

St. Maarten General Hospital Environmental & Safety Management Plan (ESMP)



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ABBREVIATIONS AND ACRONYMS

AQCMP	Air Quality Control and Monitoring Plan
AW	Additional Wing
BOD	Board of Directors
CC	Complaint Committee
CHSSMP	Community Health, Safety and Security Management Plan
CLA	Collective Labour Agreement
CLO	Community Liaison Officer
CTMP	Construction Traffic Management Plan
DBM	Design Build and Maintenance
E&S	Environmental and Social
EDP	Emergency Disaster Preparedness Plan
EHS	Environmental Health and Safety
EOC	Emergency Operations Center
EPRP	Emergency Preparedness and Response Plan
ER	Employee Representative
ER	Employees Representative
ESIA	Environmental and Social Impact Assessment
ESMP	Environmental and Social Management Plan
ESMS	Environmental and Social Management System
FTE	Full Time Equivalent
GEBE	Gemeenschappelijk Electriciteitsbedrijf Bovenwindse Eilanden – Electricity and Water Company
GFA	Gross Floor Area
GoS	Government Services
HMMP	Hazardous Material Management Plan
HP	Hurricane Plan
HSE PLAN	Health Safety and Environmental Plan
IGRM	INSO Grievance Redress Mechanism
INSO	INSO Sistemi per le Infrastrutture Sociali S.p.A Italy
JCI	Joint Commission International
LEED	Leadership in Energy and Environmental Design
MB	Main Building

MECYS	Ministry of Education, Culture, Youth and Sports
MSDS	Material Safety Data Sheets
NCMP	Noise Control and Monitoring Plan
ODM	Office of Disaster Management
OHSP	Occupational Health and Safety Plan
PMP	Project Management Plan
PPE	Personal Protective Equipment
Project	The New General Hospital
PRT	Permitted Recovery Time
QMS	Quality Management System
SMGH	St Maarten General Hospital
SMMC	St Maarten Medical Center
SZV	Sociale Ziekte Verzekering – Social and Health Insurances
TB	Technical Building
TMP	Traffic Management Plan
Tripartite	Protocol est. 2015 consisting of VSA, SZV and SMMC
VROMI	Volkshuisvesting, Ruimtelijke Ordening, Milieu en Infrastructuur – Ministry of Public Housing, Spatial Development, Environment and Infrastructure
VSA	Volksgezondheid, Sociale en Arbeidszaken – Ministry of Public Health, Social Development and Labour
WMP	Waste Management Plan
WWTP	Waste Water Treatment Plan

EXECUTIVE SUMMARY

Background

This document provides the Environmental and Social Management Plan for construction and operation of the new general hospital. The ESMP has been developed to meet international standards on environmental and social management performance, specifically those set out by the World Bank in its Environmental and Social Safeguard Policies. In addition, the safeguard provisions defined in this ESMP also incorporate appropriate national building, environmental and planning requirements.

The ESMP is essential for successfully implementing the Project's social and environmental performance throughout the life of the Project. Having this framework in place ensures a systematic approach to bringing environmental and social considerations into decision making and day-to-day operations. It establishes a framework for tracking, evaluating and communicating environmental and social performance and helps ensure that environmental and social risks and liabilities are identified, minimised and managed. The ESMP will be a living document and will continue to develop during the design and construction phase to enable continuous improvement of the Project's social and environmental performance.

In particular, the objectives of the ESMP are to:

- Promote environmental and social management and communicate the aims and goals of the ESMP;
- Ensure that all workers, contractors and others involved in the Project meet legal and other requirements with regard to environmental and social management;
- Incorporate environmental and social management into Project design and operating procedures;
- Address concerns and issues raised in the ESMP stakeholder consultation process and those that will likely continue to arise during the Project's lifetime;
- Serve as an action plan for environmental and social management for the Project;
- Provide a framework for implementing Project environmental and social commitments; and
- Prepare and maintain records of Project environmental and social performance (i.e. monitoring, audits and non-compliance tracking).

Project Description

The **St Maarten Medical Center (SMMC)** is a private non-profit foundation and is the owner and operator of the only hospital facility on St Maarten. Government signed a bilateral agreement with SMMC in which it delegated the new general hospital implementation responsibility to SMMC. As such, SMMC will have the overall responsibility for technical supervision and fiduciary activities for the execution of the Project.

To strengthen the healthcare sector on St Maarten, a Tripartite protocol (Tripartite) was established in 2015 consisting of: (i) the VSA, (ii) the SZV and (iii) the SMMC. With its focus on **achieving affordable and sustainable quality healthcare**, the Tripartite declared that the existing hospital building was unsuitable for a complete re-design over the long-term. Given the Tripartite is focused on achieving affordable and sustainable quality healthcare based on the concept of „care close to home, “ it decided on the need to build a **new general hospital** (hereinafter „The Project“).

A **turn-key Design, Build and Maintain** contract will build the new general hospital in St Maarten which includes all medical equipment, furniture and ICT infrastructure. The Project will be **financed** by (i) a consortium of private financiers (local pension funds and banks), (ii) a contribution from the St. Maarten Hurricane IRMA Reconstruction, Recovery and Resilience Trust Fund managed by the World Bank (registered as Project P167532) and (iii) own funds of the SMMC.

The new general hospital will be constructed on the same location as the existing hospital, Welgelegen Road 30 (known as Cay Hill). This location (hereinafter the SMMC location) has been zoned by Government as a Hospital. The land is owned by Government and SMMC has been given a long-term lease for the use of this land. The area adjacent to the current and new general hospital consists of mixed use of businesses, residencies, schools, sports complex, and several smaller public buildings.

The new general hospital Project, upon completion, will be a modern multiple service operational facility consisting of 110 beds and after completion will include:

- A Main Building (MB) with 5 stories of each between 3.300 and 4.000 square meters,
- An Additional Wing (AW) with 3 stories of each approximately 1,000 square meters,
- A Technical Building (TB),

- General parking area,
- A Parking garage of 4 to 5 floors,
- A Heliport, and
- Supply and installation of medical equipment, furniture, backup power plant and all IT related equipment/network (medical).

The construction of the new Main Building will be undertaken while the existing Hospital is fully operational. This Main Building will be completed upon approval and certification of all medical services and equipment at the same time the existing hospital is in operation. After transfer of all medical services to the new general hospital facility, the existing building will be demolished. After demolition the construction of the “additional wing”, main entrance, parking lots, parking garage and heliport and landscaping will follow.

The Project will be constructed in four main phases:

Phase 1: Includes all the steps and processes to complete design, permitting and site preparation including the following:

- Preliminary design
- LEED submission
- Permit applications
- Soil investigation
- Site preparation and staging
- Demolition and construction of the new waste water treatment plant
- Final technical design

Phase 2: Construction of the new general hospital, which includes the Main Building and Technical Building, erected adjacent to the existing hospital. This Phase includes also retaining walls, drainages, services and access roads and can be divided into the following sub phases:

- Construction of the Main Building and Technical Building
- New Building Commissioning certificate.

Phase 3: Demolition of the existing hospital. This phase can be divided into the following sub phases:

- Moving into the Main Building
- Demolition of Existing Hospital

Phase 4: Construction of the main entrance and other facilities. This phase can be divided into the following sub phases:

- Construction Main Entrance Main building
- Construction Additional Wing
- Construction new parking lot
- Construction Parking Garage
- Construction Heliport

The construction for the new general hospital will require a relatively small work force (100-130 workers) across skilled and unskilled workers. As far as possible, unskilled workers who consist of the largest work force contingent will be locally contracted. Special skilled labourers and professionals are expected to be temporarily on the island for various stretches of time during construction. Consequently, there will be no worker camp or special worker housing compounds, since these workers will live in accommodations around Phillipsburg and its outskirts. SMMC, contractors and the Project supervisor have been made aware of the provisions of the World Bank Guidance on Managing the Risks of Adverse Impacts on Communities from Temporary Project Induced Labour Influx. In collaboration with the World Bank safeguards specialists assigned to the Project there is agreement that the worker living and working arrangements are not per se conditions required to be applied for this Project. Nonetheless, INSO and the Project supervisor will apply relevant provisions of the HSE Plan covering worker conduct, behaviour and social interaction rules.

Applicable World Bank Safeguard Policies

This Project has been classified as a Category B Project, as documented in the World Bank Project Information Documents / Integrated Safeguards Datasheet (PID/ISDS) issued in June 2018. Based on early scoping of the Project by World Bank environmental and social specialists, there are only two World Bank safeguards policies triggered explained in detail in the ESMP, Environmental Assessment OP/BP 4.01 and Pest Management OP/BP 4.09.

The Project’s overall potential social impacts are positive for the entire Dutch side of the island and adjacent islands. As

explained in the early sections of this document, in addition to the expansion in the scope of services, the new general hospital will: (i) increase capacity from 66 to 110 beds; (ii) have 4 operating theatres and larger areas for ambulatory care, including a new flow of patients for ambulatory surgery; (iii) include critical characteristics to increase the resiliency of the hospital (external protection to withstand category 5 plus hurricanes, installation of modern and safe medical gas, greater storage capacity for having supplies for longer periods, underground communication through fiber optic capability, and a landing platform for helicopters for the transport of trauma patients, etc.).

Environmental impacts are limited to the life of the construction process and result directly from construction activities. Such impacts may include noise (to patients and surrounding businesses and residences), dust, oil leakages from heavy equipment, traffic issues, worker safety, community health and safety, and construction waste management. During the operational phase, hospital waste management will be the main operational level concern. Compliance with OP 4.01, Environmental Assessment, will be accomplished, in part, by the application of relevant clauses in construction contracts designed to mitigate the potential impacts identified as well as the application of mitigation measures outlined in the pre-identified mitigation measures. The details of these measures are found in the subsequent descriptions of the INSO HSE Plan and the specific Project Management Plans.

The Project activities do not trigger OP 4.12 Involuntary Resettlement. The construction of the new general hospital, financed by the Project, will take place on public land free of occupants and not in use for any type of activities, and does not involve any involuntary resettlement. It is part of the land of the existing hospital and its public ownership is not contested. Potential adverse social impacts include: worker safety in the construction activities; safety of patients and staff using the current hospital facility while the current hospital is being used; the management of labour coming from outside St Maarten; community health and safety.

ESMP Process, Consultation, and Review Process

Several steps have been followed in the ESMP development, submissions and review. These are summarized below.

- Specialists across environment and social safeguards teamed with the SMMC staff to contribute to the ESMP
- A 1st consultation was held at SMMC on November 26, 2018. See appendix.
- A World Bank environmental safeguards specialist reviewed the ESMP
- The Preliminary ESMP was posted on the SMMC websites for public review and comment
- The ESMP was disclosed also on the World Bank website
- The ESMP was updated prior to the start of construction works in October 2019
- The Final ESMP will be posted on the SMMC website for public review
- A 2nd stakeholder meeting will be held at SMMC prior start construction

Potential environmental and social impacts and risks were evaluated during a scoping process. There is a defined Area of Influence that is considered the “direct impact” zone. In this area the Project activities are assessed to determine any direct and indirect impacts between the Project and its environment resources and people, communities and businesses. An Environmental and Social Impact and Risk Assessment matrix is presented in the report. It is important to clarify that this assessment is considered “preliminary” and will need to be updated once the final design with all detailed construction details is completed in 2019.

SMMC is committed to provide resources essential to the implementation and control of the ESMP. Resources include the appropriate human resources and specialised skills. SMMC will have dedicated personnel competent on the basis of appropriate education, training, and experience that will manage and oversee the E&S aspects of the Project.

SMMC selected INSO as the Design Build and Maintain (DBM) Contractor („the Contractor”) for the Project, according to commercial, technical, quality assurance and its past performance on EHS standards so as to satisfy SMMC’s requirements and policies. Scope of the Contractor is to Design, Build and Maintain for 20 years (10 years plus an option for another 5+5 years) the Project components mentioned in 2.4.

SMMC selected DZFAS and Royal HaskoningDHV to act as Employer’s Representative and support SMMC during the design, construction and first year of operation of the Project. The Employer’s Representative will provide the ESMP implementation support across the life of the Project which is detailed in the ESMP. Several GoS agencies have direct responsibility for this Project. They include VROMI, (public Works), and VSA (Department of Health and Social Services). These agencies will work closely with SMMC to ensure compliance with all building and operational requirements.

The World Bank will provide the necessary implementation support to ensure adherence to all World Bank Project requirements across safeguards as well as financial and procurement requirements. This implementation support will be provided through regular interactions, implementation support missions, and thematic review missions if required.

Stakeholders Meeting November 2018

In addition to a public notification, personal invitations to surrounding businesses, schools, church and resident associations were sent prior to our 1st Stakeholders Meeting, which was held November 26, 2018. Representatives from the Fire Department, Antek, Baker Tilly, and Contract of Jehovah's Witnesses were present together with members of the SMMC staff.



Besides general questions about design points, the main concerns from the persons present were:

- Parking hindrance around SMMC during construction, as the current parking will be construction site;
- Traffic congestion at Welgelegen road due to construction traffic;
- Working hours;
- Dust hindrance for surrounding facilities;
- Traffic congestion at Welgelegen road during operational phase (helipad).

SMMC is arranging temporary parking close to the SMMC for staff and visitors as the current parking area will become the construction site resulting in insufficient parking spots available within the SMMC perimeter. It is expected to have this temporary parking area arranged prior to the start construction Main Building. Further to this, SMMC will instruct the contractor to arrange sufficient parking for their workers, to prevent hindrance in the surrounding hospital area.

The contractor has to follow the local regulations for Heavy Equipment on the public roads. Prior to starting construction works, the contractor is obligated to submit a construction plan. In this plan they have to provide a site phasing, which includes how construction traffic will enter and leave the site in a safe way and indicate how they will reduce hindrance to the public traffic as less as possible. During the weekly construction meetings with the contractor, SMMC will discuss the mitigation measures for the upcoming works to prevent hindrance as much as possible.

As the construction of the new hospital building is very close to the current building, which remains operational, working hours are restricted in the contract for exterior works and the contractor has to request the approval of SMMC if they would like to perform certain works outside of the contracted hours. SMMC will inform Stakeholders regularly on the progress of the works and indicate which works can be expected during the next phase.

The contractor has to work according to their HSE plan and follow the mitigations as indicated in this plan, which include dust management. If the mitigations are not sufficient, additional measures are to be taken by the contractor. During our daily inspections it will be monitored if the contractor follows the plans and if the mitigation measures are sufficient.

SMMC will develop for the Helicopter Operations an operational plan whereby Aviation's and the Traffic Police will be consulted. This plan will be realized in a later stage and our Stakeholders will kept informed on this new service.

Prior to the start of construction works a 2nd Stakeholder meeting will be organized in November 2019. During this meeting we will present more detailed information on the topics which were discussed during the previous meeting. The contractor will also be present to answer specific questions from the Stakeholders.

Training, awareness and competency

Both SMMC and INSO will identify, plan, monitor, and record training needs for personnel whose work may have a significant adverse impact upon the environment or social conditions. The Project recognises that it is important that employees are aware of the Project's environmental and social management plans including potential impacts of their activities and specific roles and responsibilities to comply with these plans and procedures. Employee training will include awareness and competency with respect all aspects of environmental and social impacts and conforming to the requirements of the ESMP (including its specific Management Plans and Procedures).

An EHS Manager is responsible for coordinating training, maintaining employee-training records, and ensuring that these are monitored and reviewed on a regular basis. The EHS Manager will also periodically verify that staff is performing competently through discussion and observation.

Communication and stakeholder engagement

As part of the existing hospital operations, SMMC maintains a formal procedure for communications with the regulatory authorities. A client panel is also in place as well as a Complaints Policy and Procedure. SMMC will develop a Stakeholder Consultation and Engagement Plan for the Project, first for the Construction Phase and then for the Operation Phase. The EHS Manager will be responsible for communication of E&S issues to and from regulatory authorities whenever required. The CLO will be responsible for communication with communities.

