be transported to the medical facility, and checking availability of such transportation.
- Establishing an agreed protocol for communications with local emergency/medical services. • Agreeing with the local medical services/specific medical facilities the scope of services to be provided, the procedure for in-take of patients and (where relevant) any costs or payments that may be involved.
- A procedure should also be prepared so that project management knows what to do in the unfortunate event that a worker ill with COVID-19 dies. While normal project procedures will continue to apply, COVID-19 may raise other issues because of the infectious nature of the disease. The project should liaise with the relevant local authorities to coordinate what should be done, including any reporting or other requirements under national law.

(h) INSTANCES OR SPREAD OF THE VIRUS 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). The project should set out risk-based procedures to be followed, with differentiated approaches based on case severity (mild, moderate, severe, critical) and risk factors (such as age, hypertension, diabetes) (for further information see WHO interim guidance on operational considerations for case management of COVID-19 in health facility and community). These may include the following:

- If a worker has symptoms of COVID-19 (e.g. fever, dry cough, fatigue) the worker should be removed immediately from work activities and isolated on site.
- If testing is available on site, the worker should be tested on site. If a test is not available at site, the worker should be transported to the local health facilities to be tested (if testing is available).
- If the test is positive for COVID-19 or no testing is available, the worker should continue to be isolated. This will either be at the work site or at home. If at home, the worker should be transported to their home in transportation provided by the project.

- Extensive cleaning procedures with high-alcohol content disinfectant should be undertaken in the area where the worker was present, prior to any further work being undertaken in that area. Tools used by the worker should be cleaned using disinfectant and PPE disposed of.
- 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.
- Family and other close contacts of the worker should be required to quarantine themselves for 14 days, 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.
- If workers live at home and has a family member who has a confirmed or suspected case of COVID19, the worker should quarantine themselves and not be allowed on the project site for 14 days, even if they have no symptoms.
- Workers should continue to be paid throughout periods of illness, isolation or quarantine, or if they are required to stop work, in accordance with national law.
- Medical care (whether on site or in a local hospital or clinic) required by a worker should be paid for by the employer.

(i) CONTINUITY OF SUPPLIES AND PROJECT ACTIVITIES Where COVID-19 occurs, either in the project site or the community, access to the project site may be restricted, and movement of supplies may be affected.

- Identify back-up individuals, in case key people within the project management team (PMU, Supervising Engineer, Contractor, sub-contractors) become ill, and communicate who these are so that people are aware of the arrangements that have been put in place.
- Document procedures, so that people know what they are, and are not reliant on one person's knowledge.
- 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 pro-active review of international, regional and national supply chains, especially for those supplies that are critical for the 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 for projects 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 by the project, and their own responsibilities in implementing them. • It is important to be aware that in communities close to the site and amongst workers without access to project management, social media is likely to be a major source of information. This raises the importance of regular information and engagement with workers (e.g. through training, town halls, tool boxes) that emphasizes what management is doing to deal with the risks of COVID-19. Allaying fear is an important aspect of work force peace of mind and business continuity. Workers should be given an opportunity to ask questions, express their concerns, and make suggestions.

- Training of workers should be conducted regularly, as discussed in the sections above, providing workers with a clear understanding of how they are expected to behave and carry out their work duties.
- 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.
- 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.

- Communications should be clear, based on fact and designed to be easily understood by workers, for example by displaying posters on handwashing and social distancing, and what to do if a worker displays symptoms.

(k) COMMUNICATION AND CONTACT WITH THE COMMUNITY Relations with the community should be carefully managed, with a focus on measures that are being 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 site. The project should set out risk-based procedures to be followed, which may reflect WHO guidance (for further information see WHO Risk Communication and Community Engagement (RCCE) Action Plan Guidance COVID-19 Preparedness and Response). 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, radio, text message, electronic meetings. The means used should take into account the ability of different members of the community to access them, to make sure that communication reaches these groups.
- 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. These need to be communicated clearly, as some measures will have financial implications for the community (e.g. if workers are paying for lodging or using local facilities). 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).

Annex 6 - Infection Control and Waste Management Plan (ICWMP) Template

1. Introduction

1.1 Describe the project context and components;

1.2 Describe the targeted subproject

Type: E.g. general hospital, clinics, inpatient/outpatient facility, medical laboratory;

Special type of subproject in response to COVID-19: E.g. existing assets may be acquired to hold yet-to-confirm cases for medical observation or isolation;

Functions and requirement for the level infection control, e.g. biosafety levels;

Location and associated facilities, including access, water supply, power supply;

Capacity: beds

1.3 Describe the design requirements of the subproject, which may include specifications for general design and safety, separation of wards, heating, ventilation and air conditioning (HVAC), autoclave, and waste management facilities.

2. Infection Control and Waste Management

2.1 Overview of infection control and waste management in the HCF

- Type, source and volume of healthcare waste (HCW) generated, including solid, liquid and air emissions (if significant);
- Classify and quantify the HCW (infectious waste, pathological waste, sharps, liquid and non-hazardous) following WGB EHS Guidelines;
- Given the infectious nature of the novel coronavirus, some wastes that are traditionally classified as non-hazardous may be considered hazardous. It's likely the volume of waste will increase considerably given the number of admitted patients during COVID-19 outbreak. Special attention should be given to the identification, classification and quantification of the healthcare wastes.
- Describe the healthcare waste management system in the subproject, including material delivery, waste generation, handling, disinfection and sterilization, collection, storage, transport, and disposal and treatment works;
- Provide a flow chart of waste streams in the subproject if available;
- Describe applicable performance levels and/or standards;
- Describe institutional arrangement, roles and responsibilities in the subproject for infection control and waste management.

2.2 Management Measures

Waste minimization, reuse and recycling: subproject should consider practices and procedures to minimize waste generation, without sacrificing patient hygiene and safety consideration.

Delivery and storage of specimen, samples, reagents, pharmaceuticals and medical supplies: Subproject should adopt practice and procedures to minimize risks associated with delivering, receiving and storage of the hazardous medical goods.

Waste segregation, packaging, color coding and labeling: Subproject should strictly conduct waste segregation at the point of generation. Internationally adopted method for packaging, color coding and labeling the wastes should be followed.

On-site collection and transport: Subproject should adopt practices and procedures to timely remove properly packaged and labelled wastes using designated trolleys/carts and routes. Disinfection of pertaining tools and spaces should be routinely conducted. Hygiene and safety of involved supporting medical workers such as cleaners should be ensured.

Waste storage: Subprojects should have multiple waste storage areas designed for different types of wastes. Their functions and sizes are determined at design stage. Proper maintenance and disinfection of the storage areas should be carried out. Existing reports suggest that during the COVID-19 outbreak, infectious wastes should be removed from the subproject's storage area for disposal within 24 hours.

Onsite waste treatment and disposal (e.g. an incinerator): Many subprojects have their own waste incineration facilities installed onsite. Due diligence of an existing incinerator should be conducted to examine

its technical adequacy, process capacity, performance record, and operator's capacity. In case any gaps are discovered, corrective measures should be recommended.

Transportation and disposal at off-site waste management facilities: Not all subprojects have adequate or well-performed incinerator on-site. Not all healthcare wastes are suitable for incineration. An onsite incinerator produces residuals after incineration. Hence offsite waste disposal facilities provided by local government or private sector are probably needed. These offsite waste management facilities may include incinerators, hazardous wastes landfill. In the same vein, due diligence of such external waste management facilities should be conducted to examine its technical adequacy, process capacity, performance record, and operator's capacity. In case any gaps are discovered, corrective measures should be recommended and agreed with the government or the private sector operators.

