

**The Co-operative Republic of Guyana
Ministry of Health**

**Guyana COVID-19 Emergency Response
Project (P175268)**

Draft

**INTERIM HEALTH AND SAFETY
GUIDELINES**

October 28, 2020

INTRODUCTION

1. The Government of Guyana enacted several mitigation measures as a response to the treat of COVID-19. These measures included a shutdown on many non-essential services, restrictions on travel, social and other economic activities. In addition, schools were closed, and virtual learning is being implemented until it is safe to return to a physical learning environment. Despite Guyana maintaining a positive economic outlook, the pandemic and containment measures, including travel restrictions and social distancing measures, are impacting employment and livelihood. Industries in the services sector will be most affected including retail trade, transport, food and accommodation services. The impacts will fall disproportionately on informal workers who account for approximately 60% of the workers in the affected sectors.
2. To tackle the COVID-19 outbreak, the Ministry of Health (MOH) outlined a COVID-19 Preparedness and Response Plan and activated the Health Emergency Operations Centre (HEOC) to oversee coordination and implementation of the Plan and support inter-sectoral coordination. The Plan was designed at the beginning of the Guyana epidemic in March 2020, and then updated in July 2020. Because of the substantial increase in COVID-19 active cases over August and September 2020, MOH requested additional resources to finance its COVID-19 Response Plan and improve the health system's capacity in testing and treatment, especially in the most decentralised regions. The risk of limited health system capacity, originally detected in the COVID-19 Response Plan, become an issue as the outbreak grew.
3. The World Bank is supporting MOH in its effort through the Guyana COVID-19 Emergency Response Project. The Project will contribute to the MOH's efforts to enhance national systems to prevent further new cases of COVID-19, detect existing cases circulating in the communities across the country, isolate and quarantine asymptomatic COVID-19 positive cases, identify persons through contact tracing who might be at risk for infection by the COVID-19 virus, and effectively treat COVID-19 cases in need of hospital care. It will also help create citizen buy-in and generate demand for services through a campaign of risk communication, education and awareness, for behavior modification in the fight against COVID-19.
4. The aim of the World Bank's Guyana COVID-19 Emergency Response Project is to prevent, detect and respond to the threat posed by COVID-19 and strengthen national systems for public health preparedness in Guyana. The project will have 2 components: i) Emergency COVID -19 Response; and ii) Implementation Management and Monitoring and Evaluation. The Component 1 will focus on the priority areas of intervention identified by the government to (i) strengthen laboratory capacity, support screening and surveillance capacity to gain better intelligence on the COVID-19 virus presence and spread in Guyana; (ii) expand, decentralize and improve contact tracing particularly in border regions; and (iii) strengthen the health system for more effective treatment and care of symptomatic patients and quarantine and isolation of asymptomatic cases. Component 2 will finance the required administrative and human resources and activities needed to implement the project and monitor and evaluate progress. It will finance staff, consultant costs, and operating costs associated with project implementation, coordination, and management, including support for procurement, financial management (FM), environmental and social risk management, monitoring and evaluation (M&E), reporting, and stakeholder

engagement; information system maintenance; operating and administrative costs; and shorter- and longer-term capacity building for coordination and pandemic response and preparedness.

5. The expected project beneficiaries will be the population at large given the nature of the disease. Infected people, at-risk populations, particularly the elderly and people with chronic conditions, medical and emergency personnel are likely to benefit most. The identified beneficiaries are: Frontline healthcare or workers (doctors, nurses, laboratory staff); health waste management workers; communities adjacent to health facilities that manage COVID-19 patients; persons subjected to COVID-19 quarantine or self-isolation mechanisms; COVID-19 infected persons; and, family members or relatives of COVID19 infected persons.