The Stakeholder Engagement and Communications Plan (SECP) for the construction phase sets out the approach that the SMMC will follow in order to engage and communicate with stakeholders over the life of the New General Hospital. Consultation is undertaken in order to interact and incorporate the viewpoints of Affected Parties. Special consideration will be given to vulnerable groups, including with relation to engagement and consultative activities.

This plan is organized as follows (see appendix 3 section 3):

- Section 2 outlines the objectives of stakeholder engagement;
- Section 3 introduces the SECP and related methods, in addition to previous and future activities;
- Section 4 introduces the Communication Plan and outlines its goals and objectives;
- Section 5 describes roles and responsibilities for grievance redress;

Environmental and Social Management Plan – ESMP Matrix

Mitigation and enhancement measures, responsibility for implementation, and monitoring and verification indicators are provided in the ESMP Table in Appendix 2. These measures and the Management Plans discussed in the document have been adopted by SMMC and are considered INSO contract requirements. SMMC and INSO will determine what additional risks and proposed management controls are required based on the final design and work method statements.

Specific Management Plans

Several Management Plans are still to be finalized to support the implementation of this ESMP. The timing of the development of the plans may be staged, ensuring that the appropriate focus and level of detail is provided for construction and operational activities. They will be finalised by INSO with SMMC and Employees Representative coordination. When appropriate, the Project owner and their representatives may meet with GoS agencies and other key stakeholders. The contents of the Management Plans are outlined in Appendices, including the Management Plans available at this stage.

Construction Phase

As per contractual requirements, INSO submitted its HSE Plan (“the Contractors HSE Plan”) which requires the approval of SMMC before the start of new general hospital Construction activities.

The INSO HSE Plan will include the following Sections or Management Plans:

- Air Quality Control and Monitoring Plan
- Noise Control and Monitoring Plan
- Waste Management Plan
- Hazardous Materials Management Plan
- Emergency Preparedness and Response Plan
- Construction Traffic Management Plan
- Occupational Health and Safety Management Plan
- Community Health, Safety and Security Management Plan
- Hurricane Plan for the Construction Phase
- INSO Grievance Redress Mechanism

An updated HSE Plan was submitted to SMMC in October 2019. The HSE Plan is a living document, prior to each construction phase this report will be updated accordingly. The Contractor will also develop and implement its own internal Grievance Redress Mechanism in either the Contractors HSE Plan or Quality Management System (QMS) developed for the Project.

Operational Phase

The Contractor will adopt and amend specific Management Plans to address all the E&S risks associated with the operational phase of the new general hospital. There will also be a Quality Management System developed for this operational service period.

1. INTRODUCTION

This document provides the Environmental and Social Management Plan (“ESMP”) for construction and operation of the new general hospital (“the Project”).

1.1. Overview and scope

The ESMP has been developed to meet international standards on environmental and social management performance, specifically those set out by the World Bank in its Environmental and Social Safeguard Policies. In addition, the safeguard provisions defined in this ESMP also incorporate appropriate national building, environmental and planning requirements.

The ESMP is intended to cover those activities described in Chapter 2 of this document. It covers Project activities during pre-construction, construction and operation and will be subject to thorough reviews prior to the commencement of activities to ensure completeness. The ESMP does not include measures for activities related to equipment and facility fabrication being done offsite. It should be noted that this provides the outline requirements for environmental and social management. Provisions will be made for updating the outline ESMP once the detailed Project design is complete and for adapting the ESMP to relevant Project stages as part of the overall ESMS.

1.2. Objectives

The ESMP is essential for successfully implementing the Project’s social and environmental performance throughout the life of the Project. Having this framework in place ensures a systematic approach to bringing environmental and social considerations into decision making and day-to-day operations. It establishes a framework for tracking, evaluating and communicating environmental and social performance and helps ensure that environmental and social risks and liabilities are identified, minimised and managed. The ESMP will be a **living document** and will continue to develop during the design and construction phase to enable continuous improvement of the Project’s social and environmental performance.

In particular, the objectives of the ESMP are to:

- Promote environmental and social management and communicate the aims and goals of the ESMP;
- Ensure that all workers, contractors and others involved in the Project meet legal and other requirements with regard to environmental and social management;
- Incorporate environmental and social management into Project design and operating procedures;
- Address concerns and issues raised in the ESMP stakeholder consultation process and those that will likely continue to arise during the Project’s lifetime;
- Serve as an action plan for environmental and social management for the Project;
- Provide a framework for implementing Project environmental and social commitments; and
- Prepare and maintain records of Project environmental and social performance (i.e. monitoring, audits and non-compliance tracking).

2. PROJECT DESCRIPTION

2.1. Project Owner

The **St Maarten Medical Center** (SMMC) is a private non-profit foundation and is the owner and operator of the existing hospital. In 2007, SMMC was appointed by Government through a National Decree as the only hospital facility on St Maarten. On June 19, 2018, Government signed a bilateral agreement with SMMC in which it delegated the Project implementing responsibility to SMMC. As such, SMMC will have the overall responsibility for technical supervision and fiduciary activities for the execution of the Project.

SMMC is governed by a Supervisory Board responsible for the supervision of the Board of Directors. The Supervisory Board formally approves key decisions made by the Board of Directors, such as budget setting, foundation reorganization, investments outside the original budget and annual financial statements submitted by the Board of Directors. Supervisory Board members have specific profiles approved by the Minister of VSA to ensure that the Board has diverse expertise (e.g. medical, legal, financial, organizational management/human resources). Comprised of a minimum of three and a maximum of five members, Supervisory Board members are appointed by the Minister of VSA, upon a binding nomination by the Supervisory Board.

The Board of Directors is tasked with the daily management and decision making related to operating the hospital, according to the strategic plan and the budget. The Board of Directors is comprised of a maximum of two members: one with a background in financial management and the other with medical expertise. The Directors are appointed by the Supervisory Council in consultation with the Minister of VSA.

While the objectives, functions, capacities and legal status of the foundation will not be affected, it is expected that by the end of 2018, the name of the foundation will be changed and the current governance structure will be adjusted. These changes will not have an impact on the foundation as a legal entity and all existing rights and obligations of the foundation will continue to exist unaltered following the name change of the foundation to the St Maarten General Hospital (SMGH). The changes to the governance structure will include: (i) the Supervisory Board will include an appointment of one representative of the VSA and one member appointed by the SZV; and (ii) the Board of Directors will expand from a current maximum of two members to three members.

2.2. Project background

In terms of health service delivery, only primary and secondary care is provided in St Maarten by a mix of non-profit and private providers, as follows: the St Maarten Medical Center (SMMC), 23 general practitioners (private), dental care providers, the White and Yellow Cross Foundation (primary care, nursing home and specialized ambulatory care), the Turning Point Foundation (drugs and rehabilitation), the AIDS Foundation, the Diabetes Foundation and 15 pharmacies, of which one is situated within SMMC (Cay Hill Pharmacy).

SMMC is the only hospital and the only source of secondary health services on the Dutch side of the island and is the primary source of care for the nearby islands of Saba and St. Eustatius. SMMC provides outpatient (emergency, radiology, dialysis and other special clinics) and inpatient care (medical paediatric and surgical wards, intensive care, labour and delivery, and an operating theatre). No tertiary services are provided on the island and patients needing such services are referred to neighbouring countries (Colombia, Dominican Republic, Puerto Rico, etc.). In addition to the permanent population, SMMC provides services to approximately 2.6 million tourists per year (2 million cruise ship tourists and 0.6 million stay-over tourists).

Built in 1991 for a population of 23,000, the existing hospital has surpassed its lifetime capacity and has weathered several hurricanes. The hospital design has an open structure with five internal open-air patios that leave the hospital vulnerable to severe weather and hurricane damage. After Hurricane Irma in September 2017, the SMMC suffered substantial damage and services were disrupted for several units, for example, intensive care and dialysis. Although the SMMC

resumed operations immediately after the hurricane, due in part to provisional repairs carried out by the Dutch Marine engineering support unit, it is not expected to withstand another hurricane higher than Category 4. In addition, the hospital capacity and design (including 4 to 6 persons per room) does not provide options to rehabilitate or redesign the hospital to improve quality, reduce risk of the admitted patients and increase efficiency of health services.

To strengthen the healthcare sector on St Maarten, a Tripartite protocol (Tripartite) was established in March 2015 consisting of: (i) the VSA, (ii) the SZV and (iii) the SMMC. With its focus on achieving affordable and sustainable quality healthcare, the Tripartite declared that the existing hospital building was unsuitable for a complete re-design over the long-term. At that time, SMMC was in a poor financial situation because the hospital service fees (tariffs) were not increased between 2004 and 2016, which resulted in underinvestment. This has had negative impacts on maintenance, technology, quality care and expansion of services in line with the increased demand for care.

Given the Tripartite is focused on achieving affordable and sustainable quality healthcare based on the concept of “care close to home”, it decided on the need to build a **New General Hospital** (hereinafter “The Project”).

A **turn-key Design, Build and Maintain** contract will build the new general hospital in St Maarten which includes all medical equipment, furniture and ICT infrastructure. The Project will be **financed** by (i) a consortium of private financiers (local pension funds and banks), (ii) a contribution from the St. Maarten Hurricane IRMA Reconstruction, Recovery and Resilience Trust Fund managed by the World Bank (registered as Project P167532) and (iii) own funds of the SMMC.

2.3. Project location

The new general hospital will be constructed on the same location as the existing hospital, Welgelegen Road 30 (known as Cay Hill). This location (hereinafter the SMMC location) has been zoned by Government as a Hospital. The land is owned by Government and SMMC has been given a long-term lease for the use of this land. Reference is made to figure 2.1 for the SMMC location.

The area adjacent to the current and new general hospital consists of mixed use of businesses, residencies and the following facilities:

- The Learning Unlimited School (LUS) located at Welgelegen Road #32, Cay Hill Dutch Caribbean, which is at the opposite of the new general hospital. The LUS is an US accredited school that provides the following classes (i) Kindergarten, (ii) Elementary school, (iii) Middle school and (iv) Upper School.
- The Asha Stevens Elementary School (ASES), located at Jackal Road #4 (Cay Hill) / Grapefruit Road #25 (St. Peters) which is also used as a public shelter and houses the Office of Disaster Management for post disaster management and administration.
- The island main Fire Brigade station that houses all essential equipment and communication facilities and fire trucks.
- The ambulance service which is the central station for the Island.
- The Raoul Illidge Sport Complex, and
- Several smaller public buildings like churches, community centre, sport schools etc.

The SMMC complex is very central and is accessible via three main roads:

- From Simpson Bay area via the G.A. Arnell Boulevard
- From Philipsburg area via Little Bay Road
- From Philipsburg area via the A.J.C. Brouwer Road.

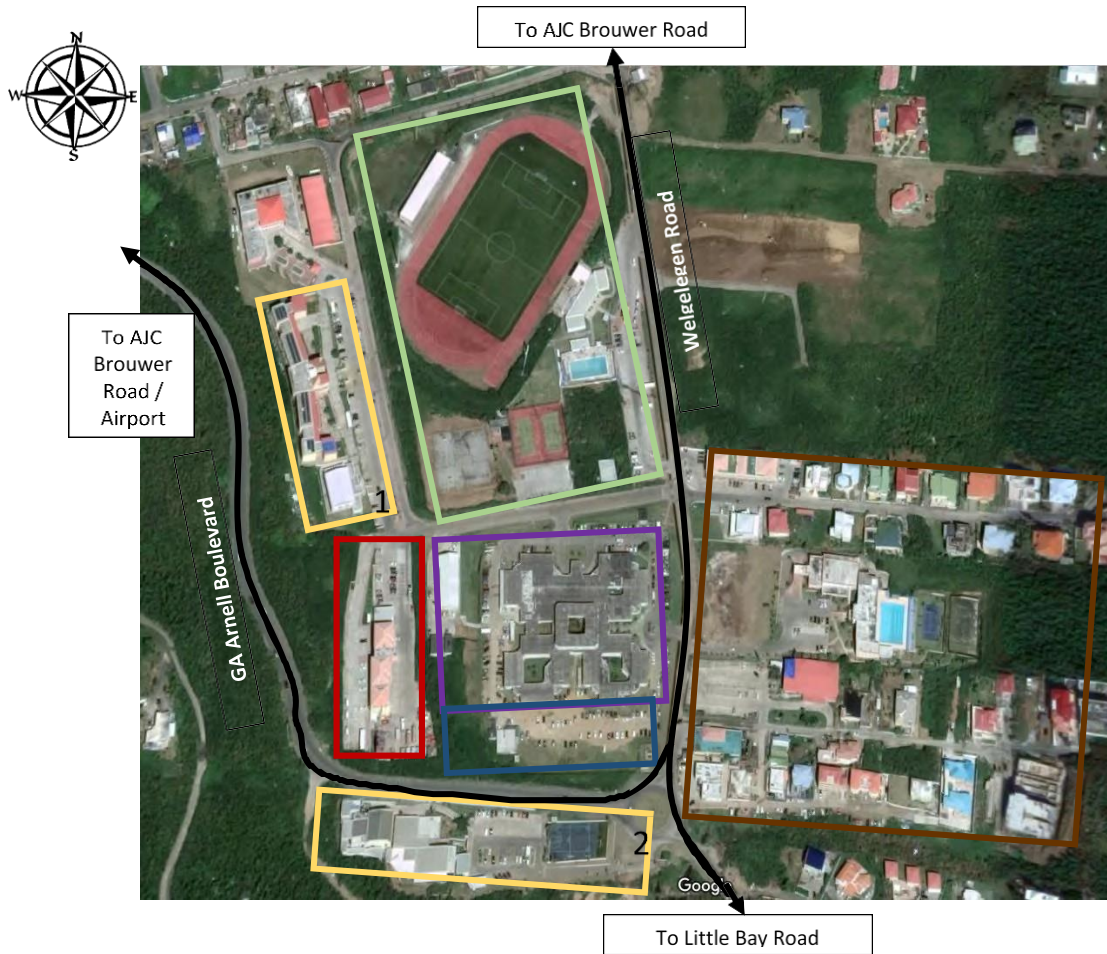


Figure 2-1: SMMC location including adjacent areas and main areas

- SMMC Existing Hospital
- SMMC New Main Building
- Fire Brigade and Ambulance Station
- Raoul Illidge Sport Complex
- 1) Asha Stevens Elementary School / Public Shelter / Disaster Management
- 2) Learning Unlimited School
- Offices / Residential area

2.4. Project components

The new general hospital Project, upon completion, will be a modern multiple service operational facility consisting of 110 beds.

The new general hospital Project includes the construction of the following components:

- The Main Building (MB) with 5 stories of each between 3.300 and 4.000 square meters,
- The Additional Wing (AW) with 3 stories of each approximately 1,000 square meters,
- A Technical Building (TB),
- General parking area,
- A Parking garage of 4 floors,
- A Heliport, and
- Supply and installation of medical equipment, furniture, backup power plant and all IT related equipment/network (medical).

The design is to incorporate the following departments and facilities:

- Surgery department
- Central equipment sterilization
- Treatment department (endoscopy)
- Emergency department
- Imaging
- Special care
- Inpatient
- Mother and child department
- Day care ward
- Dialysis
- Outpatient
- Administration, General Facilities, Laboratory, Pharmacy, Factory non-medical
- Option for medical tourism
- Technical area
- parking area for staff, patients and visitors
- Heliport
- Self-supporting back up power
- Waste Water Treatment Plant (WWTP)
- Grinder-Microwave system for medical waste treatment
- Retaining walls and drainage.

Appendix 1 contains several illustrations of the new general hospital.