3. Emergency Preparedness and Response

Emergency incidents occurred in a subproject may include spillage, occupational exposure to infectious materials or radiation, accidental releases of infectious or hazardous substances to the environment, medical equipment failure, failure of solid waste and wastewater treatment facilities, and fire. These emergency events are likely to seriously affect medical workers, community, the subproject's operation and the environment. Thus, an Emergency Response Plan (ERP) that is commensurate with the risk levels is recommended to be developed.

4. Institutional Arrangements and Capacity Building

A clearly defined institutional arrangement, roles and responsibilities should be included. A training plan with recurring training programs should be developed. The following aspects are recommended:

- Define roles and responsibilities along each link of the chain along the cradle-to-crave infection control and waste management process;
- Ensure adequate and qualified staff are in place, including those in charge of infection control and biosafety and waste management facility operation.
- Stress the chief of the facility/subproject takes overall responsibility for infection control and waste management;
- Establish an information management system to track and record the waste streams in the subproject facility; and
- Capacity building and training should involve medical workers, waste management workers and cleaners. Third-party waste management service providers should be provided with relevant training as well.

5. Monitoring and Reporting

Many healthcare facilities (HCFs) in developing countries face the challenge of inadequate monitoring and records of healthcare waste streams. HCFs/subprojects should establish an information management system to track and record the waste streams from the point of generation, segregation, packaging, temporary storage, transport carts/vehicles, to treatment facilities. HCF is encouraged to develop an IT based information management system should their technical and financial capacity allow.

As discussed above, the HCF chief takes overall responsibility, leads an intra-departmental team and regularly reviews issues and performance of the infection control and waste management practices in the HCF. Internal reporting and filing system should be in place. Externally, reporting should be conducted per government and World Bank requirements.

Annex 7 - Grievance Redress Mechanism

PROJECT GRIEVANCE REDRESS MECHANISM

OBJECTIVES & SCOPE

Objectives. The GRM is intended to serve as a mechanism to:

Allow for the identification and impartial, timely and effective resolution of issues caused by project implementation.

Strengthen accountability to beneficiaries, including project affected people, stakeholders, workers, and surrounding communities.

Provide channels for project stakeholders, workers, and citizens at all levels to provide feedback and raise concerns.

Having an effective GRM in place will also serve the objectives of: reducing conflicts and risks such as external interference, corruption, social exclusion or mismanagement; improving the quality of project activities and results; and serving as important feedback and learning mechanism for project management regarding the strengths and weaknesses of project procedures and implementation processes.

Scope

Who can provide feedback & communicate grievances? The GRM will be accessible to a broad range of Project stakeholders who are likely to be affected directly or indirectly by the project. These will include beneficiaries, community members, project implementers/contractors, civil society, media—all of who will be encouraged to refer their feedback, including grievances to the GRM.

What types of feedback/grievance will this GRM address? The GRM can be used to submit complaints, feedback, queries, suggestions or compliments related to the overall management and implementation of the project, as well as respective sub projects and site-specific activities.

PRINCIPLES, STANDARDS & STRUCTURE

Principles. The GRM's functions will be based on the principles of transparency, accessibility, inclusiveness, fairness and impartiality and responsiveness. GRM will be accessible to accessible to all persons including women, disabled, low income, illiterate, or vulnerable groups.

Standards. The GRM will establish clearly defined timelines for acknowledgment, update and final feedback to the complainant. To enhance accountability, these timelines will be disseminated widely to Project stakeholders. The timeframe for acknowledging receipt of a feedback will not exceed 10 working days from the time that it was originally received; all grievances will be resolved within 30 working days of receipt.

Uptake Channels: The GRM will also provide the option for beneficiaries, Project affected persons and other stakeholders to provide anonymous feedback. Thus, to address a request or complaint to GIRP or its subordinated units, citizens rely on either a direct address to the institution, fax, e-mail or an online form to be completed (request or complaint) on the institution's website. In either case, these types of requests or complaints are recorded and treated under the Law no. 544/2001 regarding the free access to public information and Law 233/2002 regarding the right to submit petitions.

For the purpose of the current project, GIRP will also analyze and consider the option to implement additional project specific measures that would include the following components:

- A printed form available at GIRP and its territorial units that could be filled in and submitted to the local public relations office or GIRP's public relations office;
- Site/Building level Grievance Box for the public to submit their grievances and proposals.

- A dedicated page on the GIRP's website with information on the project and a complaint/suggestion form;
- A monitoring system that categorizes all project related petitions at local and central level;

Structure. The structure of the feedback system/GRM will be comprised of two levels, from the level of the *county* through the central PMU level.

County Level. To ensure that the GRM is accessible to people at the *county* level, they will have the option to report their complaint/feedback to the supervision engineer who will also serve as the feedback focal point (FFP) at the local (town, commune) level. If the issue cannot be resolved at the *county* level, then the county level FFP will immediately escalate it to a higher PMU level FFP.

Central/PMU Level. If there is a situation in which there is no response from the *county* level FFP or the district or if the response is not satisfactory then complainants and feedback providers have the option to contact the PMU level FFP to follow up on the issue.

Appeal Mechanism. If the complaint is still not resolved to the satisfaction of the complainant, then s/he can submit his/her complaint to the appropriate court of law.

GBV related Complaints

The Project GRM will primarily serve to refer complainants to GBV Services that have been mapped in advance and to record resolution of the complaint. It will enable **safe, confidential reporting on GBV incidence, and capture** only the following questions related to the incident:

Nature of the complaint (what the complainant says in her/his own words);

If (to the best of their knowledge) the perpetrator was associated with the project Additional demographic data such as age and sex (no other identifying characteristics)

The information recorded in the GRM must be confidential—especially when related to the identity of the complainant. The GIRP's GRM operator will be also be familiarized with the advisable approach to collect reports on GBV cases in a confidential and ethical manner and treat survivors in a non-judgmental, supportive way.

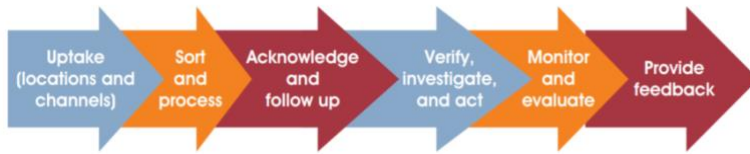
If it is determined that an incidence of GBV is directly connected to project activities, and associated personnel, the PMU, in consultation with WB, will immediately address and take appropriate actions. Each civil works ESMP, to be followed by contractors, will include specific GRM procedures, workers' rights, and actions to prevent GBV/SEA. Additionally, each contractor should prepare a Code-of-Conduct, to be signed by workers hired by contractor, which includes zero-tolerance of GBV/SEAH.

GRM COMMUNICATION & PROCESS

Communication. Information about the GRM will be publicized as part of the consultations for the ESMP in the participating sites and communities. A standard flyer/brochure on the GRM will be designed and disseminated and this information will also be presented on the PMU- webpage.

Process. The overall process for the GRM will be comprised of 6 steps: (1) uptake (2) sorting and processing (3) acknowledgment and follow up (4) verification, investigation and action (5) monitoring and evaluation and (6) feedback (see figure 1).