PURPOSE OF INTERIM HEALTH AND SAFETY GUIDELINES

6. In order to avoid or minimize any potential negative risks and impacts on the environment, health, and safety of the community and workers, MOH will prepare an Environmental and Social Management Framework (ESMF) for the project in accordance with the requirement of the World Bank. The ESMF will serve as a guide to addressing environmental and social risks of the project. For people or facilities with potential exposure to COVID-19, the ESMF will also include additional safety measures to control risks of infection from COVID-19 to workers and the communities, through the development of a Medical Waste Management Plan and Community Health and Safety Plan.
7. Considering the urgency of the project preparation under the COVID-19 situation, it has been agreed with the World Bank that the ESMF will be prepared within 30 days of Project Effectiveness. No activities that have any potential environmental and social risks and impacts will be initiated before this period. The ESMF will incorporate current international good practice for Infection Prevention Control Protocol (IPCP), biomedical waste management, communications and contact with the communities, and training and safety for contractors and workers.
8. While the ESMF is being prepared, MOH has prepared this Interim Health and Safety Guidance, which provides references for the international standards that need to be followed in project implementation to deal with COVID-19 risks and challenges. The guidance has two sections: (i) Infection and Prevention Control Protocol (IPCP); and (ii) Health Care Waste Management Guidelines.
9. MOH will be overall responsible for the project implementation. Within the MOH, the Health Sector Development Unit (HSDU) will be the Project Implementation Unit (PIU). The PIU will work collectively with the Chief Medical Officer, regional administration and other stakeholders to ensure successful implementation. The HSDU is a program management unit that is responsible for the execution of all donor funded development projects, reporting directly to the Permanent Secretary. Till the establishment of the PIU, MOH will be responsible for the implementation of the Interim Guidelines and has appointed an Environmental and Social Focal Point to coordinate health and safety issues related to the project and prepare the environmental and social instruments. Further information or queries can be made to MOH through email (ministersecretaryhealth@gmail.com), (<https://www.facebook.com/mophguyana>) or telephone (592-226-7400).

CURRENT MEDICAL WASTE MANAGEMENT FACILITIES AND LABORATORY FACILITIES

10. MOH has authorized the following hospitals and medical centers assigned for COVID-19 patient management:

- a) Port Kituma District Hospital (Region 1)
- b) Mabaruma Regional Hospital (Region 1)
- c) Pakeria District Hospital (Region 1)
- d) Public Hospital Suddie (Region 2)
- e) West Demerara Regional Hospital (Region 3)
- f) Georgetown Public Hospital Cooperation (Region 4)
- g) Ocean View GPHC Annex (Region 4)
- h) Diamond Diagnostic Center (Region 4)
- i) Mahaicony Hospital (Region 5)
- j) New Amsterdam Public Hospital (Region 6)
- k) Upper Mazaruni District Hospital (Region 7)
- l) Bartica Regional Hospital (Region 7)
- m) Mahdia Hospital (Region 8)
- n) Lethem Regional Hospital (Region 9)
- o) Linden Hospital Complex (Region 10)
- p) Upper Demerara Hospital (Region 10)

11. General solid waste management in Guyana is addressed by several pieces of legislation and policies. There are several bodies that have specific responsibility for monitoring and enforcement of waste, including the Environmental Health Department in MOH. The National policy, act and/or rules related to the medical waste management facilities are guided by the following pieces of legislation:

- Hazardous Waste Regulation under the EPA 1996 (No 11 of 1996)
- Public Health Ordinance chapter 145, Section 64
- Draft Medical Waste Management Guidelines
- Health Facilities Licensing Act /Regulations (2007)

12. The “Standards and Technical Services Department” of MOH also has other regulatory and monitoring functions over how laboratories operate. The laboratories are governed under the following:

- GYS: 235,2003 Standard- National Certification ISO:15190,2019 Draft -International Accreditation

13. Medical waste management policy is implemented at the facility level by the waste management staff, who ensure segregation of wastes from point of generation to secondary disposal. The Environmental Health Department does routine inspections of the facilities to ensure compliance with applicable regulations. In addition, the Standards and Technical Department monitors the facilities annually for licensing purposes. Facilities have generally been found to be in compliance; however, in very rare cases where the facility has minor infractions with the regulation a temporary license is given with an implementation plan, and stringent timelines are set. In cases where there are major problems with compliance, the facility can be shut down, although this has not yet been reported to occur. Further, since the Health Facilities Licensing Act of 2007, there was never the need to withhold a license.
14. Guyana has one hydroclave at the Georgetown Public Hospital Corporation (GPHC). This facility is used for the sterilization of infected waste from public and private health care facilities in Region 4 (Demerara-Mahaica) before final safe disposal at the Haag Bosch sanitary landfill. Waste at other medical facilities in the other regions are incinerated at on-site incinerators co-located at those facilities. All on-site incinerators are reportedly in working condition. Region 5 (Mahaica-Berbice) and Region 6 (East Berbice-Corentyne) are now constructing hydroclaves, which are expecting to be functional from March 2021.