2.5. Project activities

2.5.1. Construction Phase

The construction of the new Main Building will be undertaken while the existing Hospital is fully operational. This Main Building will be completed upon approval and certification of all medical services and equipment at the same time the existing hospital is in operation. After transfer of all medical services to the new general hospital facility, the existing building will be demolished. After demolition the construction of the “additional wing”, main entrance, parking lots, parking garage and heliport and landscaping will follow.

The Project will be constructed in four main phases:

Phase 1: Includes all the steps and processes to complete design, permitting and site preparation including the following:

- Preliminary design
- LEED submission
- Permit applications
- Soil investigation
- Site preparation and staging
- Demolition and construction of the new waste water treatment plant
- Final technical design

Phase 2: Construction of the new general hospital, which includes the Main Building and Technical Building, erected adjacent to the existing hospital. This phase includes also retaining walls, drainages, services and access roads and can be divided into the following sub phases:

- Construction of the Main Building and Technical Building

- New Building Commissioning certificate.

Figure 2-2: SMMC site configuration at the end of Phase 1



Phase 3: Demolition of the existing hospital. This phase can be divided into the following sub phases:

- Moving into the Main Building
- Demolition of Existing Hospital



Figure 2-3: SMMC site configuration at the end of Phase 2

Phase 4: Construction of the main entrance and other facilities. This phase can be divided into the following sub phases:

- Construction Main Entrance Main building
- Construction Additional Wing
- Construction new parking lot

- Construction Parking Garage
- Construction Heliport



Figure 2-4: SMMC site configuration at the end of Phase 3

Phase 1: Pre-construction design, permitting, and site preparation

Preliminary design

The pre-design of the new hospital considered not only additional capacity in terms of beds and ambulatory services, but also the need to incorporate new services, adding new diagnostic and treatment procedures, and new medical specialties. In September 2016, the selection process to hire a firm to design, construct and implement the new hospital was completed. This turn-key contract included full design of the new hospital, construction and equipment (medical and non-medical equipment), training (for equipment) and maintenance services for a 10-year period (with an option to extend the maintenance period for two additional periods of 5 years). By the time the complete design of the hospital was ready, damages caused by Hurricane Irma underlined the critical need for the new hospital to be designed with a structure and features that will increase the hospital's ability to withstand category 5 plus hurricane level winds (200mph+). These changes required an amendment to the existing turn-key contract (variation order) with the increased cost of the contract to allow for the required additional works, features and protections. The final detailed designs are still under preparation, but the preliminary designs were submitted for all building permit applications.

Building permits

A Building and Hindrance Permit have been submitted to the appropriate local authority (VROMI). The Building Permit is an authorization for construction based on the Building Ordinance or Zoning Ordinance and is issued by the Government of St Maarten before the construction of the new building can legally occur. This authorization also includes approval from several designated authorities (fire department, traffic police, aviation department etc.).

The Hindrance Permit is required for specific types of activities that can cause danger, damage and/or nuisance to the environment or the surroundings. It is tied to regulations designated to protect the environment and ensure safe and clean practices on St Maarten. These regulations prevent, and/or limit pollutions (soil, water, noise, air, and odour) and energy use. The Hindrance Permit is required for the Waste Water Treatment plant and the Generators, Transformers, Chillers, Air Compressors, Oxygen Generator, Steam Generators, Autoclave/Grinder, etc.

Soil investigation

The soil investigation consisted of Geotechnical and Hydrological investigations to provide sufficient data concerning the ground and the ground-water conditions at and around the construction site for a proper description of the essential ground properties and a reliable assessment of the characteristic values of the ground parameters to be used in design calculations. January 14, 2019 INSO / EXOFOR Report of Subsurface Exploration and Geotechnical Engineering Study.

Site preparation

Site preparation will include a limited number of preparation activities undertaken during a three-month period in the beginning of 2019. The activities include:

- Site fence & Access Construction
- Acoustic soundproof panel installation
- Construct new Waste Water Treatment Plant and connect to the existing Hospital
- Embankment excavation
- Clean existing drainage including slope to runoff rainwater
- Connect existing drainage to the main system along Welgelegen Road
- Construct concrete retaining wall and drain box
- Set-up a storage, security and deposit area
- Demolish existing Waste Water Treatment Plant
- Temporary installation of electrical, water and internet connections
- Install small temporary office
- Install truck wheel wash station with a silt trap reusable water system

This starts with SMMC relocating the current parking area which is now located on the new hospital construction area-relocating to where. Subsequently, INSO will install fencing to secure the construction site. Sound proofing panels will then be assembled along strategic locations on the fencing. Within the construction site, a small office will be installed for the contractor and labour facilities including adequate washroom, toilet facilities and a shaded rest area. This site will also be used to store equipment and materials for the first construction activities. Clear visible warning and security signs will be displayed in strategic locations to inform the public, hospital patients, visitors and staff about construction warnings and detours and fencing will be put up to ensure separation of the public from the on-going works. The site layout and activities for this preparation stage are presented in Appendix 1-1. The activities shown include the location of the construction fence, storage area, acoustic sound panels, embankment excavation, and the new concrete retaining wall and box drain. Also, the new temporary access road and security gate for worker and construction equipment access is designated. The new flow of hospital traffic, patient access, and emergency traffic is also designated.

Demolition and construction of waste water treatment plant

In the Cay Hill area there is no sewerage distribution network. Therefore, the existing hospital has its own waste water treatment plant (WWTP) on the SMMC location which is discharged to the pond at the other side of the Arnell Boulevard. The current WWTP is too small and will not meet the capacity requirements for the new hospital. Therefore, a new WWTP needs to be completed in the early stage of construction. Appendix 1 contains the location of the current WWTP and the new WWTP.

The new WWTP must be operational before demolishing the old one. The new and existing hospital need to be connected to the new waste water system. The design and specifications of this new system ensure that there will be no noxious odours around the hospital area.

Grinder-Microwave medical waste treatment Installation

SMMC recently installed a Grinder-Microwave system for the treatment of medical waste. This system allows to treat up to 500 litres of biomedical waste per hour in complete safety. Biohazardous waste is ground down by rotating blades and sterilized using microwaves and converted into municipal waste, reducing its volume by 80% and its weight by 25%. This environmentally friendly system will be relocated to one of the technical buildings behind the new hospital once the Main Building goes operational.

Please refer to Appendix 6 SMMC Waste Protocol.

Final technical design

In the final design INSO will provide detailed floor plans and room layout for all departments, and complete mechanical, electrical and plumbing drawings. All drawings will include layout calculations and specifications needed for construction and designate the sequence of construction.

LEED design submission

As part of the requirements for the New General Hospital a LEED (Leadership in Energy and Environmental Design) certificate has to be obtained. LEED requires certain building standards and is ranked by points: Certified 40-49 points, Silver 50-59 points, Gold 60-79, and Platinum 80+ points. The Project was required to meet at least the certified level. The current design has been indicated by a LEED specialists' firm at 49 points. However, additional efforts are being made to reach the silver level. An independent party with both experience in the Caribbean and with hospital projects will be contracted to complete the LEED submission and ensure the desired certification is acquired. The steps to acquire LEED certification is detailed in Figure 2-5.

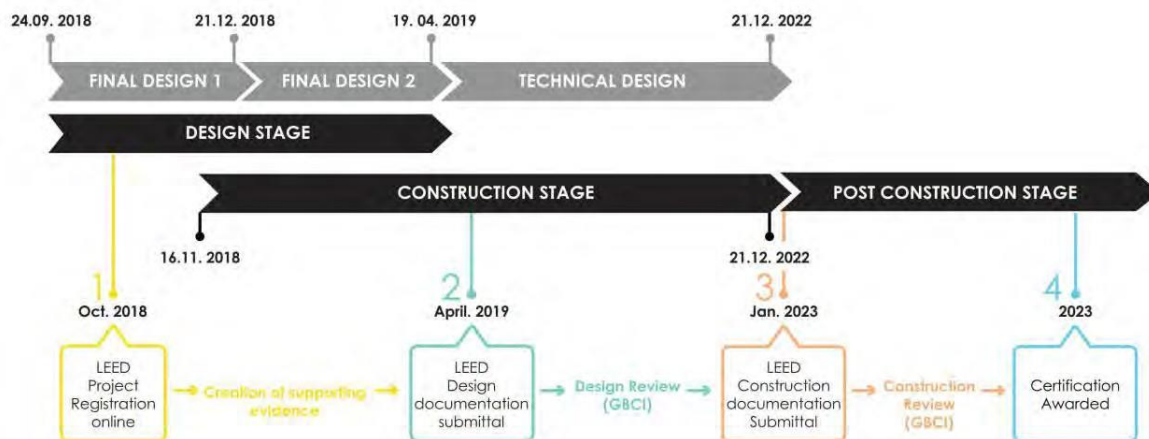


Figure 2.5 Planning of the LEED Certification Process

Phase 2: Construction of the Main Building and Technical Building

The construction of the Main Building will commence in early 2020 and will be ready for use in the second part of 2022. The Main Building will be constructed at the existing parking lot at the west side of the SMMC location. Parking for employees, patients and visitors will be diverted to alternative location controlled by SMMC. The Main Building will be 5 stories high consisting of 4 functional floors of average 3.600 square meters per floor plus one floor for technical equipment. The equipment on the roof (chillers, solar panels) will be protected against hurricane winds and debris by a metal cage. All windows will be constructed of hurricane proof glass and all glass and doors are covered by hurricane shutters.

This phase includes the procurement and installing of all medical equipment, beds, furniture and ICT network/terminals. The Main Building has two large patios to ensure that all rooms with a public function have daylight access. These patios will also be used as a recreational area for patients, visitors and employees.

In order to maximize the functionality of the new general hospital, the Main Building will be built as close as possible to the existing hospital that will remain in operation during construction. Adequate measures will be taken by the contractor to avoid dust and noise nuisance as much as possible.

The new general hospital is designed for wind forces of 200 miles per hour and is protected against earth quakes, (up to an earthquake with a magnitude 6 on the Richter scale), by using base Isolators. As protection against flooding, the SMMC location is connected to the existing large storm drains. In order to protect the SMMC location for erosion, retaining walls will be constructed at the west side of the SMMC location.

The Main Building will have separate entrances for public (patients, visitors, employees), logistic and emergency traffic. When the Main Building will become operational in 2022 there will be temporary main entrance at the West side of the Main building. After demolishing of the existing hospital, the temporary entrance will be reallocated to the east side. The final entrance will be built at the east side of the Main Building together with the Additional Wing.

A separate Technical Building will be constructed for:

- The connection to the electricity grid based on two individual power lines;
- To house the hospital dedicated set of backup generators including storing capacity for fuel for at least 7 days.

The tanks for the water storages (at least 7 days' supply) will be located in the basement of the Main Building.

The contractor (and its subcontractors, suppliers) are responsible for providing adequate training to SMMC personnel for the use of new equipment (medical and technical). The contractor will be responsible for the maintenance (including replacement) of the new general hospital and all technical and medical equipment.

New Building Commissioning certificate

Before SMMC can use the new general hospital, the following inspections need to be executed:

- Technical inspection of the Buildings and testing of all (medical) equipment by SMMC's engineer and specialized advisors (medical, security etc.)
- Inspection by the various departments of the Government amongst others the fire department, traffic department, VROMI etc.
- Inspections by the (independent) Medical Inspectorate (Ministry of Health)
- SMMC acceptance

Phase 3: Moving into the Main Building and Demolition of Existing Hospital

Commissioning patients to a new general hospital is a complicated logistical process which will be prepared well in advance by SMMC supported by a specialized company. The new general hospital is turnkey Project with all new equipment which reduces the operational issues to a large extent.

Demolition of the existing hospital

After the Main Building is fully operational the existing hospital will be demolished whereby the construction debris will be transported to the Island dump. The demolition and the transportation of debris will be executed under the stipulations of this ESMP.

Phase 4: Construction of the Main Entrance and Other Facilities

The Main entrance (north side) can only be constructed after the demolition of the existing hospital as the entrance will be built on the location of the existing hospital.

Construction of the Additional Wing

The Additional Wing will have 3 stories of approximately 1,000 square meters each. On top of the top floor there will be some technical equipment which will be protected for hurricane winds and debris by a cage. There will be one central patio for daylight access. The technical construction and the use of the materials of the Additional Wing are similar to the Main Building. In this phase only the ground floor will be fully furnished. The other two floors will be constructed based on a core and shell principle. SMMC will develop a business case for the use of these floors in the second half of 2019.

Construction of the new parking area

Parking is important as many employees, patients and visitors will come by car as public transportation is very limited to Cay Hill. Based on the stipulations of VROMI, there is a minimum ratio of 2.5 parking spots per 100 square meters GFA. Based on the projected size of the Main Building and the Additional Wing, this results in a minimum of 439 parking spots of which 343 will be created at the new parking area. The remaining 96 parking spots will be located in the multilevel parking garage. SMMC has developed a parking plan to secure safe walking and parking which includes a separation between parking for employees and patient/visitors.

Construction of the Parking Garage

As there is no sufficient parking space at the parking area, a Parking Garage of 4 floors will be constructed on the North West side of the SMMC location. In addition to the 96 mandatory parking spots, SMMC will construct approximately another 100 parking spots for possible future developments in the Additional Wing.

Although there are currently only a limited number of electric cars on St. Maarten, the Parking Garage will be equipped with 4 chargers for electric cars with the possibility to expand on a demand base.

Construction of the Heliport

SMMC also supports the secondary care on the two sister islands; Saba and St. Eustatius. For emergency transportation, the new general hospital will be equipped with a Heliport. The helicopter is stationed in Saba and the Heliport will only be used for emergency transportation to drop off and or pick up patients. Patients will be transported by ambulance from the Heliport to the emergency entrance of the Hospital. For safety reasons there will be no refuel facilities at the Heliport at the SMMC location. For refuelling the helicopter will fly to the Princess Juliana International Airport in St. Maarten.

2.5.2. Operation phase

The new general hospital will be able to provide approximately 84% of the basic specialties, increase the number of beds from 66 to 110 and expand specific areas to provide more outpatient surgeries and other ambulatory services. In addition, there will be new diagnostic and treatment procedures including new medical specialties like Urology, Ophthalmology,

Pulmonology, Orthopaedics and Neurology. Approximately 300 FTE (full time equivalent) are currently employed by the SMMC which will be increased to 400 FTE when the new general hospital is operational.

In addition to these attributes, the new general hospital will:

- Meet international healthcare quality standards of the Joint Commission International (JCI)¹ through a rigorous certification program
- Operate in an energy efficient and environmentally friendly and sustainable manner through compliance with LEED (Certified or Silver)
- Be earthquake and hurricane resistant (category 5 plus hurricane level winds (200mph+))
- Be expandable in the future, within the limits of the current location.

The turnkey Design Build and Maintenance contract also ensures the Contractor will perform according to the requirements within the DBM contract. The Contractor will provide preventive maintenance, corrective maintenance and replacement maintenance. In addition, the current SMMC maintenance program (inclusive of administration and staffing) will be integrated in the new DBM maintenance contract. This operational service contract will be valid for a ten (10) year period with two optional periods of five (5) years each.

2.6. Project planning

The planning for this new general hospital Project started in 2015. INSO, the selected contractor, started working on the preliminary design in 2017 and submitted the Building Permit on August 7, 2018. The Phase 1 site preparation is scheduled to start in November 2019 and the construction phase of the Project is expected to be completed in July 2023. A more detailed time schedule is provided in Figure 2-6.