Figure 1. Feedback & GRM Process



Source: Agarwal, Sanjay and Post, David. 2009. Feedback Matters: Designing Effective Grievance Redress Mechanisms for Bank-Financed Projects – Part I. SDV. World Bank.

Each worker will be provided with brochure which outlines GRM and worker's rights.

Annex 8 - Environment and Social Incidents Response Toolkit

1. Incident Management and Reporting Process

A. Step 1 – Initial Communication

In case of the accident on any of the project sites, the Contractors will inform the PMU and/or the Bank Team; inform appropriate authorities in compliance with local regulations; secure the safety of workers, public, and provide immediate care.

As soon as any member of the Contractor's or PMU team member becomes aware of an alleged or actual incident, the team member will notify the PMU and/or the Bank Team. This initial communication will be sent regardless of the severity of the incident. The most crucial element of this communication is speed. When an incident is reported, the following questions are a guide to the type of information to be gathered quickly:

- What was the incident? What happened? To what or to whom?
- Where and when did the incident occur?
- What is the information source? How did you find out about the incident?
- Are the basic facts of the incident clear and uncontested, or are there conflicting versions?
- What were the conditions or circumstances under which the incident occurred?
- Is the incident still ongoing or is it contained?
- Is loss of life or severe harm involved?
- How serious was the incident? How is it being addressed? How are the MoH/PMU responding?
- What, if any, additional follow up action is required, and what are the associated timelines?
- Are any Bank staff involved in the incident?

The requirement to report will be defined in the Project's ESCP. As required by the contracts, the Contractor will report incidents to the PMU – the MoH/PMU to ensure that reporting obligations on compliance with ESHS requirements are incorporated into works and other relevant contracts. MoH/PMU and Implementing Agencies will monitor the reports for incidents.

B. Step 2 – Classification (done by the Bank Team)

Based on information received, the Bank Team will classify the incident based on several factors, including the nature and scope of the incident, as well as the urgency in which a response may be required. There are three levels of classification: Indicative, Serious and Severe. Overview of different levels is provided in the box below.

Incident Classification Guide:

Indicative
<ul style="list-style-type: none">• Relatively minor and small-scale localized incident that negatively impacts small geographical areas or small number of people• Does not result in significant or irreparable harm• Failure to implement agreed E&S measures with limited immediate impacts
Serious
<ul style="list-style-type: none">• An incident that caused or may potentially cause significant harm to the environment, workers, communities, or natural or cultural resources• Failure to implement E&S measures with significant impacts or repeated non-compliance with E&S policies incidents• Failure to remedy indicative non-compliance that may potentially cause significant impacts• Is complex and/or costly to reverse• May result in some level of lasting damage or injury• Requires an urgent response• Could pose a significant reputational risk for the Bank

Severe

- Any fatality
- Incidents that caused or may cause or may cause great harm to the environment, workers, communities, or natural or cultural resources
- Failure to remedy serious non-compliance that may potentially cause severe impacts complex and/or costly to reverse
- May result in high levels of lasting damage or injury
- Requires an urgent and immediate response
- Poses a significant reputational risk to the Bank

C. Step 3 – Investigation – What happened?

MoH/PMU will:

- Promptly provide information requested by the Bank and facilitates incident site visits.
- Undertake or cause the Contractor to undertake a Root Cause Analysis (RCA) to understand and document the root cause(s) of the incident. The RCA will be based on existing country processes. The extent of the investigation (RCA) carried out by the MoH/PMU and Implementing Agencies' Contractor will be proportionate to the severity of the incident. The MoH/PMU and Implementing Agencies or Contractor will be responsible for funding the preparation of the RCA.
- An RCA will be completed as soon as possible, ideally within 10 days of the incident. The findings of the RCA will be used by the Contractor and MoH/PMU and Implementing Agencies to develop measures to be included in a Standards Corrective Action Plan (SCAP) as a complement to existing project safeguards instruments.
- Share the RCA with the Bank and provide complete information about the incident; facilitate additional site visit(s) if needed.

MoH/PMU and Implementing Agencies will ensure that incidents are investigated to determine what happened and why, so that processes and measures can be put in place to avoid reoccurrences and so that appropriate remedies are applied. The Bank Team may support the MoH/PMU and Implementing Agencies in ensuring an appropriate RCA is conducted by the Contractor or the MoH/PMU and Implementing Agencies.

D. Step 4 – Response

MoH/PMU and Implementing Agencies will design the SCAP and discuss with the Bank, including actions, responsibilities and timelines for implementation, and MoH/PMU and monitoring program.

For *Indicative* incidents, documentation of the incident and the MoH/PMU and Implementing Agencies/Contractor response may be the only action required. For serious and severe incidents, where an RCA or other investigation is conducted by the MoH/PMU and Implementing Agencies/Contractor, the Bank and the MoH/PMU will agree on a set of measures as appropriate to address the root causes to help prevent any recurrence of the incident. The measures determined as appropriate by the Task Team will be captured in a Standards Corrective Action Plan (SCAP).

Box 2 – Example of a MoH/PMU and Implementing Agencies's Action Plan Following a Project Related Fatality

- 1) Monthly site meetings attended by PMU and covering safeguards updates
- 2) The supervision consultant monthly progress report will provide details on ESMP implementation status as well as accidents and grievances
- 3) PMU will send to the Bank monthly progress reports within 1 week of receipt from the supervision consultants
- 4) Accidents and grievance log books are placed in all construction sites

5) Any severe injury (requiring off-site medical care) or fatality incident shall be reported to the Bank within 48 hours with basic information and a detailed incident report including the following will be submitted as soon as possible, ideally within 10 working days:

- a) root cause analysis and
- b) corrective action plan on:
 - i) immediate mitigation measures in case of continuing danger (e.g. fencing, signboard, guards)
 - ii) compensation to the affected family based on a clear rationale
 - iii) risk assessment and correct application of ESHS management procedures, and
 - iv) medium- and long-term mitigation measures including enhancement of safety measures, audits, and additional training.
- c) Progress monitoring and reporting

The SCAP will specify the actions, responsibilities, and timelines to be implemented by MoH/PMU and Implementing Agencies. MoH/PMU will be responsible for implementation of the SCAP. The SCAP may include, for example, MoH/PMU actions such as the design or upgrading and implementation of Environmental, Social, Health and Safety management systems, processes and training to support consistent safe performance, compensation for injuries or a fatality, pollution prevention and control remedies to be implemented over a few weeks or a multi-year period, according to the specific project circumstances. The SCAP might include requirements for community consultation, compensation payments relating to a resettlement program, or remediation of farmland damaged by contractors. The SCAP also may include or request Bank actions such as provision of technical assistance by the Bank, and/or loan restructuring, including additional financing, if necessary.

E. Step 5 – Follow up

MoH/PMU will implement SCAP; monitor progress; report on implementation to the Bank.

If the Bank considers that the SCAP measures will not be effective, or where MoH/PMU and Implementing Agencies has shown itself unwilling or unable to put corrective measures in place, the Bank may consider a decision to fully or partially suspend disbursements until such actions are in place, or, in some circumstances, may consider cancelling all or part of the project following the suspension.

2. Responses and Remedies

Illustrative examples of responses and remedies available for different types of incidents prior to and during project implementation are set out in this section for guidance of task teams and management.