Facility	Type of Incinerators
GPHC (Region 4)	Hydroclave
Mabaruma Hospital (Region 1)	DeMontfort
Bartica Regional Hospital (Region 7)	DeMontfort
Lethem Regional Hospital (Region 9)	DeMontfort
West Demerara Regional Hospital (Region 3)	DeMontfort
New Amsterdam Hospital (Region 6)	DeMontfort, (Hydroclave will be in operation by March 2021)
Port Mourant District Hospital (Region 5)	DeMontfort (Hydroclave will be in operation by March 2021)
Fort Wellington Hospital (Region 5)	DeMontfort (Hydroclave will be in operation by March 2021)
Public Suddie Hospital (Region 2)	DeMontfort
Linden Hospital (Region 10)	DeMontfort
Mahdia District Hospital (Region 8)	DeMontfort

15. The following laboratories are currently engaged in COVID-19 Sample collections and testing:
- National Public Health Reference Laboratory – (sample collection and testing) (Region 4)
 - Herstelling COVID19 Centre (Region 4)
 - Paradise COVID19 Centre (Region 4)
 - Mobile Unit (HEOC)
 - Samples are taken at all the regional hospitals and are transported within 24hrs to the NPHRL (Region 1-10)
 - Private facilities

- I. Eureka Medical Laboratory – sampling and collection (testing is done overseas) (Region 4)
- II. St Joseph’s Mercy Hospital facilities was granted a licensed to preform GeneXpert Testing but none has started (Region 4)

16. All medical laboratories are governed under the following documents:

- Health Facilities Act 2007/Regulations - Licensing
- GYS: 235,2003 Standard- National Certification
- ISO:15190,2019 Draft -International Accreditation

17. It is mandatory that each laboratory have safety manual and a safety program so as to achieve Certification and Licensing requirements. Laboratories involved in COVID-19 sample collection and testing are located within a health facility and follow the same protocols listed earlier for disposal of medical waste at those facilities.

Section 1. Infection and Prevention Control Protocol (IPCP)

18. The following information was adapted from the US Centers for Disease Control and Preventions (CDC) Interim Infection Prevention and Control Recommendations for patients with confirmed COVID-19 or persons under investigation for COVID-19 in Healthcare Settings.

HEALTH CARE SETTINGS

A. Minimize Chance of Exposure (to staff, other patients and visitors)

- Upon arrival, make sure patients with symptoms of any respiratory infection to a separate, isolated and well-ventilated section of the health care facility to wait, and issue a facemask.
- During the visit, make sure all patients adhere to respiratory hygiene, cough etiquette, hand hygiene and isolation procedures. Provide oral instructions on registration and ongoing reminders with the use of simple signs with images in local languages.
- Provide alcohol-based hand sanitizer (70-95% alcohol), tissues and facemasks in waiting rooms and patient rooms.
- Isolate patients as much as possible. If separate rooms are not available, separate all patients by curtains. Only place together in the same room patients who are all definitively infected with COVID-19. No other patients can be placed in the same room.

B. Adhere to Standard Precautions

- Train all relevant staff and volunteers to undertake standard precautions - assume everyone is potentially infected and behave accordingly.
- Minimize contact between patients and other persons in the facility: health care professionals should be the only persons having contact with patients and this should be restricted to essential personnel only.

- A decision to stop isolation precautions should be made on a case-by-case basis, in conjunction with the local hospitals and centers listed in paragraph 11.

C. Training of Personnel

- Train all staff and volunteers in the symptoms of COVID-19, how it is spread and how to protect themselves. Train on correct use and disposal of personal protective equipment (PPE), including gloves, gowns, facemasks, eye protection and respirators (if available) and check that they understand.
- Train cleaning staff on most effective process for cleaning the facility: use a high-alcohol based cleaner to wipe down all surfaces; wash instruments with soap and water and then wipe down with high-alcohol based cleaner; dispose of rubbish by burning etc.