Time Schedule Design and Construction Process New General Hospital St. Maarten	2018			2019				2020		2021		2022		2023	
	Oct.	Nov.	Dec.	Qtr 1	Qtr 2	Qtr 3	Qtr 4	Jan - Jun	Jul - Dec	Jan - Jun	Jul - Dec	Jan - Jun	Jul - Dec	Jan - Jun	Jul - Dec
Phase 1 Construction of the New Hospital															
Soil Investigation															
Site Preparation															
Demolition / Construction Waste Water Treatment Plan															
Final Design															
LEED Design Submission															
Construction Main Building															
New Building Operation Certificate															
Phase 2 Demolition Existing Hospital															
Moving into New Hospital															
Demolition of New Hospital															
Phase 3															
Construction Main Entrance Main Building															
Construction Additional Wing															
Construction New Parking Area/Green Works															
Construction Helicopter Platform															

Figure 2-6: Project planning

2.7. Project workforce

The construction for the new general hospital will require a relatively small work force (100-130 workers) across skilled and unskilled workers. As far as possible, unskilled workers who consist of the largest work force contingent will be locally contracted. Special skilled labourers and professionals are expected to be temporarily on the island for various stretches of time during construction. Consequently, there will be no worker camp or special worker housing compounds, since these workers will live in accommodations around Phillipsburg and its outskirts. SMMC, contractors and the Project supervisor have been made aware of the provisions of the World Bank Guidance on Managing the Risks of Adverse Impacts on Communities from Temporary Project Induced Labour Influx. In collaboration with the World Bank safeguards specialists assigned to the Project there is agreement that the worker living and working arrangements are not per se conditions required to be applied for this Project. Nonetheless, INSO and the Project supervisor will apply relevant provisions of the HSE Plan covering worker conduct, behaviour and social interaction rules.

¹ The Joint Commission International identifies, measures, and shares best practices in quality and patient safety. JCI provides leadership and innovative solutions to help health care organizations across all settings improve performance and outcomes. JCI is the oldest and largest standards-setting and accrediting body in health care in the United States.

3. ENVIRONMENTAL AND SOCIAL IMPACTS AND RISKS

The environmental and social management issues per se are not substantial in this Project. One of the risk factors identified in the early stages of the overall Hurricane Irma Recovery Program, is that the Government of St Maarten is a new client to the World Bank and is being introduced to the World Bank Environmental and Social Safeguards for the first time. In addition, the Project has been prepared under condensed procedures in a post-hurricane environment.

3.1. Applicable World Bank Safeguard Policies

This Project has been classified as a Category B Project, as documented in the World Bank Project Information Documents / Integrated Safeguards Datasheet (PID/ISDS) issued in June 2018. Based on early scoping of the Project by World Bank environmental and social specialists, there are only two World Bank safeguards policies triggered as explained below.

Safeguard Policies	Explanation
Environmental Assessment OP/BP 4.01	This policy is triggered and the proposed Category B classification is based on the proposed investments that will finance construction of the new general hospital and rehabilitation of the existing damaged hospital. These works are expected to be of moderate impact generating localized environmental impacts due to the Project- financed activities. These impacts will include debris management, soil stabilization and erosion control, noise and traffic management and worker’s health and safety, and the management of hospital/hazardous waste that can be identified, mitigated, and managed by following the Government Requirements and the General World Bank Group Environmental, Health, and Safety (WB EHS) Guidelines and the Specific Industry WB EHS Guidelines for Health Care Facilities. The Project will prepare an Environmental and Social Management Plan (ESMP) to be consulted and disclosed before the start of works as considered by the Safeguards Action Plan of the PAD. Given the lack of client experience with WB safeguards, the ESMP will include provisions for training and capacity-building early-on to avoid delays related to screening and environmental and social management planning as necessary.
Pest Management OP/BP 4.09	While the Project does not expect to utilize or purchase pesticides, this policy is triggered on a precautionary basis since existing or new structures may need rodent/pest control.

Table 3-1: E&S Safeguards Triggered

The Project’s overall potential socio-environmental impacts are positive for the entire Dutch side of the island and adjacent islands. In addition to the expansion in the scope of services, the new general hospital will: (i) increase capacity from 66 to 110 beds; (ii) have 4 operating theatres and larger areas for ambulatory care, including a new flow of patients for ambulatory surgery; (iii) include critical characteristics to increase the resiliency of the hospital (external protection to withstand category 5 plus hurricanes, installation of modern and safe medical gas, greater storage capacity for having supplies for longer periods, underground communication through fiber optic capability, and a landing platform for helicopters for the transport of trauma patients, etc.).

Environmental impacts are limited to the life of the construction process and result directly from construction activities. Compliance with OP 4.01, Environmental Assessment OP/BP, will be accomplished by the application of relevant clauses in construction contracts designed to mitigate the potential impacts identified. The details of these measures are found in the subsequent descriptions of the INSO HSE Plan and the specific Project Management Plans.

The Project activities do not trigger OP 4.12 Involuntary Resettlement. The construction of the new general hospital, financed by the Project, will take place on public land free of occupants and not in use for any type of activities, and does not involve any involuntary resettlement. It is part of the land of the existing hospital and its public ownership is not contested. Potential adverse social impacts include: worker safety in the construction activities; safety of patients and staff using the current hospital facility while the current hospital is being used; the management of labour coming from outside St Maarten; community health and safety.

3.1.1. ESMP Process, Consultation, and Review Process

Several steps have been followed in the ESMP development, submissions and review. These are summarized below.

- Specialists across environment and social safeguards teamed with the SMMC staff to contribute to the ESMP
- A first consultation was held at SMMC on November 26, 2018
- A World Bank environmental safeguards specialist reviewed the ESMP
- The Preliminary ESMP was posted on the SMMC websites for public review and comment
- The ESMP was disclosed also on the World Bank website

3.2. Assessment of Environmental and Social Impacts and Risks

3.2.1. Approach for impact and risk assessment

In this section each of the Project components and associated activities are assessed for potential environmental and social impacts and risks. There is a defined Area of Influence that is considered the “direct impact” zone. In this area the Project activities are assessed to determine any direct and indirect impacts between the Project and its environment resources and people, communities and businesses. The ESIA also predicts and quantifies to the extent possible the magnitude of impacts and risks for each of the Project activities. For this ESIA magnitude of impacts and risks are based on the following considerations:

- Type of impact (i.e., direct, indirect)
- Nature of the change (what is affected and how)
- Size, scale, or intensity
- Duration and/or frequency (e.g., temporary, short term, long term, permanent)

The magnitude describes the actual change that is predicted to occur and in the case of adverse impacts is ranked from low, medium to high. It is also imperative to identify positive impacts. The Environmental and Social Impact and Risk Assessment matrix is presented in Table 3.2. It is important to clarify that this assessment is considered “preliminary” and will need to be updated once the final design with all detailed construction details is completed.

Table 3.2 New General Hospital Components and Activities Environmental and Social Impact and Risk Assessment Matrix*

* + represents positive impacts or risks and – is negative impacts or risks

Phase 1. Preconstruction design, permitting and site preparation		
New General Hospital Activities	Environmental and social impacts/risks	Mitigation Measures
<p>1.1 Soil Investigation</p> <ul style="list-style-type: none"> • Geotechnical & hydrological investigations • Identify specific soil substrate and groundwater conditions for detailed construction planning 	<p><u>Environmental</u></p> <ul style="list-style-type: none"> + Provides better understanding of baseline conditions <p><u>Social</u></p> <p>No significant impacts, as working hours will be coordinated with nearby offices and it is for a limited time</p>	
<p>1.2 Site Preparation</p> <ul style="list-style-type: none"> • Relocation of current parking area • Build new access road and security gates • Install fencing • Install sound barriers • Install office facility and worker facility • Establish storage area for equipment and materials • Embankment excavation • Build new retaining wall and box drain <p>Apply INSO Health, Safety & Environment Plan Rev.04 Design & Construction Phase</p>	<p><u>Environmental</u></p> <ul style="list-style-type: none"> - air emissions from machinery and vehicles - noise from construction and equipment - demolition debris - oil and lubricant discharge from equipment + Sound barriers reduce noise + Fencing creates secure area <p><u>Social</u></p> <ul style="list-style-type: none"> - traffic interruption along adjacent roads - disruption to local schools, businesses and households in the Aol + SMMC & INSO advertise and conduct community outreach + Establish GRMs 	<ul style="list-style-type: none"> - Equipment to be turned off when not in use. - Equipment regularly maintained - Low sulphur diesel fuels to be sourced. - Waste will be removed regular from site - Site sanitary facilities to be cleaned and sanitized regular <ul style="list-style-type: none"> - Ensure that approved traffic control measures are established, implemented and executed according to plan. - Continuously monitor to ensure acceptable performance and apply additional measurements if noise levels exceeded.

<p>1.3 Demolition and Construction of the WWTP</p> <ul style="list-style-type: none"> • Remove current WWTP • Build new WWTP • Hook up and operate new WWTP <p>Apply INSO Health, Safety & Environment Plan Rev.04 Design & Construction Phase</p>	<p><u>Environmental</u></p> <ul style="list-style-type: none"> - air emissions from machinery and vehicles - noise from construction equipment - demolition debris - oil and lubricant discharge into canal waters from repair equipment <ul style="list-style-type: none"> + Allows uninterrupted operation of WWTP + Apply S INSO Health, Safety & Environment Plan Rev.04 Design & Construction Phase <p><u>Social</u></p> <ul style="list-style-type: none"> + WWTP design reduces noxious odours 	<ul style="list-style-type: none"> - Equipment to be turned off when not in use. - Equipment regularly maintained - Low sulphur diesel fuels to be sourced. - Waste will be removed regular from site - Perform repairs at proper location not close to drains and open water
<p>1.4 Permit Applications and Final Designs</p>	<p><u>Environmental</u></p> <p>No significant impacts, as this administration will be done in timely manner.</p> <p><u>Social</u></p> <p>No significant impacts, as this administration will be done in timely manner</p>	

Phase 2. Construction of the Main Building and Technical Building		
New General Hospital Activities	Environmental and Social impacts/risks	Mitigation Measures
<p>2.1 Main building construction 2.2 Technical building construction</p> <p>Apply all INSO Management Plans</p>	<p><u>Environmental</u></p> <ul style="list-style-type: none"> - air emissions from machinery and vehicles - noise from construction equipment - construction waste - oil and lubricant discharge from equipment <p><u>Social</u></p> <ul style="list-style-type: none"> - worker activities around current hospital operations - traffic interruption along adjacent roads - disruption to local schools, businesses and households in the AoI 	<ul style="list-style-type: none"> - Equipment to be turned off when not in use. - Equipment regularly maintained - Low sulphur diesel fuels to be sourced. - Waste will be removed regular from site - Perform repairs at proper location not close to drains and open water - Ensure that approved traffic control measures are established, implemented and executed according to plan. - Ensure stakeholder engagement plan is followed
<p>2.3 New General Hospital commissioning</p>	<p><u>Environmental</u></p> <p>No significant impacts, as systems will be tested before utilizing</p> <p><u>Social</u></p> <ul style="list-style-type: none"> - challenges in coordinating all changeover to NGH + Modern new and improved facility providing better services 	<ul style="list-style-type: none"> - Ensure transition plan is in place and followed

Phase 3. Moving into the Main Building and Demolition of Existing Hospital

<p>3.1 Transfer of all operations into new building</p>	<p><u>Environmental</u> No significant impacts, as it is related to moving current operations.</p> <p><u>Social</u> - challenges in coordinating all changeover to NGH + Modern new and improved facility providing better services</p>	<p>- Ensure transition plan is in place and followed</p>
<p>3.2 Demolition of existing hospital Apply all INSO Management Plans</p>	<p><u>Environmental</u> - air emissions from machinery and vehicles - noise from construction equipment - demolition debris - oil and lubricant discharge from equipment</p> <p><u>Social</u> - worker activities around current hospital operations - traffic interruption along adjacent roads - disruption to local schools, businesses and households in the AoI</p>	<p>- Equipment to be turned off when not in use. - Equipment regularly maintained - Low sulphur diesel fuels to be sourced. - Waste will be removed regular from site - Perform repairs at proper location not close to drains and open water</p> <p>- Ensure that approved traffic control measures are established, implemented and executed according to plan. - Ensure stakeholder engagement plan is followed</p>

Phase 4. Construction of the Main Entrance and Other Facilities

New General Hospital Activities	Environmental and Social impacts/risks	Mitigation Measures
<p> 4.1 Build main entrance 4.2 Build additional wing 4.3 construct new parking area 4.4 construct new parking garage 4.5 build heliport </p> <p>Apply all INSO Management Plans</p>	<p><u>Environmental</u></p> <ul style="list-style-type: none"> - air emissions from machinery and vehicles - noise from construction equipment - demolition debris - oil and lubricant discharge from equipment <p><u>Social</u></p> <ul style="list-style-type: none"> -worker activities around current hospital operations - traffic interruption along adjacent roads - disruption to local schools, businesses and households in the Aol 	<ul style="list-style-type: none"> - Equipment to be turned off when not in use. - Equipment regularly maintained - Low sulphur diesel fuels to be sourced. - Waste will be removed regular from site - Perform repairs at proper location not close to drains and open water <ul style="list-style-type: none"> - Ensure that approved traffic control measures are established, implemented and executed according to plan. - Ensure stakeholder engagement plan is followed

4. ORGANIZATION

4.1. Roles and responsibilities

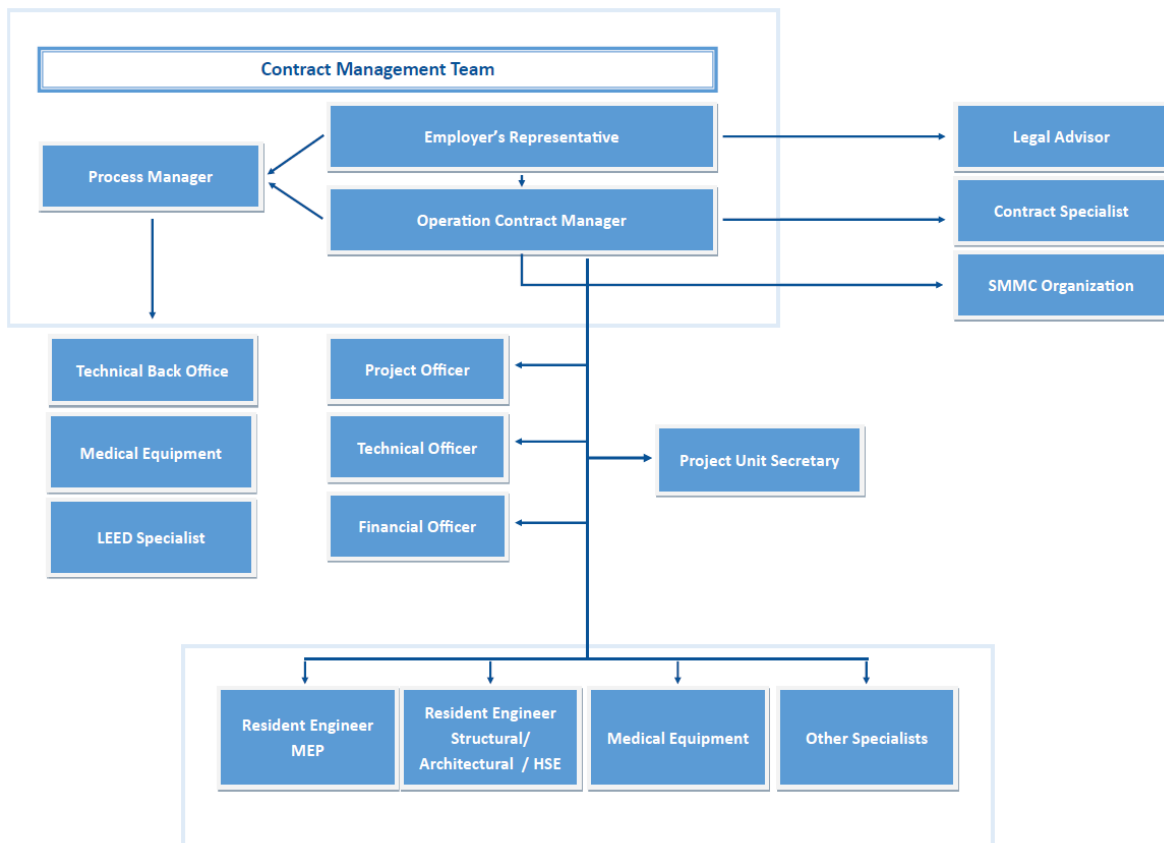
4.1.1. SMMC

SMMC is committed to provide resources essential to the implementation and control of the ESMP.