Health and Safety Examples. Examples of **potential responses** by the Bank and MoH/PMU and Implementing Agencies to worker occupational health and safety incidents of varying severity are presented in Table 2.

Table 2 Potential Responses to Health & Safety Incidents of Different Severity

Health & Safety Issues	Potential MoH/PMU and Implementing Agencies actions
Severe Any fatality, permanent disability, or outbreak of life-threatening project-related communicable disease	<ul style="list-style-type: none"> • Improve barriers, alarms, signage, training, work processes and procedures • Address gaps in competence, expertise, numbers of project OHS team and/or project management team • Ensure that Health and Safety risk assessment has been conducted and appropriate management plans are put in place, implemented and enforced
Serious	<ul style="list-style-type: none"> • Review relevant sections of health and safety risk assessment for adequacy

Health & Safety Issues	Potential MoH/PMU and Implementing Agencies actions
Major (non-fatal) accident or near-miss	<ul style="list-style-type: none"> • Improve barriers, signage, training, working methods • Enforce use of personal protective equipment • Complement PMU with adequate competencies and expertise with OHS specialist
Serious Repeated observations of dangerous behavior or clear violations of safety protocols	<ul style="list-style-type: none"> • Improve use of grievance redress mechanism • Review relevant sections of health and safety risk assessment for adequacy • Implement (revised) OHS management plan, including training
Indicative Repeated failure to respond to notification to remedy safeguards issues (e.g., safety kit incomplete or not present)	<ul style="list-style-type: none"> • Remedy the outstanding issues • Repeat awareness training and messaging • Improve work process or procedure

E&S Examples

Examples of **potential responses** by the Bank and the MoH/PMU to Environmental and Social incidents of varying severity are presented in Table 3.

Table 3 Potential Responses to Environmental and Social Incidents of Different Severity

Environmental/Social	Potential MoH/PMU and Implementing Agencies actions
Severe Pandemic transmission	Workers follow COVID-19 prevention measures
Severe (Environmental) Poaching or trafficking in endangered species	<ul style="list-style-type: none"> • Engage with law enforcement to halt the poaching • Anti-poaching training for project workers and community members to make clear incentives and penalties • Include sanctions for inappropriate worker behavior, including poaching, in Contractors' contracts • Develop an alternative livelihoods program for communities around protected areas
Serious (Social) GRM not functioning GBV/SEAH reported	<ul style="list-style-type: none"> • Review GRM, GBV/SEAH and address issues (upgrade, improve access, publicize GRM and GBV/SEAH in community/ies, better organize response process) • Train PMU staff on GRM management, GBV/SEA prevention and monitoring • Assign responsibility to qualified PMU staff • Take additional action as warranted by situation.
Indicative (Environmental) Hydrocarbon or chemical spills with low to medium environmental impact	<ul style="list-style-type: none"> • Improve work process or procedures as necessary • Train project staff on spills and associated procedures • Increase on-site monitoring if necessary • Review contract language for appropriate sanctions language

Annex 9 - Main issues regarding Asbestos

Main issues regarding Asbestos Containing Material (ACM) and Asbestos waste to be considered within the Site specific ESMP

Asbestos is a group of naturally occurring fibrous silicate minerals. It was once used widely in the production of many industrial and household products because of its useful properties, including fire retardation, electrical and thermal insulation, chemical and thermal stability, and high tensile strength. Today, however, asbestos is recognized as a cause of various diseases and cancers and is considered a health hazard if inhaled.

Because the health risks associated with exposure to asbestos area now widely recognized, global health and worker organizations, research institutes, and some governments have enacted bans on the commercial use of asbestos.

In the European Union the use of asbestos is banned since January 1, 2005, and in Romania through a Governmental Decision no. 734/2006 this was banned only for new materials. Products containing asbestos and which have been installed or were in operation before the date 1 January 2005 can be used until the end of their life-cycle.

Good practice is to minimize the health risks associated with ACM by avoiding their use in new construction and renovation, and, if installed asbestos-containing materials are encountered, by using internationally recognized standards and best practices to mitigate their impact. In all cases, the World Bank expects borrowers and other clients to use alternative materials wherever feasible.

ACM must be avoided in new construction. In reconstruction, demolition, and removal of damaged infrastructure, asbestos hazards must be identified and a risk management plan adopted that includes disposal techniques and end-of-life sites.

Asbestos-containing (AC) products include flat panels, corrugated panels used for roofing, water storage tanks, water, and sewer pipes etc. Thermal insulation containing asbestos and sprayed asbestos for insulation and acoustic damping were widely used through the 1970s and should be looked for in any project involving boilers and insulated pipes.

As asbestos is often used in construction (mainly for roofing) in many countries including Romania, it can present a risk for the health of workers and population, who live near buildings that need capital repair with replacement of roofing or demolition.

PMU specialists must inform beneficiaries on potential risk for their health and instruct not using asbestos as construction material during construction/rehabilitation works.

AC sheets used as roofing



Any asbestos product or material that is ready for disposal is defined as asbestos waste. Asbestos waste also includes contaminated building materials, tools that cannot be decontaminated, personal protective equipment and damp rags used for cleaning. Always this type of waste must be treated as 'Hazardous Waste'.

In this regards, ACM and asbestos waste must be properly removed, stored in a separate closed area and disposed (with the consent of local administration and environmental inspectors) on a landfill on the special area for disposal of that type of waste.

PMU must require the contractors that the removal, repair, and disposal of ACM shall be carried out in a way that minimizes worker and community asbestos exposure.

During reconstruction works, workers must avoid destroying asbestos sheets and properly dispose them at construction sites until final disposal happens. Workers must wear protective over garment, gloves and respirators during work with asbestos sheets.

Proper disposal of ACM is important not only to protect the community and environment but also to prevent scavenging and reuse of removed material. ACM must be transported in leak-tight containers to a secure landfill operated in a manner that precludes air and water contamination that could result from ruptured containers.

The removal and disposal of ACM and asbestos waste as well as all other ESMP measures have to be included in both the technical specifications and bill of quantities (BoQs).

Contractor shall develop site-specific ESMF where requirements to ACM and asbestos waste will be contained.