D. Manage Visitor Access and Movement

- Establish procedures for managing, monitoring, and training visitors.
- All visitors must follow respiratory hygiene precautions while in the common areas of the facility, otherwise they should be removed.
- Restrict visitors from entering rooms of known or suspected cases of COVID-19 patients. Alternative communications should be encouraged, for example by use of mobile phones. Exceptions only for end-of-life situation and children requiring emotional care. At these times, PPE should be used by visitors.
- All visitors should be scheduled and controlled, and once inside the facility, instructed to limit their movement.
- Visitors should be asked to watch out for symptoms and report to the nearest hospital and medical centers (listed in paragraph 11) about signs of acute illness for at least 14 days.

Section 2. Health Care Waste Management Guidelines

19. MOH, Regional Health Authorities and relevant hospitals and centers will ensure appropriate management of health care waste management especially as related to COVID-19.
 - Make sure contaminated waste from health care facilities doesn't come into contact with community. It should be handled by only trained staff. MOH will continue to train all categories of workers (lab technicians, doctors, nurses, cleaning/waste disposal staff, etc.).
 - All who handle health care waste should wear appropriate PPE (boots, apron, long-sleeved gown, thick gloves, mask, and goggles or a face shield) and perform hand hygiene after removing it.
 - Collect all health care waste produced during the care of COVID-19 patients safely in designated containers and bags, treated, and then safely disposed of or treated, or both, preferably onsite.
 - Use single and leak-resistant biohazard bag for containment of regulated medical wastes (RMW), provided the bag is sturdy and the waste can be discarded without contaminating the bag's exterior.
 - Contamination or puncturing of the bag requires placement into a second biohazard bag.
 - Properly incinerate the infectious medical wastes within hospital premises. If the hospital doesn't have the incineration facilities, ensure appropriate measures for safe handling and transportation to a nearby incinerator.

- If waste is moved off-site, an assessment will be carried out by the facility to understand where and how it will be treated and disposed of. The Environmental Health Department will be monitoring the process and proper operation will be ensured for appropriate waste management including incineration at controlled temperatures and the other protocols previously described.
- All RMW facilities should manage the medical waste through autoclave and incineration facilities. Incineration should only be used for waste that may already require incineration (pathological/trace chemical/non-hazardous medical waste).
- Follow the WHO guidance for Safe Management of Wastes from Health-care Activities (<https://apps.who.int/iris/bitstream/handle/10665/259491/WHO-FWC-WSH-17.05-eng.pdf;jsessionid=D5B2E6A28927FB7CA2C34177481A6827?sequence=1>).

Additional Resources:

20. Further information can be found in the following references, which may be further updated as new information becomes available:

- Infection prevention and control during health care when coronavirus disease (COVID-19) is suspected or confirmed (<file:///C:/Users/wb108899/Downloads/WHO-2019-nCoV-IPC-2020.4-eng.pdf>), issued on June 29, 2020
- Status of environmental surveillance for SARS-CoV-2 virus (file:///C:/Users/wb108899/Downloads/WHO-2019-nCoV-Sci_Brief-EnvironmentalSampling-2020.1-eng.pdf), issued on August 05, 2020
- [Coronavirus disease \(COVID-19\) outbreak: rights, roles and responsibilities of health workers, including key considerations for occupational safety and health](#), issued on 18 March 2020
- [Risk Communication and Community Engagement \(RCCE\) Action Plan Guidance COVID-19 Preparedness and Response](#), issued on 16 March 2020
- [Considerations for quarantine of individuals in the context of containment for coronavirus disease \(COVID-19\)](#), issued on 19 March 2020
- [Operational considerations for case management of COVID-19 in health facility and community](#), issued on 19 March 2020
- [Rational use of personal protective equipment for coronavirus disease 2019 \(COVID-19\)](#), issued on 27 February 2020
- [Getting your workplace ready for COVID-19](#), issued on 19 March 2020
- [Water, sanitation, hygiene and waste management for COVID-19](#), issued on 19 March 2020
- [Safe management of wastes from health-care activities](#), issued in 2014
- [Advice on the use of masks in the community, during home care and in healthcare settings in the context of the novel coronavirus \(COVID-19\) outbreak](#), issued on March 19, 2020