Resources include the appropriate human resources and specialised skills. SMMC will have dedicated personnel competent on the basis of appropriate education, training, and experience that will manage and oversee the E&S aspects of the Project.

Table 4-1: Roles, responsibilities and contact details

Position	Responsibilities	Name
Director	Oversee and coordinate all activities pertaining to the Project; ultimately responsible for EHS. Ensure delivery by the Project of its EHS and operational targets. Ensure effective communication with all stakeholders.	Kees Klarenbeek
Operations Manager	Technical aspects of the Project including Contractor supervision during operations. Responsible for the execution of Emergency Response Plan.	Erika van der Horst
Construction Manager	Technical aspects of the Project including Contractor supervision during construction.	Erika van der Horst
EHS Manager	Ensuring that the Project and Contractor operate in accordance with the applicable regulatory environment, health and safety requirements and plans. Monitor implementation of environmental and social protection measures.	Erika van der Horst
Community Liaison Officer (CLO)	Liaise with local communities and government regulators on the Project's behalf. Implement EHS awareness and education programmes with communities.	Janneke Lok



4.1.2. Contractor

SMMC selected INSO as the Design Build and Maintain (DBM) Contractor („the Contractor“) for the Project, according to commercial, technical, quality assurance and its past performance on EHS standards so as to satisfy SMMC’s requirements and policies.

Scope of the Contractor is to Design, Build and Maintain for 20 years (10 years plus an option for another 5+5 years) the Project components mentioned in 0.

Contractor is made responsible for:

- To Design Build and Maintain the Project according to SMMC’s requirements,
- Inventory of all required Permits (see section 4.2.1 for details) etc.,
- Making the Project compliant to all Permit Requirements,
- Reporting to the SMMC on the progress regarding Permits etc.

Obligations of the Contractor regarding health and safety management as included in the Process Requirements of SMMC include:

- Applying an HSE management system.
- All activities required under the National Safety Ordinance and the Safety decrees I, II and III.
- Appointing HSE coordinators and attending the HSE coordination meetings / events.
- The preparation and implementation of an HSE plan, HSE file and emergency plan.
- Organising the relevant HSE instruction (training) and induction for employees, assistants, staff and visitors to the construction site.
- Implementing risk management to benefit health and safety.
- Recording and handling of incidents and (near) misses and accidents.

During the Operation Service Period, the Contractor’s role is to ensure and prove that the Permanent Works (e.g., building, fixed furniture, medical equipment, inventory and terrain) keep performing according to SMMC’s requirements at all times ensuring continuous health care services.

INSO will assign an HSE Manager whose responsibility is to ensure that environment, health and safety regulatory requirements are met and that ESMP requirements are properly implemented.

4.1.3. Regulatory agencies

Several GoS agencies have direct responsibility for this Project. They include VROMI, (public Works), and VSA (Department of Health and Social Services). These agencies will work closely with SMMC to ensure compliance with all building and operational requirements.

Principal Agencies Providing Support under the ESMP

Table 4-2: Principal Agencies Providing Support under the ESMP

Agency	Agency Role
VROMI	National public works agency. Responsible for preparation of technical specifications for construction related contracts. Provides inspection and supervision services for all works. Includes the national solid waste management department.
GEBE	National company for the provision of water and electricity for St. Maarten. Responsible for preparation of technical specifications for construction related water and power infrastructure. Also provides supervision services for construction activities in the utility sectors

VSA- Department of Health	Statutory authority in charge of occupational and public health. Also in charge of the screening of social eligibility criteria of the roof repairs program.
MECYS – Ministry of Education, Culture, Youth and Sports	Counterpart agency for historic preservation and archaeological concerns

4.1.4. Employer’s Representative (ER)

SMMC selected DZFAS and Royal HaskoningDHV to act as Employer’s Representative and support SMMC during the design, construction and first year of operation of the Project.

The Employer’s Representative will provide the following support to SMMC regarding the ESMP implementation:

- Review of the design, working methods, materials, risk registers and specific management plans developed by the Contractor for the pre-construction and construction and maintenance activities. This review includes several predefined documents to be provided by the Contractor as listed in SMMC’s process requirements (including e.g., Project Management Plan, Final Design, Construction Plan, Contractor HSE plan, Verification Plan, Construction Work Inspection Plan, detailed time schedules for all Project phases). Approval of these documents by SMMC is required before the Contractor is allowed to carry out the related activities.
- Site supervision during construction activities. SMMC’s contract manager and two dedicated site supervisors will monitor if the contractor carries out all works according to the approved documents and management plans. This includes HSE supervision. Contractor is required to proof compliancy to all requirements following the approved Verification Plan and Construction Work Inspection Plan. Verification, audit plan and weekly site meeting between SMMC, Employer’s Representative and Contractor will also cover HSE performance.
- Review of the specific management plans developed or updated by SMMC for the operation and maintenance of the new general hospital.

4.1.5. The World Bank

The World Bank will provide the necessary implementation support, including by bringing in international expertise where relevant, providing hands on guidance and training to ensure: (i) SMMC’s knowledge and understanding of Bank safeguards instruments; (ii) that counterparts have the capacity to undertake environmental and social analyses and develop mitigation approaches; and (iii) regular and close implementation support during the terms of the Grant. This implementation support will be provided through regular interactions, implementation support missions, and thematic review missions if required.

4.2. Institutional arrangements (permitting)

This section presents the permits and clearance required before the start of construction, during construction and operation.

4.2.1. Construction Permits

A Building Permit (BP 200-18), Demolition Permit and Hindrance Permit (HP 2018-06) were obtained from the appropriate local authority (VROMI) in November 2018. The **Building Permit** is an authorization for construction or development, based on the Building Ordinance or Zoning Ordinance and is issued by the Government of St Maarten before the construction of the new building can legally occur. This authorization includes the approval from Local Authorities (fire department, traffic police, aviation department etc.).

The **Hindrance Permit** is required for specific types of activities that can cause danger, damage and/or nuisance to the environment or the surroundings. It is tied to regulations which are meant to protect the environment and ensure safe and clean practices on St Maarten. The regulations generally pertain to regulate, prevent, and/or limit pollutions (soil, water,

noise, air, and odour) and energy. A Hindrance Permit is required for the Waste Water Treatment plant and the Generators, Transformers, Chillers, Air Compressors, Oxygen Generator, Steam Generator, Autoclave/Grinder, etc.

The **Demolition Permit** is required for both the existing Waste Water Treatment Plant (WWTP) and the demolition of the existing Hospital. Goal of the permit is to limit impact of the activities on the living- and working environment for the public and ensure that demolished materials are disposed of according to regulations.

4.2.2. Operation

The Department of Public Health has issued a **Permit (Nr 11777)** to procure medical equipment and construct new general hospital.

4.3. Training, awareness and competency

Both SMMC and Contractor will identify, plan, monitor, and record training needs for personnel whose work may have a significant adverse impact upon the environment or social conditions. The Project recognises that it is important that employees are aware of the Project's environmental and social management plans including potential impacts of their activities and specific roles and responsibilities to comply with these plans and procedures.

Employee training will include awareness and competency with respect to:

- Environmental and social impacts that could potentially arise from their activities;
- Necessity of conforming to the requirements of the ESMP (including its specific Management Plans and Procedures), in order to avoid or reduce those impacts; and
- Employee roles and responsibilities across all these plans and procedures.

The EHS Manager is responsible for coordinating training, maintaining employee-training records, and ensuring that these are monitored and reviewed on a regular basis. The EHS Manager will also periodically verify that staff is performing competently through discussion and observation.

Employees responsible for performing site inspections will receive training by drawing on external resources as necessary. Training will be coordinated by the EHS Manager prior to commissioning of the facilities. Upon completion of training and once deemed competent by management, staff will be ready to train other people.

The Contractor HSE Training Program will be subject to consent by SMMC and it will be audited to ensure that:

- Training programs are adequate;
- All personnel requiring training have been trained; and
- Competency is being verified.

4.4. Communication and stakeholder engagement

As part of the existing hospital operations, SMMC maintains a formal procedure for communications with the regulatory authorities. A client panel is also in place as well as a Complaints Policy and Procedure. SMMC developed a Stakeholder Consultation and Engagement Plan for the Project, first for the Construction Phase and then for the Operation Phase. The EHS Manager will be responsible for communication of E&S issues to and from regulatory authorities whenever required. The CLO will be responsible for communication with communities.

Meetings will be held, as required, between SMMC, INSO, the employee's representative, subcontractors and the appropriate regulatory agency and community representatives to review EHS performance, areas of concern and emerging issues. Meetings will also be held regularly with stakeholders to be kept up to date on project activity. All such meetings shall be properly documented with the proceedings made available to the public.

4.5. Documentation

SMMC will manage the EHS reports, management plans, associated procedures, and checklists. All records will be kept on site and will be backed up and stored in a secure cloud site. Records will be kept in both hard copy and soft copy formats and all records will be archived for the life of the Project.

Furthermore, the document control procedure will describe the processes that the Project will employ for official communication of both hardcopy and electronic (through the internet) document deliverables. In addition, it will describe the requirement for electronic filing and posting and for assignment of document tracking and control numbers (including revision codes).

The EHS Manager is responsible for maintaining a master list of applicable EHS documents and making sure that this list is communicated to the appropriate parties. The EHS Manager is responsible for providing notice to the affected parties of changes or revisions to documents, for issuing revised copies and for checking that the information is communicated within that party's organisation appropriately.

The subcontractors will be required to develop a system for maintaining and controlling its own EHS documentation and describe these systems in their respective EHS plans.

4.6. Management of change

Changes in the Project may occur during final design, commissioning or even operations. The Project will implement a formal Variation Procedure that applies to all Project activities.

The objective of the procedure is to ensure that the impacts of changes on the environment and health and safety of workers and communities are identified and assessed prior to changes being implemented.

The management of change procedure will ensure that:

- Proposed changes have a sound technical, safety, environmental, and commercial justification;
- Changes are reviewed by competent personnel and the impact of changes is reflected in documentation, including operating procedures and drawings;
- Hazards resulting from changes that alter the conditions assessed in the present ESMP have been identified and assessed and the impact(s) of changes do not adversely affect the management of health, safety or the environment;
- Changes are communicated to personnel who are provided with the necessary skills, via training, to effectively implement changes; and
- The SMMC EHS Manager accepts the responsibility for the change.

Significant design and procedural changes will also be updated in each appropriate Management Plans. The environmental, social and engineering feasibility and cost considerations will be taken into account when choosing between possible alternatives.

4.7. Operational controls

As indicated in the table 3-2, and in Appendix 2, all potential impacts identified in the present ESMP have mitigation measures that specifies appropriate procedures, work instructions, best management practices, roles, responsibilities, authorities, monitoring, measurement and record keeping provisions. These Operational Controls will be monitored for compliance and effectiveness on a regular basis through the designated monitoring and auditing processes described in Section Error! Reference source not found.

4.8. Emergency preparedness and response

4.8.1. SMMC

SMMC has an Emergency Disaster Preparedness Plan (EDP) (SMMC document reference no. 116) in place to identify the potential for, and response to, environmental accidents and health and safety emergency situations and for preventing and mitigating potentially adverse environmental and social impacts that may be associated with them.

The EDP is covering the following disaster scenarios: hurricane, tornadoes, earthquakes, tsunamis, mass casualties accident (air crashes, maritime accidents and road traffic accidents), structure fire (code red), gas rupture/exploration (code grey), hazardous material incidents – biological and chemical (code brown), civil disorders, barricaded suspect/hostage situation, bomb incidents (code black).

Emergency preparedness and response is being reviewed by SMMC on at least every two years and after the occurrence of any accidents or emergency situations to ensure that lessons learnt inform continuous improvement. The EDP will be updated for the new general hospital upon completion of final design and before the new general hospital is commissioned.

Emergency exercises are and will be undertaken on a regular basis to confirm adequacy of response strategies. Investigations of accidents or incidents will follow formal documented procedures.

4.8.2. Contractor

INSO has developed a Hurricane Plan for the Construction Phase, which is included in the HSE plan (Appendix 5). This will be aligned with the SMMC EDP plan. INSO will also prepare as part of its HSE Plan a Section on Emergency Preparedness and Response covering other emergency scenarios identified in its risk assessment for the Construction Phase.

4.9. Checking and corrective actions

These actions discussed below include inspections, monitoring as well as audit activities to confirm proper implementation of mitigations and enhance measures proposed in the ESMP. Corrective actions include response to improper activities, non-compliances, and non-conformance. These actions also include measures to improve performance.

4.9.1. Monitoring and verification

Monitoring will be conducted to ensure compliance with the ESMP. Monitoring and verification indicators are detailed in the ESMP table provided in Appendix 2.

4.10. Monitoring of Contractors Performance

During the Construction phase and the first year of Operations, the Employer's Representative will monitor the Performance of the Contractor as described in section 4.1.4.

During the rest of the Operational Service Period, SMMC will take over that role and monitor the performance of INSO's maintenance activities as follows:

- SMMC Supervisor will review the performance of the works of the Contractor, and
- SMMC Contract Manager will monitor the performance of the Contractor in relation to the management plans (requirements, impact to the healthcare processes, and the level of cooperation).

The proposed frequency of monitoring by SMMC is as follows:

- At Strategic level: yearly contract meetings
- Monthly Progress meetings and discussion of monthly progress reports
- Tactical performance meeting (quarterly), and
- Weekly work meetings.

4.10.1 Auditing

Beyond the routine inspection and monitoring activities conducted, audits will be carried out internally by SMMC (or the Employer's Representative) to ensure compliance with regulatory requirements as well as their own EHS standards and policies. Audits to be conducted will also cover the Contractor self-reported monitoring and inspection activities. The audit shall be performed by qualified staff and the results shall be reported to SMMC to be addressed.

The audit will include a review of compliance with the requirements of the ESMP and include, at a minimum, the following:

- Completeness of EHS documentation, including planning documents and inspection records;
- Conformance with monitoring requirements;
- Efficacy of activities to address any non-conformance with monitoring requirements; and
- Training activities and record keeping.

There will be a cycle of audits into specific areas of the Project. The frequency of audits will be risk based and will vary with the stage of the Project and will depend on the results of previous audits.

4.10.2 Corrective action

Investigating a „near-miss“ or actual incident after it occurs can be used to obtain valuable lessons and information that can be used to prevent similar or more serious occurrences in the future.

SMMC and Contractor will implement a formal Non-compliance and corrective action tracking procedure for investigating the causes of, and identifying corrective actions to, accidents or environmental or social non-compliances. This will require coordinated action between SMMC and Contractor. The EHS Manager will be responsible for keeping records of corrective actions and for overseeing the modification of environmental or social protection procedures and/or training programs to avoid repetition of non-conformances and non-compliances.

4.11 Reporting

Throughout the Project, SMMC will keep the regulatory agencies informed of the Project performance with respect to EHS matters by way of written status reports and face-to-face meetings. SMMC will prepare a report on environmental and social performance and submit it to the regulatory agencies. The frequency of this reporting will be agreed upon between SMMC and the regulatory agencies.

If required, SMMC will provide appropriate documentation of EHS related activities, including internal inspection records, training records, and reports to the relevant regulatory agencies. Contractor is also required to provide EHS performance reporting to SMMC on a regular basis through monthly progress reports. These will be used as inputs to the above.

5 ENVIRONMENTAL AND SOCIAL MANAGEMENT

5.1 ESMP

Mitigation and enhancement measures, responsibility for implementation, and monitoring and verification indicators are provided in the ESMP Table in Appendix 2. These measures and the Management Plans discussed below have been adopted by SMMC and are considered INSO contract requirements. SMMC and INSO will determine what additional risks and proposed management controls are required based on the final design and work method statements. The table contains reference to the specific INSO Health, Safety and Environment Plan (HSE) Plan sections that describe each of the required provisions.