Annex 10 - Gallery



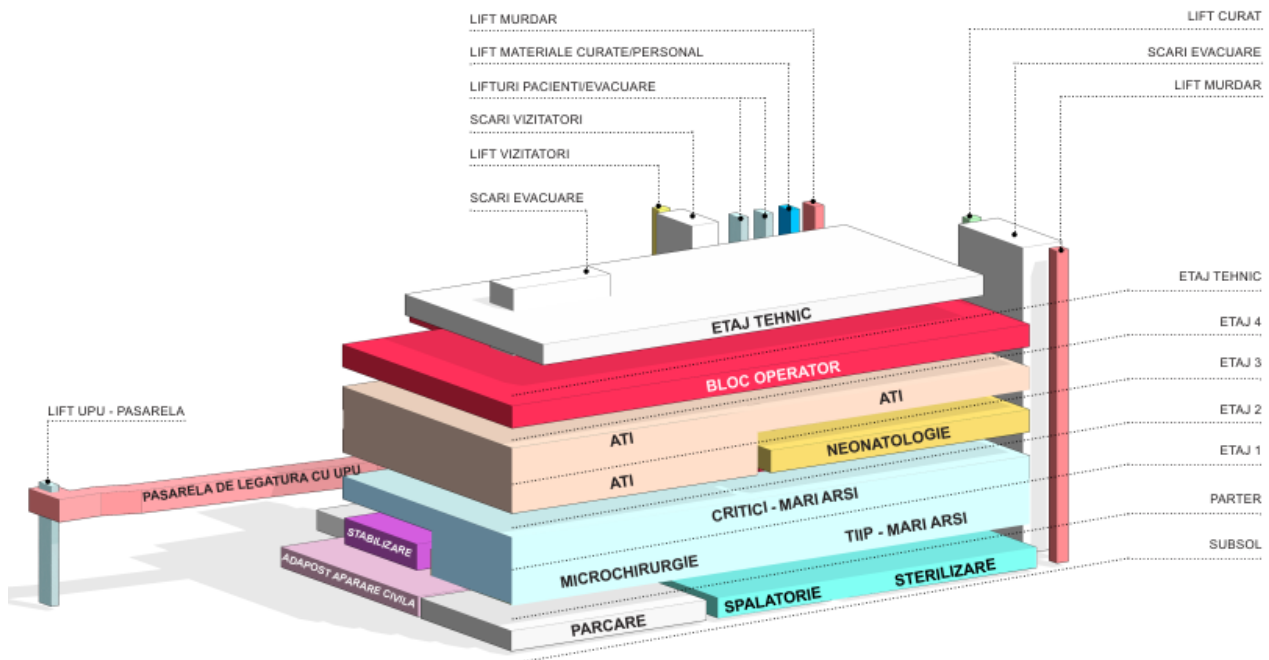
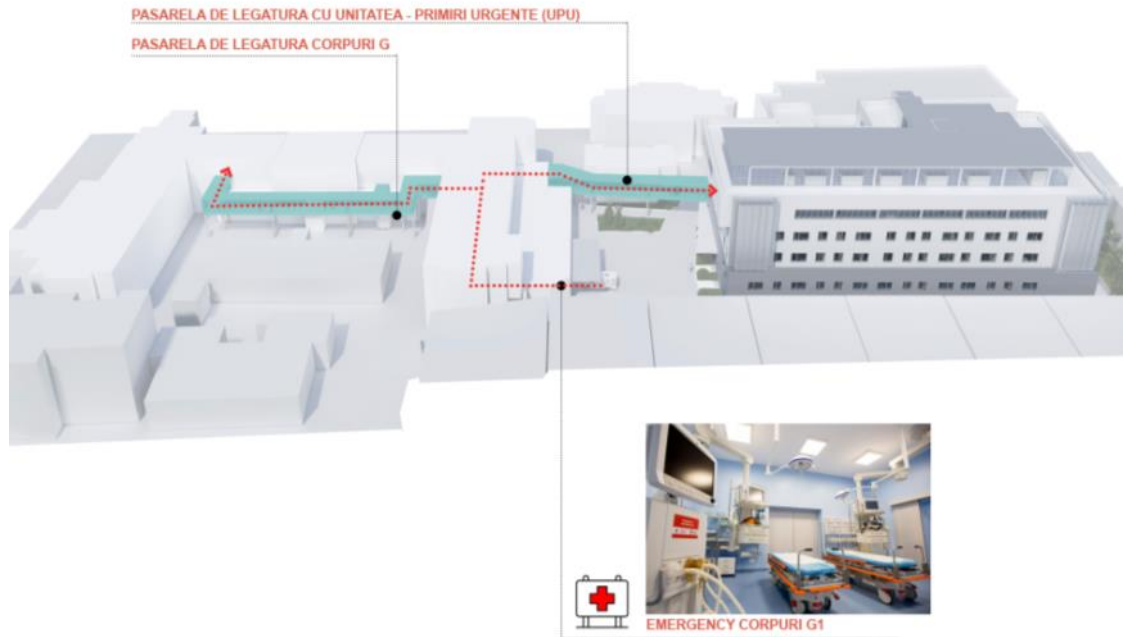
Buildings which will be demolished



The Concept design for the Bucharest Grigore Alexandrescu Burn Center

Children's Emergency Clinical Hospital | Grigore Alexandrescu

SITUATIE VIITOARE





AUTORIZAȚIE DE CONSTRUIRE

Nr. 219 / 06 / H / 27527 din 08.07 2021

Ca urmare a cererii adresate de ⁽¹⁾ SPITALUL CLINIC DE URGENȚĂ PENTRU COPII „GRIGORE ALEXANDRESCU” prin CONSILIUL LOCAL SECTOR 1, cu domiciliul/sediul în județul-, municipiul/ orașul/ comuna București, satul-, sectorul 1, cod poștal-, Bd. Iancu de Hunedoara nr. 30-32, bl.-, sc.-, et.-, ap.-, telefon/ fax-, E-mail-, înregistrată la nr. 27527 din 27.05.2021,

În conformitate cu prevederile Legii nr. 50/1991, privind autorizarea executării lucrărilor de construcții, republicată, cu modificările și completările ulterioare, se

AUTORIZEAZĂ:

EXECUTAREA LUCRĂRILOR DE CONSTRUIRE pentru:

⁽³⁾ Realizare corp nou și pasarele, copertină ambulanță, modificare fațade și lucrări de compartimentare în cadrul proiectului de construire Centru de Arși și reorganizarea fluxurilor medicale ale spitalului pentru o mai bună poziționare și conectare a departamentului de urgență ATI și chirurgie pentru Spitalul de Urgență pentru Copii “Grigore Alexandrescu”.

Categoria de importanță a construcțiilor: «A» - importanță excepțională. Clasa de importanță a construcțiilor: I - "clădiri de importanță excepțională". Grad de rezistență la foc: I

AC=10.621,00mp(din care 3.133,00mp propuși); AD=35.450,00mp (din care 15.300,00mp propuși); Regim de înălțime S+P+4E+Eth; POTpropus=48,74%; CUTpropus=1,62.

Se vor asigura 132 locuri de parcare în incintă (la sol 85 de locuri, Corp J 26 locuri, parcare tip Klaus 12 locuri, Centru de Arși 9 locuri), conform Aviz D.T.-C.T.C.-P.M.B. nr. 9274/16.06.2020.

Sistem constructiv: structură mixtă de tip cadre și grinzi din beton armat sau metalice cu planșee din beton armat; pereți de închidere din cărămidă sau din structuri ușoare; acoperiș tip terasă; pereți interiori de compartimentare din gips carton de diferite grosimi și cu diferite tipuri de placare; finisajele interioare - utilizarea de finisaje agrementate pentru spații medicale; tâmplării - utilizarea de tâmplării agrementate pentru spații medicale, iar finisajele exterioare vor fi realizate cu materiale de calitate adecvate funcțiunii.

Lucrările de construire nu vor afecta rezistența și stabilitatea construcțiilor existente la care se va alipi construcția propusă, în condițiile respectării măsurilor și condițiilor prevăzute în expertiza tehnică.

Lucrările propuse se vor realiza conform Documentației Tehnice de Autorizare a Construcției și prevederilor expertizei tehnice întocmite în baza Legii nr. 10/ 1995 de expert tehnic ing. Ursăchescu E. Mihai atestat M.L.P.A.T. nr. 113, respectând cu strictețe condițiile impuse de emitenții avizelor anexate prezentei Autorizații de construire, inclusiv documentele vizate spre neschimbare ce sunt parte integrantă a acestor avize.