5.2 Specific Management Plans

As highlighted in the ESMP Table, specific Management Plans are to be finalized to support the implementation of this ESMP. The timing of the development of the plans may be staged, ensuring that the appropriate focus and level of detail is provided for construction and operational activities. They will be finalised by INSO with SMMC and ER coordination. When appropriate, the Project owner and their representatives may meet with GoS agencies and other key stakeholders. The contents of the Management Plans are outlined in Appendix 4, while Appendix 3 includes the Management Plans available at this stage.

5.2.1 Construction Phase

Contractor

As per contract requirements, INSO submitted its HSE Plan (“the Contractors HSE Plan”) which requires SMMC approval before the start of new general hospital construction activities.

The INSO HSE Plan will include the following Sections or Management Plans:

- Air Quality Control and Monitoring Plan
- Noise Control and Monitoring Plan
- Waste Management Plan
- Hazardous Materials Management Plan
- Emergency Preparedness and Response Plan
- Construction Traffic Management Plan
- Occupational Health and Safety Management Plan
- Community Health, Safety and Security Management Plan
- Hurricane Plan for the Construction Phase
- INSO Grievance Redress Mechanism

The HSE Plan was submitted to SMMC in September 2019. Based on comments by the Employer’s Representative, INSO is finalising this HSE Plan. The Contractor will also develop and implement its own internal **Grievance Redress Mechanism** in either the Contractors HSE Plan or Quality Management System (QMS) developed for the Project.

SMMC

SMMC has developed a **Complaints Policy and Procedure**. They will also develop a **Stakeholder Consultation and Engagement Plan**. See appendix 3.

5.2.2 Operational Phase

Contractor

The Contractor will adopt and amend specific Management Plans to address all the E&S risks associated with the operational phase of the new general hospital. There will also be a Quality Management System developed for this operational service period.

The Contractor will provide the following documents for Consent or Approval not later than 90 days before the start of the Operational Service Period:

- Operation & Maintenance Management Plan
- HSE Plan Operation Service Period
- Procedures for periodical tests (monitoring):
 - Audit of the Quality management system
 - Evaluation report energy & water consumption
 - Audit monitoring system
 - Test on Compliance to law and regulations
 - Maintenance condition assessment
 - Yearly maintenance plan
 - Yearly safety scan Medical Equipment
 - Fire safety scan
 - Legionella inspection
 - Air Quality inspection
 - Emergency power system inspections
 - Medical Gasses inspection
 - Waste water treatment system inspection

Many of the above plans and actions require various types of reports, monitoring or both. These results shall be reported to SMMC in a standardized computer format. All defects, shortcomings, and problems are required to be rectified within the applicable permitted recovery time (PRT).

SMMC

SMMC has the following Operational and Management Plans for the current hospital operations:

- Medical waste protocol, including hazardous waste chart, September 2019
- Emergency Disaster and Preparedness Plan (Ref 116)
- Security tasks plan (Ref FM 103-2)
- Fire safety and evacuation plan (Ref FM 101-1)
- Complaint Policy and Procedure
- FONA (Fault or Near Accidents) procedure
- Rodent and Pest Control Plan (complies with the triggered World Bank Pest Management Policy)

Further, related to Human Resource Development, SMMC has the following documents:

- Collective Labour Agreement (CLA),
- Staff Handbook,
- Introduction form new staff / specialists, including new in-service program with coaching,
- Evaluation procedures all staff,
- Several policies, a lot due for revising (health care), and
- Training program for critical procedures (nursing staff).

Additional plans identified to be required to be developed or updated based on the existing above-mentioned documentation include:

- Stakeholder Consultation and Engagement Plan
- Complaint Policy and Procedure
- Exposure Control Plan for blood-borne pathogens
- Radiation Exposure Control Plan
- Radioactive Substance Management Plan
- Occupational Health and Safety Management Plan
- Air Quality Control and Monitoring Plan
- Emergency Preparedness and Response Plan
- Community Health and Safety Management Plan
- Security Plan
- Human Resources Policy

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Figure 1.2 New general hospital impressions

Figure 1.2A General Perspective



Figure 1.2B Façade detail



Figure 1.2C Entrance exterior



Figure 1.2D Interior Entrance Hall



Figure 1.2E Interior Patient Room



Figure 1.2F Corridor and Patio



APPENDIX 2: ESMP TABLES

Table 2.1 ESMP Matrix for Construction Phase (*contains reference to specific sections in the INSO HSE Plan found in Appendix 3)

E&S Impact / Issue	Mitigation or Enhancement Measures	Responsible for Measures	Monitoring and Verification
1. Environmental and Social Management System (ESMS)			
System to manage, control and monitor E&S risk	<input type="checkbox"/> Implement the ESMS (INSO HSE Plan - Quality, Environmental and Safety), as certified by Lloyd's Register in compliance with UNI EN ISO 9001:2015 - UNI EN ISO 14001:2015 - OHSAS 18001:2007; as well as the EMS 14001. <input type="checkbox"/>	Contractor	<input type="checkbox"/> Monthly progress reports and meetings <input type="checkbox"/> Audits
2. Noise and Air Pollution			
Noise generated by construction equipment and activities	<input type="checkbox"/> Maintain all construction equipment in accordance with manufacturer's specifications. <input type="checkbox"/> Schedule construction and rehabilitation work during daylight hours and to minimize activity during peak periods of tourism and recreation (weekends, holidays, etc.). <input type="checkbox"/> Implement Stakeholder Engagement and Communication Plan to inform businesses and residents of construction activities. <input type="checkbox"/> Limit construction noise levels to applicable standards such as EHS Guidelines <input type="checkbox"/> The plants and equipment used in construction (including the aggregates crushing plant) shall strictly conform to the EHS noise standards. <input type="checkbox"/> All vehicles & equipment used in construction shall be fitted with exhaust silencers. <input type="checkbox"/> During routine servicing operations, the effectiveness of exhaust silencers shall be checked and if found to be defective shall be replaced. <input type="checkbox"/> Limits for construction equipment used in this Project (measured at one meter from the edge of equipment in the free field) such as compactors, rollers, front loaders, concrete mixers, cranes (moveable), vibrators and saws as specified in the EHS Guidelines. <input type="checkbox"/> Maintenance of vehicles, equipment and machinery shall be regular and to the satisfaction of the Project Supervisor to keep noise from these at a minimum.	Contractor	<input type="checkbox"/> Training of workers and drivers to raise awareness <input type="checkbox"/> Check vehicles' maintenance results <input type="checkbox"/> Check results of noise monitoring and vibration-if needed- monitoring <input type="checkbox"/> Site inspections to check construction site practices <input type="checkbox"/> Grievance register (both INSO & SMMC)

E&S Impact / Issue	Mitigation or Enhancement Measures	Responsible for Measures	Monitoring and Verification
	<ul style="list-style-type: none"> <input type="checkbox"/> Workers shall wear earplugs in vicinity of loud noise, and working with or in crushing, compaction, or concrete mixing operation. <input type="checkbox"/> Chapter 12.9 Contractor HSE Plan for the Air Quality Control and Monitoring Plan. <input type="checkbox"/> Chapter 12.7 of Contractor HSE Plan for the Noise Control and Monitoring Plan. <input type="checkbox"/> Chapter 10.1 of the Contractor HSE Plan for the Construction Traffic Management Plan <input type="checkbox"/> SMMC Complaints Policy and Procedure. <input type="checkbox"/> Inso Grievance Redress Mechanism 		
Exhaust emissions from construction vehicles and equipment	<ul style="list-style-type: none"> <input type="checkbox"/> The construction equipment and trucks will be maintained regularly to keep them in good working condition to minimize exhaust emissions caused by poor performance. <input type="checkbox"/> Low sulphur fuel will be preferred as far as possible. <input type="checkbox"/> Engines of the equipment/trucks will be prevented from idling and running unnecessarily. <input type="checkbox"/> Suppress dust as needed in unpaved areas. <input type="checkbox"/> Avoid burning non-vegetative wastes (refuse, etc.) at construction sites. <input type="checkbox"/> Chapter 12.9 of the Contractors HSE Plan for the Air Quality Control and Monitoring Plan. <input type="checkbox"/> Chapter 10.1 of the Contractors HSE Plan for the Construction Traffic Management Plan. 	Contractor	<ul style="list-style-type: none"> <input type="checkbox"/> Check results of air quality monitoring <input type="checkbox"/> Training of workers and drivers to raise awareness <input type="checkbox"/> Site inspections to check construction site practices <input type="checkbox"/> Grievance register
3) Materials Supply			
	<ul style="list-style-type: none"> <input type="checkbox"/> Aggregates and materials will be sourced from quarries, borrow pits, crushing plants and asphalt plants operating with valid environmental and other permits and licenses and where the sites are managed in full compliance with all applicable environmental standards and specifications. <input type="checkbox"/> Recycled materials and materials certified as “green” and low carbon will be used to the extent possible. <input type="checkbox"/> Materials used are part of the LEED sustainability certification and will be sourced from locations as required. 	Contractor	<ul style="list-style-type: none"> <input type="checkbox"/> Check records of construction material supply sources <input type="checkbox"/> Identification of opportunities for use of recycled or low carbon sources <input type="checkbox"/> LEED sustainability certification

E&S Impact / Issue	Mitigation or Enhancement Measures	Responsible for Measures	Monitoring and Verification
	<ul style="list-style-type: none"> <input type="checkbox"/> Contractor will be required to adopt good construction site practices for the protection of soils and to follow the <u>EHS Guidelines</u>. <input type="checkbox"/> Provisions will be taken for the protection of newly exposed soil surfaces from rainfall and wind erosion, use of silt fences mandatory. 		
4) Materials and Waste Management			
Soils, surface water and ground water	<ul style="list-style-type: none"> <input type="checkbox"/> Contaminated soils (if generated any) will be disposed of in an appropriately licensed disposal site. <input type="checkbox"/> The use of cement and wet concrete in or close to any exposed areas will be carefully controlled. Good construction site practices (i.e. measures such as using designated areas for storing materials, regular inspections at construction sites, training of construction workers, placement of sediment traps and/or oil/water, etc.) will be adopted to minimize risks of water pollution. <input type="checkbox"/> Construction workers and relevant staff will be trained on spill response and prevention measures. <input type="checkbox"/> The location, storage and handling of hazardous material (including refuelling activities) will be as per the Hazardous Material Management Plan <input type="checkbox"/> The storage, transport and disposal of waste materials generated will be as per the Waste Management Plan <input type="checkbox"/> Hazardous materials will be handled according to the <u>Hazardous Material Management Plan</u> <input type="checkbox"/> Hazardous and non-hazardous waste will be handled according to the <u>Waste Management Plan</u> <input type="checkbox"/> Chapters 6 and 12.5 of the Contractors HSE Plan for the Hazardous Material Management Plan. <input type="checkbox"/> Chapter 12.4 of the Contractors HSE Plan for the Waste Management Plan. 	Contractor	<ul style="list-style-type: none"> <input type="checkbox"/> Periodic (e.g. weekly) site inspections <input type="checkbox"/> Check that hazardous and non-hazardous waste disposal records are kept properly <input type="checkbox"/> Check the installation of the conduit system and communication records with DSI <input type="checkbox"/> Regular inspection of construction activities and training of relevant staff <input type="checkbox"/> Check inspection and training records <input type="checkbox"/> Check necessary measures (i.e. bunds) are in place at areas where hazardous materials are handled <input type="checkbox"/> Check the records of regular integrity testing of underground storage tanks and lines <input type="checkbox"/> Check subcontractors' contract in line with <input type="checkbox"/> Subcontractor Management and Monitoring Plan
Spills/accidents and contaminated land	<ul style="list-style-type: none"> <input type="checkbox"/> Fuels, oils and chemicals will be stored on an impervious base protected by bunds to 110% of capacity. Drip trays will be used for fuelling mobile equipment. 	Contractor	<ul style="list-style-type: none"> <input type="checkbox"/> Check the records of contaminated soil (if any occurred) disposal

E&S Impact / Issue	Mitigation or Enhancement Measures	Responsible for Measures	Monitoring and Verification
	<ul style="list-style-type: none"> <input type="checkbox"/> Any spillages from handling fuel and liquids will be immediately contained on site and the contaminated soil removed from the site for suitable treatment and disposal. <input type="checkbox"/> Spoil and other surplus material arising from the works which is classed as “acceptable fill” shall, wherever practicable, be recovered and used in the construction works. Relevant authorities shall be consulted regarding this on a site by site basis to ensure the re-use of waste materials is acceptable. <input type="checkbox"/> All contractors and subcontractors will be required to report any incidents and these will be subject to investigation and remedial and preventive actions will be taken as needed. <input type="checkbox"/> Appropriate spill response kits including absorbent materials will be present on site. These will be kept at designated areas with specific instructions for their use. Site staff will be trained on the use of spill kits. <input type="checkbox"/> An Emergency Preparedness and Response Plan will provide for mitigation of spills from hazardous materials during construction. Response to the spill will be made as fast as possible. Contaminated materials will be collected and sent to appropriate disposal facilities. <input type="checkbox"/> Operation of a closed drainage system and implementation of <u>Emergency Preparedness and Response Plan</u> in the event of spills, fire etc. will prevent significant impacts on soils during construction and operation. <input type="checkbox"/> Chapter 5 of the Contractors HSE Plan for the Emergency Preparedness and Response Plan. <input type="checkbox"/> Chapter 12.8 of the Contractors HSE Plan for Soils and Contamination actions. 		<ul style="list-style-type: none"> <input type="checkbox"/> Check records of surplus material reuse <input type="checkbox"/> Review accidents and spills records
5) Material Resources and Waste Management			
Water generation and management	<ul style="list-style-type: none"> <input type="checkbox"/> All wastes during construction will be managed in line with the Waste Management Plan (WMP). <input type="checkbox"/> Necessary permits related to disposal of excavated soil to be obtained from the local environmental authorities. 	Contractor	<ul style="list-style-type: none"> <input type="checkbox"/> Ensure that the WMP is implemented during construction phase <input type="checkbox"/> Check consents/permits from local authorities for the disposal of excavated soils

E&S Impact / Issue	Mitigation or Enhancement Measures	Responsible for Measures	Monitoring and Verification
	<p>Should risk management actions be warranted, the assessment approach (as outlined in the IFC EHG Guidelines) are to be applied (establish whether the three risk factors of 'Contaminants', 'Receptors', and 'Exposure Pathways' co-exist, or are likely to co-exist) and put in place permanent risk reduction measures.</p> <p>Chapters 12.4 of the Contractors HSE Plan for the Waste Management Plan.</p>		<p>Check disposal records of contaminated soils</p> <p>Ensure that central temporary waste storage area is designed and constructed to ensure that hazardous wastes are properly stored at the construction site</p> <p>Periodic site inspections to ensure that all wastes are separately collected, segregated, labelled and stored in designated areas</p> <p>Check disposal records of all types of wastes (including against SMMC MW Protocol)</p> <p>Check waste disposal contracts</p> <p>Check copies of haulers' and disposal facilities' licenses</p> <p>Check declaration records made to the Ministry</p> <p>Ensure that all waste manifests are in order and ready for review during Authorities' audits</p> <p>Check training records of staff and awareness during site audits</p>