NOTE: 1) Orice alte lucrări sunt interzise. Proiectantul și beneficiarul răspund pentru exactitatea și veridicitatea datelor și înscrisurilor cuprinse în documentația ce a stat la baza emiterii prezentei autorizații de construire. Proiectantul, verificatorul și după caz expertul tehnic păstrează întreaga răspundere cu privire la respectarea prevederilor legale și a normelor tehnice specifice cu ocazia întocmirii proiectului, autoritatea emitentă nefiind responsabilă în acest sens.

2) Organizarea de șantier se va realiza strict în incintă și va fi în seama de recomandările O.U. nr. 74/2018, Legii nr. 249/ 2015 și O.U.G. nr.196/ 2005.

3) Se vor respecta prevederile H.C.G.M.B. nr.66/ 2006 cu privire la locurile de parcare, care vor fi asigurate strict în incintă. Spațiile destinate circulațiilor auto, locurilor de parcare precum și spațiile tehnice nu își vor modifica destinația pe întreaga durată de existență a construcției.

Pe imobilul - teren și/sau construcții - situat în municipiul București, sectorul 1, cod poștal _____
strada Bd. Iancu de Hunedoara nr. 30-32 bl. _____ sc. _____ ap. _____

Cartea funciară ⁽⁴⁾ 204162

Fișa bunului imobil sau număr cadastral _____

- lucrări în valoare ⁽⁵⁾ de 112.852.210,10 lei, inclusiv O.E. (conform deviz)

- în baza Documentației tehnice – D.T. pentru autorizarea executării lucrărilor de construcție (DTAC + DTOE), respectiv desființarea construcțiilor (DTAD) nr. BSTK087/4875 din 2020, a fost elaborată de S.C. BAU STARK S.R.L./POLITECNICA cu sediul în județul Ifov municipiul/ orașul/ comuna Chitila/București sectorul/satul /1, cod poștal -, strada Rudeni/Subcetate nr. 38/24 bl. - sc. - et. /1 ap. 14, respectiv de IOANA MELENCU - arhitect/ conductor arhitect cu drept de semnătură, înscris în Tabloul Național al Arhitecților cu nr. 8515, în conformitate cu prevederile Legii nr.184/ 2001- privind organizarea și exercitarea profesiei de arhitect, republicată, aflat în evidența Filialei teritoriale București a Ordinului Arhitecților din România.

CU PRIVIRE LA AUTORIZAREA EXECUTĂRII LUCRĂRILOR SE FAC URMĂTOARELE PRECIZĂRI:

- A. DOCUMENTAȚIA TEHNICĂ – D.T. (DTAC + DTOE SAU DTAD) – VIZATĂ SPRE NESCHIMBARE – ÎMPREUNĂ CU TOATE AVIZELE ȘI ACORDURILE OBTINUTE, PRECUM ȘI ACTUL ADMINISTRATIV AL AUTORITĂȚII COMPETENTE PENTRU PROTECȚIA MEDIULUI, FACE PARTE INTEGRANTĂ DIN PREZENTA AUTORIZAȚIE.

Nerespectarea întocmai a documentației - vizată spre neschimbare (inclusiv a avizelor și acordurilor obținute) constituie infracțiune sau contravenție, după caz, în temeiul prevederilor art.24 alin.(1), respectiv art.26 alin.(1) din Legea nr.50/1991 privind autorizarea executării lucrărilor de construcții, republicată.

În conformitate cu prevederile art.7 alin.(15) – (15¹) din Legea nr.50/1991 și cu respectarea legislației pentru aplicarea Directivei Consiliului 85/337/CEE (Directiva EIA) privind evaluarea efectelor anumitor proiecte publice și private asupra mediului, în situația în care în timpul executării lucrărilor și numai în perioada de valabilitate a autorizației de construire survin modificări de temă privind lucrările de construcții autorizate, care conduc la necesitatea modificării acestora, titularul are obligația de a solicita o nouă autorizație de construire.

B. TITULARUL AUTORIZAȚIEI ESTE OBLIGAT:

1. Să anunțe data începerii lucrărilor autorizate, prin trimiterea înștiințării conform formularului anexat autorizației (formularul-model F.13) la autoritatea administrației publice locale emitentă a autorizației.
2. Să anunțe data începerii lucrărilor autorizate, prin trimiterea înștiințării conform formularului anexat autorizației (formularul-model F.14) la Inspectoratul în Construcții al județului / municipiului București, împreună cu dovada achitării cotei legale de 0,1% din valoarea autorizată a lucrărilor de construcții și instalații aferente acestora.
3. Să anunțe data finalizării lucrărilor autorizate, prin trimiterea înștiințării conform formularului anexat autorizației (formularul-model F.15) la Inspectoratul în Construcții al județului / municipiului București, odată cu convocarea comisiei de recepție.
4. Să păstreze pe șantier - în perfectă stare - autorizația de construire / desființare și documentația tehnică – DT (DTAC+DTOE/DTAD) vizată spre neschimbare, pe care la va prezenta la cererea organelor de control, potrivit legii, pe toată durata executării lucrărilor.
5. În cazul în care, pe parcursul executării lucrărilor, se descoperă vestigii arheologice (fragmente de ziduri, ancadramente de goluri, fundații, pietre cioplite sau sculptate, oseminte, inventar monetar, ceramic etc.) să sisteze executarea lucrărilor, să ia măsuri de pază și de protecție și să anunțe imediat emitentul autorizației, precum și Direcția județeană pentru cultură, culte și patrimoniu..
6. Să respecte condițiile impuse de utilizarea și protejarea domeniului public, precum și de protecție a mediului, potrivit normelor generale și locale.
7. Să transporte la groapa ecologică materialele care nu se pot recupera sau valorifica, rămase în urma executării lucrărilor de construcții.
8. Să desființeze construcțiile provizorii de șantier în termen de 15 zile de la terminarea efectivă a lucrărilor.
9. La începerea execuției lucrărilor, să monteze la loc vizibil "Panoul de identificare a investiției" (vezi Anexa Nr.8 la Normele metodologice).
10. La finalizarea execuției lucrărilor, să monteze "Plăcuța de identificare a investiției".
11. În situația nefinalizării lucrărilor în termenul prevăzut de autorizație, să solicite prelungirea valabilității acesteia, cu cel puțin 15 zile înaintea termenului de expirare a valabilității autorizației de construire / desființare (inclusiv durata de execuție a lucrărilor).
12. Să prezinte "Certificatul de performanță energetică a clădirii" la efectuarea recepției la terminarea lucrărilor.
13. Să solicite "Autorizația de securitate la incendiu" după efectuarea recepției la terminarea lucrărilor sau înainte de punerea în funcțiune a clădirilor pentru care s-a obținut "Avizul de securitate la incendiu".
14. Să regularizeze taxa de autorizare ce revine emitentului, precum și celelalte obligații de plată ce-i revin, potrivit legii, ca urmare a realizării investiției.
15. Să declare construcțiile proprietate particulară realizate, în vederea impunerii, la organele financiare teritoriale sau la unitățile subordonate acestora, după terminarea lor completă și nu mai târziu de 15 zile de la data expirării termenului de valabilitate a autorizației de construire / desființare (inclusiv durata de execuție a lucrărilor).

C. DURATA DE EXECUȚIE A LUCRĂRILOR este de 36 luni / zile calculată de la data începerii efective a lucrărilor (anunțată în prealabil), situație în care perioada de valabilitate a autorizației se extinde pe întreaga durată de execuție a lucrărilor autorizate.

D. TERMENUL DE VALABILITATE AL AUTORIZAȚIEI este de 12 luni / zile de la data emiterii, interval de timp în care trebuie începute lucrările de execuție autorizate, putând fi prelungit conform art.7, alin.(7) din Legea 50/1191 cu modificările și completările ulterioare, la cererea titularului formulată cu cel puțin 15 zile lucrătoare înaintea expirării acestuia.

p.PRIMAR,
Viceprimar
OLIVER LEON PAJUȘI



p. SECRETAR GENERAL,
consilier juridic, clasa I, grad profesional asistent,
MIRONA-GIORGIANA MUREȘAN

ARHITECT ȘEF,
OANA MARINA DOBRINOIU

ȘEF BIROU,
CRISTIAN GHEORGHE

ÎNTOCMIT, ANA SUCIU

Taxa de autorizare în valoare de SCUTIT cf. art. 476 Cod Fiscal lei, a fost achitată conform chitanței nr. _____ din _____
Prezenta autorizație a fost transmisă solicitantului direct / prin poștă la data de _____ însoțită de 1 (unu) exemplar din documentația tehnică, împreună cu avizele și acordurile obținute, vizate spre neschimbare.

În conformitate cu prevederile Legii nr.50/ 1991- privind autorizarea executării lucrărilor de construcții, republicată, cu modificările și completările ulterioare,

SE PRELUNGȘTE VALABILITATEA AUTORIZAȚIEI DE DESFIINȚARE

de la data de _____ până la data de _____

După această dată, o nouă prelungire a valabilității nu este posibilă, solicitantul urmând să obțină, în condițiile legii, o altă autorizație de construire.

PRIMARUL SECTORULUI 1
AL MUNICIPIULUI BUCUREȘTI,

SECRETAR,

ARHITECT ȘEF,

ÎNTOCMIT,

ȘEF SERVICIU,

Data prelungirii valabilității : _____

Achitat taxa de : _____ lei, conform chitanței nr. _____ din _____

Transmis solicitantului la data de _____ direct / prin poștă.

NOTĂ: Proiectantul, executantul și beneficiarul rămân direct răspunzători de respectarea expertizei tehnice, normativelor tehnice și a legislației în vigoare.

Documentația tehnică vizată spre neschimbare și avizele prezentate - fac parte din prezenta autorizație: Dovada O.A.R. nr. 107-66149/10.05.2021; Deviz; C.U. nr. 1180/19/H/23679/13.08.2019; H.G.R. nr. 1096/ 2.10.2002 publicată în M.O. nr. 740/ 10.10.2002; H.C.L.S.1 nr.24/06.02.2003; Protocol între Spitalul Clinic de Urgență pentru copii "Grigore Alexandrescu" nr. 8418/ 24.03.2003 și Primăria Sectorului 1 – București; Încheiere de intabulare nr. 16574/ 02.12.2003 emisă de Judecătoria Sector 1 București; H.C.L.S.1 nr. 291/04.12.2020; P.M.B. - Referat de aprobare privind trecerea din domeniu public în domeniul privat al mun. București nr. 2569/09.04.2021; H.C.G.M.B. nr. 106/27.04.2021; Extras de Carte Funciară pentru informare nr.204162 emis de B.C.P.I. sector 1 în baza cererii nr. 58052/26.05.2021; Documentație cadastrală; Acordul Spitalului Clinic de Urgență pentru Copii "Grigore Alexandrescu" nr.32023/26.11.2020; AD nr. 208/05/H/27528/05.07.2021;

Aviz I.S.U. de securitate la incendiu nr. 1512/20/SU/B-IF-A din 09.12.2020 însoțit de documentația vizată spre neschimbare; Aviz I.S.U. de protecție civilă nr. 1513/20/SU/B-IF-A din 04.12.2020 însoțit de documentația vizată spre neschimbare; Notificare D.S.P. nr. 120/27094/04.03.2021; Acord I.R.C.B.I. nr. 25793/28983/04.12.2020 însoțit de memoriu vizat spre neschimbare; Aviz C.T.C.-P.M.B. nr. 9274/16.06.2020 însoțit de planuri vizate spre neschimbare; Aviz Min. Sănătății nr. IM 1504/14.05.2021; Aviz Min. Culturii nr. 1669/ZP/31.12.2020; Aviz Adm Bazinală de Apă Argeș-Vedea nr. 9/B/15.01.2021; Clasarea notificării A.P.M.B. nr. 22654/02.12.2019; Aviz ApaNova nr. 92002333/21.02.2020; Aviz Distrigaz Sud Rețele nr. 314.600.264/03.12.2019; Aviz e-distribuție Muntenia nr. 289209927/06.12.2019; Contract de prestări servicii de salubritate Romprest Service SA nr. AV012179S1/ 22.10.2020; Raport de expertiză tehnică desființare întocmită de expert tehnic ing. Ursăchescu E. Mihai atestat M.L.P.A.T.-D.C.L.P. nr. 113 la cerința A1; Studiu Geotehnic verificat de ing. Hârșulescu I.Aurel atestat M.L.P.A.T. nr. 1493 la cerința Af; Calcul coeficient global izolare termică G; Studiu privind posibilitatea utilizării unor sisteme alternative de eficiență ridicată întocmit de auditor energetic grad I ing. Ștefan P. Cătălin atestat M.D.R.A.P. nr. 01958 la cerința AElci; D.T.A.C. în 2 exemplare originale întocmită arh. Ioana Melencu atestat OAR nr.8515 verificată de ing. Căpățînă V. Dan atestat M.L.P.A.T. nr. 123 la cerințele A1, A2, A3; arh. Bănică C. Bogdan Eugen atestat M.D.R.A.P. nr. 09468 la cerințele B1,Cc,D,E,F;D; ing. Olteanu I. Ioana atestat M.D.R.L. nr.08387 la cerința Ig; ing. Croitoru M. D. Dan atestat M.D.L.P.L. nr. 07720 la cerința Ie; ing. Olteanu I. Ioana atestat M.D.R.L. nr.08207 la cerința It,Is; D.T.O.E. în 2 exemplare originale întocmită arh. Ioana Melencu atestat OAR nr.8515.

-
- (1) Numele și prenumele solicitantului
 (2) Adresa solicitantului
 (3) Denumirea lucrării, descrierea concisă a lucrărilor autorizate, precum și alte date extrase din PAC / PAD.
 (4) Se completează cu datele extrase din Cartea Funciară sau din fișa bunului imobil, după caz.
 (5) Valoarea lucrărilor, declarată de solicitant, înscrisă în cererea de autorizare, calculată în funcție de suprafața construită desfășurată a construcțiilor ori valoarea lucrărilor de construcții și instalații aferente din devizul general al investiției.
 (6) Se completează cu nr. proiectului și data elaborării.