E&S Impact / Issue	Mitigation or Enhancement Measures	Responsible for Measures	Monitoring and Verification
Wastewater	<p>A new Wastewater Treatment Plant will be erected at a different location on the Project site to enable the construction of the new hospital. The current Wastewater Treatment Plant will only be demolished after new Plant has been commissioned and tested. The WWTP will require a permit which will be obtained prior to build. After WWTP is approved, demolition permit is obtained (as part of the Building permit). The new Wastewater Treatment Plant will be designed and built according to both Employers Requirements and Authorities requirements.</p>	Contractor	<p>Check effluent analysis results to ensure they meet with discharge criteria defined in the connection certificate</p> <p>· Check permit obtained from the relevant authority</p>
6) Occupational Health and Safety and Human Resource Development			
Management of health and safety of workers - <i>general</i>	<p>The revised INSO HSE plan must be approved by the SMMC before start of any construction works</p> <p>All applicable national health and safety legislation and international regulations will be followed.</p> <p>All the health and safety risks of each activity during construction will be identified followed by identification of the appropriate mitigation measures/personal protective equipment.</p> <p>All relevant training requirements will be dealt with in the HSE Plan.</p> <p>Chapter 9 of the Contractors HSE Plan for Occupational Health and Safety Plan.</p>	Contractor / SMMC	<p>Monitor INSO HSE Plan particularly in terms of progress and updates.</p> <p><u>INSO Worker Grievance Mechanism</u> (including SMMC responsibility for Contractor actions) to be assessed in terms of workers feedback.</p> <p>Monitor updated Contractors risk register.</p> <p>On-site verification</p>
Worker occupational health and safety - <i>fire and emergencies</i>	<p>All employees will be trained on health and safety, and the <u>Emergency Preparedness and Response Procedures</u> to respond timely to the incidents.</p> <p>All medical emergency procedures will be included in the <u>Emergency Preparedness and Response Plan</u> (in Contractors HSE Plan) and SMMC's Monitoring of <u>Emergency Disaster and Preparedness Plan</u>.</p> <p>Chapter 5 of Contractors HSE Plan for the Emergency Preparedness and Response Plan</p> <p>SMMC Monitoring of Emergency Disaster and Preparedness Plan (Ref 116)</p> <p>SMMC Fire Safety and Evacuation Plan (Ref 101-1)</p>	Contractor / SMMC	<p>Check implementation of worker training programmes</p>

E&S Impact / Issue	Mitigation or Enhancement Measures	Responsible for Measures	Monitoring and Verification
Worker Occupational health and safety - equipment use and hazardous materials	<input type="checkbox"/> All hazardous materials will be stored in designated areas having secondary containment and handled with care by authorized staff to prevent potential spills. <input type="checkbox"/> ü chapters 6 and 12.5 of INSO HSE Plan	Contractor	<input type="checkbox"/> Monitoring of monthly update of INSO HSE Plan and SMMC's Plan 085.
Worker Human Resource Development	<input type="checkbox"/> Contractor is required to comply with the Country Worker safety ordinance (February 3, 1958) and ILO conventions to which it is (via the Kingdom of the Netherlands) a signatory.	Contractor / SMMC	<input type="checkbox"/> Monitor compliance of Contractor with Country Worker safety ordinance (February 3, 1958), and ILO conventions. <input type="checkbox"/> Monitor updated Contractors risk register.
Record of accidents	<input type="checkbox"/> All records of accidents or any mishap either at construction camp, construction workers" camp or at construction sites shall be maintained and documented regularly by the contractor.		<input type="checkbox"/> Monitor updated Contractors risk register
7) Labour Engagement and Disclosure			
Potential worker strikes and Union action on work stoppage	<input type="checkbox"/> Implement <u>Worker Grievance Mechanism</u> to ensure transparent and informed information sharing channel. Labour grievance channel is applicable to all workers and should be monitored. <input type="checkbox"/> INSO HSE Plan, QMS or Project Management Plan (PMP) for the Worker Grievance Mechanism (to be developed since the SMMC Complaints Policy and Procedure doesn't cover INSO and subcontractors workers).	Contractor	<input type="checkbox"/> Monitor updated Contractors risk register. <input type="checkbox"/> Monitor SCEP and <u>worker grievance records</u> and resolutions, particularly in terms of progress and updates.
8A) Community Engagement and Disclosure			
Transparency around Project status and sharing of alerts and updates	<input type="checkbox"/> Regular transfer of Project information to all stakeholders and the general public through a <u>Stakeholder Consultation and Engagement Plan (external)</u> . Also include full disclosure and regular engagement. <input type="checkbox"/> Disclosure method, tools, program to be documented in updated versions of the SCEP. <input type="checkbox"/> SMMC Stakeholder Consultation and Engagement Plan (to be developed) <input type="checkbox"/> SMMC Complaints Policy and Procedure.	SMMC	<input type="checkbox"/> Monitor SCEP and grievance records and resolutions, particularly in terms of progress and updates. <input type="checkbox"/> Monitor updated Contractors risk log. <input type="checkbox"/> Ensure update of Complaints Policy to include SMMC responsibility for Contractor actions.

E&S Impact / Issue	Mitigation or Enhancement Measures	Responsible for Measures	Monitoring and Verification
8B) Staff, Patient, and Visitor Engagement and Disclosure			
Transparency around Project status and sharing of alerts and updates	<ul style="list-style-type: none"> <input type="checkbox"/> Regular transfer of Project information to all staff, patients, and visitors through a <i>Stakeholder Consultation and Engagement Plan (external)</i>. Also include full disclosure and regular engagement. <input type="checkbox"/> Disclosure method, tools, program to be documented in updated versions of the SCEP. <input type="checkbox"/> SMMC Stakeholder Consultation and Engagement Plan (to be developed) <input type="checkbox"/> SMMC Complaints Policy and Procedure. 	SMMC	<ul style="list-style-type: none"> <input type="checkbox"/> Monitor SCEP and grievance records and resolutions, particularly in terms of progress and updates. <input type="checkbox"/> Monitor updated Contractors risk log. <input type="checkbox"/> Ensure update of Complaints Policy to include SMMC responsibility for Contractor actions.
9A) Community Health, Safety, and Security			
Exposure to hazardous situations at construction site	<ul style="list-style-type: none"> <input type="checkbox"/> Implement risk management strategies to protect the community from physical, chemical, or other hazards associated with sites under construction. <input type="checkbox"/> Update INSO HSE Plan (Chapter 7) to include risks to community. <input type="checkbox"/> Update Chapter 10 to include construction traffic risks to community. <input type="checkbox"/> Chapter 7 of the Contractors HSE Plan for the community risk management actions (to be updated) <input type="checkbox"/> Chapter 10 of the Contractors HSE Plan for construction traffic risks to community via a Traffic Management Plan (to be updated) <input type="checkbox"/> INSO HSE Plan to be updated to encompass community health, safety and security in order to manage general risks and impacts to the community <input type="checkbox"/> Update SMMC grievance management system to include general public not just the hospital community. 	Contractor	<ul style="list-style-type: none"> <input type="checkbox"/> Early stages daily monitoring required, thereafter weekly. <input type="checkbox"/> Visual site inspection <input type="checkbox"/> Update and monitoring of the HSE Plan (including Site Preparation EMP) <input type="checkbox"/> Contractor risk register
Increased workers / movement of people and vehicles	<ul style="list-style-type: none"> <input type="checkbox"/> All employees trained on health and safety, and Emergency Preparedness and Response Plan to respond timely incidents. <input type="checkbox"/> SMMC's Complaints Policy and Procedure. <input type="checkbox"/> INSO HSE Plan, specifically Chapter 10 for the Construction Traffic Management Plan and Chapter 5 for the Emergency Preparedness and Response Plan 	SMMC and Contractor	<ul style="list-style-type: none"> <input type="checkbox"/> Monitor Complaints procedure feedback

	<input type="checkbox"/> SMMC Monitoring of Emergency Disaster and Preparedness Plan (Ref 116)		
E&S Impact / Issue	Mitigation or Enhancement Measures	Responsible for Measures	Monitoring and Verification
Inappropriate worker behaviour	<input type="checkbox"/> The Contractor intends to recruit construction workforce locally to the extent possible. The full labour complement during construction is likely to not exceed 130 people since workers will be absorbed into accommodation facilities in the nearby Philipsburg area. <input type="checkbox"/> <u>Contractors Code of Conduct</u> covers workforce behaviour on and off the jobsite, prohibits unauthorised and illegal substance use, and addresses the prevention of communicable diseases.	Contractor / SMMC	<input type="checkbox"/> Health reports from nearby health facilities. <input type="checkbox"/> Grievance register <input type="checkbox"/> Monitor updated Contractors risk register <input type="checkbox"/> Record of monthly progress meetings
9B) Staff, Patient, and Visitor Health, Safety, and Security			
Exposure to hazardous situations at construction site	<input type="checkbox"/> Implement risk management strategies to protect the community from physical, chemical, or other hazards associated with sites under construction. <input type="checkbox"/> Update INSO HSE Plan (Chapter 7) to include risks to community. <input type="checkbox"/> Update Chapter 10 to include construction traffic risks to community. <input type="checkbox"/> Chapter 7 of the Contractors HSE Plan for the community risk management actions (to be updated) <input type="checkbox"/> Chapter 10 of the Contractors HSE Plan for construction traffic risks to community via a Traffic Management Plan (to be updated) <input type="checkbox"/> INSO HSE Plan to be updated to encompass community health, safety and security in order to manage general risks and impacts to the community <input type="checkbox"/> Update SMMC grievance management system to include general public not just the hospital community.	Contractor	<input type="checkbox"/> Early stages daily monitoring required, thereafter weekly. <input type="checkbox"/> Visual site inspection <input type="checkbox"/> Update and monitoring of the HSE Plan (including Site Preparation EMP) <input type="checkbox"/> Contractor risk register
Increased workers / movement of people and vehicles	<input type="checkbox"/> All employees trained on health and safety, and Emergency Preparedness and Response Plan to respond timely incidents. <input type="checkbox"/> SMMC's Complaints Policy and Procedure. <input type="checkbox"/> INSO HSE Plan, specifically Chapter 10 for the Construction Traffic Management Plan and Chapter 5 for the Emergency Preparedness and Response Plan	SMMC and Contractor	<input type="checkbox"/> Monitor Complaints procedure feedback

- SMMC Monitoring of Emergency Disaster and Preparedness Plan (Ref 116)

E&S Impact / Issue	Mitigation or Enhancement Measures	Responsible for Measures	Monitoring and Verification
<p>Inappropriate worker behaviour</p>	<p><input type="checkbox"/> The Contractor intends to recruit construction workforce locally to the extent possible. The full labour complement during construction is likely to not exceed 130 people since workers will be absorbed into accommodation facilities in the nearby Philipsburg area.</p> <p><input type="checkbox"/> <u>Contractors Code of Conduct</u> covers workforce behaviour on and off the jobsite, prohibits unauthorised and illegal substance use, and addresses the prevention of communicable diseases.</p>	<p>Contractor / SMMC</p>	<p><input type="checkbox"/> Health reports from nearby health facilities.</p> <p><input type="checkbox"/> Grievance register</p> <p><input type="checkbox"/> Monitor updated Contractors risk register</p> <p><input type="checkbox"/> Record of monthly progress meetings</p>
<p>Nuisance / disturbance of current hospital healthcare services due to energy disturbances / vibrations / air quality / noise</p>	<p><input type="checkbox"/> The contractor is required to avoid disturbance of the healthcare processes due to construction activities.</p> <p><input type="checkbox"/> Process requirement 6.2.2 (IB008) to be followed for the procedure related to "Work that causes and Nuisance".</p> <p><input type="checkbox"/> Corrective measures will be applied with agreement from both Contractor and SMMC.</p> <p><input type="checkbox"/> SMMC's Complaints Policy and Procedure.</p>	<p>Contractor / SMMC</p>	<p><input type="checkbox"/> RHDHV Process requirement, IB008, Item 6.2.2</p> <p><input type="checkbox"/> Monthly progress meetings</p> <p><input type="checkbox"/> Contactors risk register</p> <p><input type="checkbox"/> Grievance register</p>
<p>Reduced parking (access) of current hospital for visitors and staff</p>	<p><input type="checkbox"/> Schedule parking and transport alternatives allowing patients, visitors and staff to reach the facility.</p> <p><input type="checkbox"/> Provide alternative parking and transport for patients, visitors and staff</p> <p><input type="checkbox"/> Possible planning for a temporary parking area within a 500-meter distance from the current hospital.</p> <p><input type="checkbox"/> Construction related traffic inconveniences anticipated and measures available to reduce inconveniences</p> <p><input type="checkbox"/> Chapter 10.1 for the Contractors HSE Plan for the Construction Traffic Management Plan.</p> <p><input type="checkbox"/> SMMC's Complaints Policy and Procedure.</p>	<p>SMMC</p>	<p><input type="checkbox"/> Monthly progress meetings</p> <p><input type="checkbox"/> Contactors risk register</p> <p><input type="checkbox"/> Grievance register</p>

E&S Impact / Issue	Mitigation or Enhancement Measures	Responsible for Measures	Monitoring and Verification
Access to fire brigade / department during construction works	<ul style="list-style-type: none"> <input type="checkbox"/> Emergency response of Fire brigade and ambulance (which are adjacent to the construction site and use the same access route) may not be hindered <input type="checkbox"/> Chapter 10.1 for the Contractors HSE Plan for the Construction Traffic Management Plan. <input type="checkbox"/> SMMC's Complaints Policy and Procedure. 		<ul style="list-style-type: none"> <input type="checkbox"/> Monthly progress meetings <input type="checkbox"/> Contactors risk register <input type="checkbox"/> Grievance register
10) Socio-economy			
Formal local procurement (tradesmen, other specialty work)	<ul style="list-style-type: none"> <input type="checkbox"/> There will be added opportunity for local tradesmen to secure contracts for service provision. <input type="checkbox"/> Contractor is contractually required to recruit a significant amount of the labour force out of the available local labour workforce. <input type="checkbox"/> See Contractor's document 2.4 Local Involvement. 	Contractor	<ul style="list-style-type: none"> <input type="checkbox"/> Procurement policy implementation and progress to be reported on as per Inso Document 2.4 Local Involvement <input type="checkbox"/> Complaints Policy (applicable to community and labour) <input type="checkbox"/> Grievance register <input type="checkbox"/> RHDHV Process requirements IB008, Item 7, May 2016
Surge in demand for basic services provision (housing, water, electricity, schooling, religious sites and health) from construction labour force	<ul style="list-style-type: none"> <input type="checkbox"/> Local authorities to advise of availability of facilities for non-local workforce, bearing in mind that the majority will be from the local areas. The expected number of workers in the construction phase is 100 - 130. As mitigation, on-going monitoring will have to occur to ensure that demand does not outweigh supply. 		
11) Cultural Heritage			
Potential finds of cultural / heritage value	<ul style="list-style-type: none"> <input type="checkbox"/> This WB Safeguards Policy was not triggered however a chance-find procedure will be updated to the HSE plan. 	Contractor	<ul style="list-style-type: none"> <input type="checkbox"/> Monitor updated Contractors risk register.