Red. 2 ex. A.S.06.2021



Ministerul Mediului, Apelor și Pădurilor
Agenția Națională pentru Protecția Mediului



AGENȚIA PENTRU PROTECȚIA MEDIULUI BUCUREȘTI

Nr.22654/02.12.2019

CLASAREA NOTIFICĂRII

Ca urmare a solicitării depuse de A.U.I.P.U.P.S.P. SECTOR 1 prin dir. Romeo Aurelian Clinciu cu domiciliul/sediul în bd. Poligrafiei nr. 4, sector 1, mun. București, pentru proiectul *“realizare corp nou și pasarele, copertină ambulantă, modificare fațade și lucrări de compartimentare în cadrul proiectului de construire centru de arși și reorganizarea fluxurilor medicale ale spitalului pentru o mai bună poziționare și conectare a departamentelor de urgență, ATI și CHIRURGIE pentru SPITALUL CLINIC DE URGENȚĂ PENTRU COPII GRIGORE ALEXANDRESCU”*, propus a fi amplasat în bd. Iancu de Hunedoara nr. 30-32, sector 1, mun. București, înregistrată la APM București cu nr. 22654 din 27.11.2019,

• în urma analizării documentației depuse și a localizării amplasamentului în planul de urbanism și în raport cu poziția față de arii protejate, zone - tampon, monumente ale naturii, monumente istorice sau arheologice, zone cu restricții de construit, zona costieră;

• având în vedere că:

- proiectul **nu intră** sub incidența Legii nr. 292/2018 privind evaluarea impactului anumitor proiecte publice și private asupra mediului;
- proiectul propus **nu intră** sub incidența art. 28 din Ordonanța de Urgență a Guvernului nr. 57/2007 privind regimul ariilor naturale protejate, conservarea habitatelor naturale, a florei sălbatice, cu modificările și completările ulterioare,
- proiectul propus **nu intră** sub incidența prevederilor art. 48 și 54 din Legea apelor nr. 107/1996, cu modificările și completările ulterioare.

APM București decide:

Clasarea notificării, deoarece proiectul propus nu se supune procedurii de evaluare a impactului asupra mediului.

DIRECTOR EXECUTIV,
Dr. ing. Simona Mihaela ALDEA

ȘEF SERVICIU AVIZE, ACORDURI,
AUTORIZAȚII,
Ing. Elena GÂMBAN

ÎNTOCMIT,
Ing. Ilieșia Roșca



NOTĂ: a se vedea obligațiile persoanelor fizice/juridice de pe verso.



AGENȚIA PENTRU PROTECȚIA MEDIULUI BUCUREȘTI

Aleea Lacul Morii nr. 1, sectorul 6 București, Cod 060841

E-mail: office@apmbuc.anpm.ro; Tel. 021.430.66.77; Fax 021.430.66.75

Operator de date cu caracter personal, conform Regulamentului (UE) 2016/679

OBLIGAȚII ALE PERSOANELOR FIZICE ȘI JURIDICE

1. Investiția se va realiza cu respectarea condițiilor impuse prin certificatul de urbanism emis pentru lucrările propuse.
2. Pe durata execuției lucrărilor se vor lua măsuri pentru a evita disconfortul creat prin producere de praf și zgomot, fiind obligatoriu să se respecte normele, standardele și legislația privind protecția mediului în vigoare (STAS 12574/1987, SR 10009/2017, HG 1756/2006 privind limitarea nivelului emisiilor de zgomot în mediu produs de echipamente destinate utilizării în exteriorul clădirilor etc.).
3. Se vor uda periodic solurile, stivele de materiale și drumurile de acces, mai ales în condiții de vreme uscată.
4. În momentul realizării lucrărilor de finisaj la fațadă, schela montată va fi îmbrăcată în plasă pentru a fi evitată împrăștierea în atmosferă și pe carosabil a prafului rezultat;
5. Se vor lua măsuri care să împiedice producerea de emisii semnificative de pulberi la manipulare, depozitare și transport a materialelor de construcție sub formă de praf;
6. Se vor lua măsuri suplimentare astfel încât să se evite murdărirea drumurilor publice și să se respecte normele de salubritate urbană.
7. Deșeurile și materialele rezultate din activitatea de construcții vor fi obligatoriu îndepărtate din zonă, pe baza unui contract încheiat cu un prestator autorizat; este interzisă depozitarea necontrolată a deșeurilor rezultate.
8. Transportul deșeurilor rezultate din excavări, demolări și construcții se va face cu autovehicule acoperite cu prelate.
9. La finalizarea lucrărilor terenul va fi adus la starea inițială (dacă este cazul).
10. Respectarea prevederilor următoarelor acte normative:
 - OUG nr.195/2005 privind protecția mediului aprobată cu modificări de Legea nr. 265/2006, cu modificările și completările ulterioare;
 - „Normele de salubritate și igienizare ale Municipiului București” aprobate prin HCGMB nr.120/2010, cu modificările și completările ulterioare;
 - Legea nr. 104/2011 privind calitatea aerului înconjurător.
 - Legea nr. 211/2011 privind regimul deșeurilor, cu modificările și completările ulterioare;
 - Legea nr. 24/2007 privind reglementarea și administrarea spațiilor verzi din intravilanul localităților - Republicată, cu modificările și completările ulterioare.

Annex 13 - Form for submitting comments for ESMP

<p>Form for submitting comments and suggestions for Environmental and Social Management Plan ESMP for the project</p> <p>Burn center for “Grigore Alexandrescu” Children’s Emergency Clinical Hospital, Bucharest</p> <p>(New construction – burn centre for children, connected directly to the Emergency Unit, located in the courtyard of the hospital build on the place of some old warehouses)</p> <p>Main description of the project The new building will have a footprint of 2400 sqm, a total area of 13700 sqm. It will increase the capacity of the hospital and it will have the following functions:</p> <ol style="list-style-type: none"> a. 8 operating rooms b. Sterilization station c. 36 beds Intensive Care Section ATI of which 14 for neonatology d. Doctors' guard rooms e. Clinic for plastic surgery f. 2 operating rooms for the burn center g. 10 beds for critical patient h. 16 intermediate + postcritical ATI beds i. 10 beds for microsurgery and reconstructive surgery <p>The new building will be linked to the existing Emergency Unit.</p> <p>Electronic version of ESMP for the project Burn centre for “Grigore Alexandrescu” Children’ Emergency Hospital from Bucharest is available on the following web pages:</p> <ul style="list-style-type: none"> • “Grigore Alexandrescu” Children’ Emergency Hospital from Bucharest: https://spitalulgrigorealexandrescu.ro/ • MoH PMU: http://www.ms.ro/programe/banca-%20internationala-pentru-reconstructie-si-dezvoltare-nr-8362-ro%20/#%20tab-id-4. 	
Name and surname of the person who provides comment*	
Contact information*	<p>E-mail: _____</p> <p>Phone: _____</p>
Comment on the ESMP:	
Signature	Date
<p>If you have any comments/suggestions or amendments to the proposed measures of Environmental and Social Management Plan ESMP for the project Burn centre “Grigore Alexandrescu” Children’ Emergency Hospital from Bucharest, please submit it to the responsible persons from the following institution:</p> <p>PMU, Ministry of Health, e-mail: relatii.publice@ms.ro</p> <p>Within the 14 days period after the announcement of ESMP for the project Burn centre “Grigore Alexandrescu” Children’ Emergency Hospital from Bucharest</p>	
<p>Referent number: _____ (fulfilled by the responsible persons for the project implementation)</p>	

* Fulfilment of the fields with personal data is not obligatory