Table 2.2 ESMP Matrix for Operation Phase

Potential impact / issue	Mitigation or enhancement measures	Responsible for Measures	Monitoring
1. Environmental and Social Management System (ESMS)			
System to manage, control and monitor E&S risk	<ul style="list-style-type: none"> <input type="checkbox"/> An NGH Operation phase ESMS will be developed in line with international good practice and guidelines (i.e. ISO 9001: 2008 – Quality Management System, ISO 14001: 2004 – Environmental Management System, OHSAS 18001: 2007 – Occupational Health and Safety Management System). <input type="checkbox"/> Build on current hospital administration, management and operation polices and norms 	SMMC	<ul style="list-style-type: none"> <input type="checkbox"/> Monitoring records <input type="checkbox"/> Training / inspection records
2. Noise and Air Pollution			
General	<ul style="list-style-type: none"> <input type="checkbox"/> Air emissions of trigeneration and boiler systems comply with national regulatory requirements <input type="checkbox"/> Autoclave grinder adheres to WB EHS Guidelines. <input type="checkbox"/> Operations Phase Air Quality Control and Monitoring Plan. 	SMMC	<ul style="list-style-type: none"> <input type="checkbox"/> Air quality monitoring <input type="checkbox"/> Greenhouse gas emission quantification
Noise generating machinery and equipment	<ul style="list-style-type: none"> <input type="checkbox"/> 'Low-noise' equipment to be installed <input type="checkbox"/> Plans to enclose noise generating equipment and machinery in buildings with isolated and sound proofed walls, <input type="checkbox"/> Technical Building and silencers comply with regulatory standards. 	SMMC	<ul style="list-style-type: none"> <input type="checkbox"/> Proper operation of noise silencers
3. Material Resources			
Energy Consumption	<ul style="list-style-type: none"> <input type="checkbox"/> Add LEED Accredited Professional to Facility Management Department 	Contractor / SMMC / LEED Commissioning Authority	<ul style="list-style-type: none"> <input type="checkbox"/> Monitor LEED progress reports
Supply of Materials	<ul style="list-style-type: none"> <input type="checkbox"/> Recycled materials and materials certified as eco-friendly and low carbon used. <input type="checkbox"/> The NGH will operate as detailed in the LEED sustainability certificate 		
4. Waste Management			
Waste generation and management	<ul style="list-style-type: none"> <input type="checkbox"/> All wastes during operation will be managed in line with the SMMC WMP 	SMMC	<ul style="list-style-type: none"> <input type="checkbox"/> Update WMP every three years in accordance with the relevant regulations

Potential impact / issue	Mitigation or enhancement measures	Responsible for Measures	Monitoring
Wastewater	<ul style="list-style-type: none"> <input type="checkbox"/> An updated HWM plan will be developed to ensure implementation with the new auto-clave and grinder equipment <input type="checkbox"/> SMMC's Bio-hazardous and general waste disposal (085) <input type="checkbox"/> SMMC's Medical Waste Protocol <input type="checkbox"/> SMMC's Waste Management Plan (to be developed) <input type="checkbox"/> New wastewater treatment plant will already be fully functional prior to the operation phase <input type="checkbox"/> Necessary measures will be taken for liquid wastes contaminated with radioactive substances and its treatment. There are no expected radioactive effluents. 	SMMC	<ul style="list-style-type: none"> <input type="checkbox"/> Disposal records and contracts of all types of wastes <input type="checkbox"/> Copies of haulers' and disposal facilities' licenses <input type="checkbox"/> Training records of staff and awareness during site audits <input type="checkbox"/> Permit obtained from the relevant authority <input type="checkbox"/> Effluent analysis results to ensure they meet with discharge criteria defined in the connection certificate
Hazardous Material	<ul style="list-style-type: none"> <input type="checkbox"/> All hazardous materials will be stored in designated areas having secondary containment and handled with care by authorized staff in order to prevent potential spills. <input type="checkbox"/> All detail relative to an inventory, PPE (equipment and training), and handling and storage will be reflected in a Hazardous Material Management Plan. <input type="checkbox"/> SMMC's Bio-hazardous and general waste disposal (085) 	SMMC	<ul style="list-style-type: none"> <input type="checkbox"/> Ensure that Hazardous Material Management Plan is in place and implemented
5. Occupational Health and Safety and Human Resource Development			
Occupational Health and Safety - <i>General</i>	<ul style="list-style-type: none"> <input type="checkbox"/> All applicable national health and safety legislation and international regulations will be followed. <input type="checkbox"/> All employees (including sub-contractors) will be trained on health and safety, and EPRP to respond timely to the incidents. All the health and safety risks of each activity during operations will be identified followed by identification of the appropriate mitigation measures/personal protective equipment. These issues will be detailed in an Occupational Health and Safety Management Plan that is to be developed. The Plan must address control of radiation exposure, blood-borne pathogens, infections, the importance of the Hazardous Material Management Plan, and Waste Management Plan. <input type="checkbox"/> The efficiency of health and safety practices will be monitored through internal and external audits, and corrective actions will be taken if required. 	SMMC	<ul style="list-style-type: none"> <input type="checkbox"/> Checks records of internal and external audits <input type="checkbox"/> Training records of workers <input type="checkbox"/> Immunization records <input type="checkbox"/> Records of accidents

Potential impact / issue	Mitigation or enhancement measures	Responsible for Measures	Monitoring
Occupational Health and Safety - <i>Adherence to all emergency response measures (fire/floods/political crisis, etc.)</i>	<input type="checkbox"/> Fire safety measures to also be included. <input type="checkbox"/> SMMC's Occupational Health and Safety Management Plan (to be revised on the current system). <input type="checkbox"/> Safe operation of helipad to be maintained through the safety register.	SMMC	<input type="checkbox"/> SMMC safety protocol <input type="checkbox"/> Conduct regular emergency drills
Human Resource	<input type="checkbox"/> Emergency responses related to natural or man-made disasters fully functional. <input type="checkbox"/> Regular training for staff, drills and evacuation tests, etc. <input type="checkbox"/> SMMCS's Emergency Disaster and Preparedness Plan (Ref 116). <input type="checkbox"/> SMMC's Occupational Health and Safety Management Plan (to be revised). <input type="checkbox"/> Apply national labour requirements to all contracts <input type="checkbox"/> Recruitment procedures will be in line with SMMC Human Resources Policy <input type="checkbox"/> SMMC's Human Resource Policy.	SMMC	<input type="checkbox"/> Verify contracts and conditions of work for staff <input type="checkbox"/> Cross-check internal labour policies to National Labour regulation alignment (including recruitment, retrenchment, downscaling procedures)
6. Community Engagement and Disclosure			
Public awareness and outreach	<input type="checkbox"/> Maintain internal and external communications process <input type="checkbox"/> Revise current program and amend as necessary <input type="checkbox"/> SMMC Stakeholder Consultation and Engagement Plan (to be updated for the Operation phase) <input type="checkbox"/> SMMC Complaints Policy and Procedure	SMMC	<input type="checkbox"/> Complaint Registry
7. Socio-economic			
Local economy and employment	<input type="checkbox"/> Continue to promote local employment <input type="checkbox"/> Purchasing local goods and services to the extent possible.	SMMC	<input type="checkbox"/> Records regarding local employment and local purchasing policies

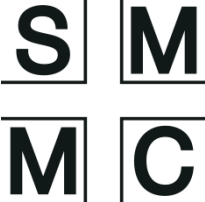
Potential impact / issue	Mitigation or enhancement measures	Responsible for Measures	Monitoring
8. Community Health, Safety and Security			
Community health, safety and security - <i>General</i>	<input type="checkbox"/> A Community Health and Safety Management Plan will be developed and implemented to manage risks and impacts to the community. <input type="checkbox"/> Community Health, Safety and Security Management Plan (updated based on current policies) <input type="checkbox"/> SMMC's Complaints Policy and Procedure.	SMMC	<input type="checkbox"/> Records of health and safety training of employees <input type="checkbox"/> Training on emergency response measures
Air quality impacts on the nearby community	<input type="checkbox"/> An Air Quality Control and Monitoring Plan will be prepared and implemented during the operation phase of the Project. <input type="checkbox"/> See Operations Phase Air Quality Control and Monitoring Plan (to be developed)	SMMC	<input type="checkbox"/> Ensure Air Quality Control and Monitoring Plan is in place and implemented
Exposure to disease	<input type="checkbox"/> Potential disease risks to the community minimized <input type="checkbox"/> See Community Health, Safety and Security Management Plan (CHSSMP) (to be developed)		<input type="checkbox"/> Proper communication measures
Value added health service	<input type="checkbox"/> Hospital expansion provides value-added services to a wider range of citizens. <input type="checkbox"/> Clinical guidelines and quality control protocols updated. <input type="checkbox"/> NGH advances access and provision of health services across genders.		<input type="checkbox"/> Hospital records
Helicopter traffic	<input type="checkbox"/> Heliport operates in accordance with all local and international transport standards <input type="checkbox"/> An Emergency response procedure to be developed and implemented to enable safe helicopter operation. <input type="checkbox"/> See SMMC's Emergency Disaster and Preparedness Plan (Ref 116) (to be updated).	Contractor SMMC	<input type="checkbox"/> Review applicability of Emergency Response Procedure for the activity in the Emergency Response Management Plan <input type="checkbox"/> Monitor updated Contractors risk log
Life and Fire Safety	<input type="checkbox"/> NGH designed, constructed, and operated in full compliance with local building codes, local fire department regulations, and local legal/insurance requirements. <input type="checkbox"/> Fire safety is part of the Building Permit approval. <input type="checkbox"/> Maintenance of all fire safety systems in proper working order, including self-closing doors in escape routes and ventilation ducts with fire safety flaps. <input type="checkbox"/> Life and Fire Safety Audits will be undertaken by qualified professionals.	Contractor SMMC	<input type="checkbox"/> Register official inspections <input type="checkbox"/> Audit reports

Potential impact / issue	Mitigation or enhancement measures	Responsible for Measures	Monitoring
Security	<ul style="list-style-type: none"> <input type="checkbox"/> SMMC's Fire and Evacuation Plan (Ref FM 101-1) <input type="checkbox"/> Security provided in a manner that does not jeopardize the community's, staff's and patron's safety. <input type="checkbox"/> SMMC's Service Provider(s) will ensure that security personnel have not been involved in past abuses and are adequately trained <input type="checkbox"/> Security will operate within the law. <input type="checkbox"/> SMMC's Security Plan (Ref FM 103-2) <input type="checkbox"/> All actions to avoid security risks to the local communities, to be highlighted in the Code. <input type="checkbox"/> Chapter 10.2 in the HSE Plan for the Contractors Code of Conduct. 	SMMC	<ul style="list-style-type: none"> <input type="checkbox"/> Credentials of security staff <input type="checkbox"/> training records of security staff
Nuisance / disturbance of current hospital healthcare services due to energy disturbances / vibrations / air quality / noise	<ul style="list-style-type: none"> <input type="checkbox"/> The contractor is required to avoid disturbance of the healthcare processes due to construction activities. <input type="checkbox"/> Process requirement 6.2.2 (IB008) to be followed for the procedure related to "Work that causes and Nuisance". <input type="checkbox"/> Corrective measures will be applied with agreement from both Contractor and SMMC. <input type="checkbox"/> SMMC's Complaints Policy and Procedure. 	Contractor / SMMC	<ul style="list-style-type: none"> <input type="checkbox"/> RHDHV Process requirement, IB008, Item 6.2.2 <input type="checkbox"/> Monthly progress meetings <input type="checkbox"/> Contactors risk register <input type="checkbox"/> Grievance register
Reduced parking (access) of current hospital for visitors and staff	<ul style="list-style-type: none"> <input type="checkbox"/> Schedule parking and transport alternatives allowing patients, visitors and staff to reach the facility. <input type="checkbox"/> Provide alternative parking and transport for patients, visitors and staff <input type="checkbox"/> Possible planning for a temporary parking area within a 500-meter distance from the current hospital. <input type="checkbox"/> Construction related traffic inconveniences anticipated and measures available to reduce inconveniences <input type="checkbox"/> Chapter 10.1 for the Contractors HSE Plan for the Construction Traffic Management Plan. <input type="checkbox"/> SMMC's Complaints Policy and Procedure. 	SMMC	<ul style="list-style-type: none"> <input type="checkbox"/> Monthly progress meetings <input type="checkbox"/> Contactors risk register <input type="checkbox"/> Grievance register

Potential impact / issue	Mitigation or enhancement measures	Responsible for Measures	Monitoring
Access to fire brigade / department during construction works	<input type="checkbox"/> Emergency response of Fire brigade and ambulance (which are adjacent to the construction site and use the same access route) may not be hindered <input type="checkbox"/> Chapter 10.1 for the Contractors HSE Plan for the Construction Traffic Management Plan. <input type="checkbox"/> SMMC's Complaints Policy and Procedure.		<input type="checkbox"/> Monthly progress meetings <input type="checkbox"/> Contactors risk register <input type="checkbox"/> Grievance register

APPENDIX 3: SMMC Management Plans

3.1 Complaints Handling

SUBJECT: COMPLAINT HANDLING WB PROJECT		REFERENCE:	
DEPARTMENT: MANAGEMENT		EFFECTIVE: August __ 2018	
APPROVED BY:	<i>Board of Directors</i>	REVISED:	
		INTENDED USERS: GRMC & other involved in complaint handling	

INTERNAL COMPLAINT HANDLING POLICY - HOSPITAL RESILIENCY AND PREPAREDNESS PROJECT

Purpose of this policy

To advise and inform all relevant SMMC staff of the process for handling complaints and concerns relating to the work to be executed with the funding under the Grant Agreement between SMMC and the World Bank (hereafter referred to as the “**Work**”).

Definitions

- **Complaint:** an expression of dissatisfaction from a person, requiring a response. A complaint can be expressed verbally or in writing. This policy applies to complaints in relation to the Work as executed under the responsibility of SMMC.
- **Complainant:** a person raising a complaint (this can be staff, a patient, any affected person, or a person acting on behalf of a company). This can be a person who is affected by or likely to be affected by the action, decision or omission of SMMC.

Policy Statement

SMMC is committed to provide an effective method by which affected persons can express their concerns or raise a complaint regarding the execution of the Work. Complaints are a valuable tool for SMMC to monitor its performance and review areas that require improvement. They

therefore contribute an important mechanism as part of SMMC's overall approach to environmental and social safety.

This policy gives guidance on how complaints will be managed to ensure a consistent, fair and just approach to those involved in a complaint.

SMMC is committed to promoting an environment that values diversity. Any person who makes a complaint, or any other person involved in the investigation and resolution of a complaint, will be treated equally and fairly and not discriminated against because a complaint has been made, or on the grounds of race, sex, disability, religion, age, sexual orientation or any other unjustifiable reason.

Key Principles

- Easy access for people raising complaints: we will provide information, advice and support enabling people to understand the procedure for making a complaint
- Complaints will be dealt with efficiently and will be properly investigated, with a honest and thorough approach and with the aim of resolving complaints to the satisfaction of the complainant
- People raising a complaint and staff will be treated fairly, without apportioning blame
- Complainants will be treated with respect and courtesy and should be reassured that they will not be treated differently as a result of raising a complaint
- We will provide a timely and appropriate response that will (if applicable) include the outcome of an investigation into the complaint
- Action will be taken if necessary, in the light of the outcome of a complaint

PERSONS INVOLVED IN COMPLAINT HANDLING – DUTIES AND RESPONSIBILITIES

Board of Directors

- The Board of Directors ('**BOD**'), has overall responsibility for the correct handling of complaints and signs off all complaint responses.

Complaint Committee ('CC**')**

The CC exists of the Manager Facilities, the Manager New Hospital Project and, the Legal Counsel. The CC has the responsibility to treat complaints according to this policy. The CC will effectively and timely communicate with the complainant, will investigate a complaint and propose a measure and/or response, to be approved by the BOD, and follow up on finalization and closing of the complaint.

The CC will ensure through a meeting with all supervisors and internal communication (e-mail, intranet) that all SMMC staff is aware of this complaint handling policy before the start of the Work.

Staff

- If a complaint is expressed verbally to an SMMC employee or consultant (hereafter all referred to as '**Employee**') directly, that person should if possible, looking at the nature of the complaint, deal with the complaint directly and always in a professional and sensitive manner.
- If a complainant is not satisfied after the conversation with the Employee, the Employee will provide the complainant with the complaint brochure and refer the complainant to the CC.

CC tasks

- The CC is overall responsible for managing the complaints process within the SMMC.
- The CC will ensure that all complaints are triaged and allocated to the relevant persons and ensure that complaints are being handled according to this policy.
- The CC monitors the progress of investigations into complaints and provides advice and support to all (investigating) staff to ensure resolution of the issues.

Support Secretariat

The secretariat support will be provided to the CC in managing and monitoring complaint procedures administratively. The Secretariat / Legal Assistant will collect and archive received complaints and will send a confirmation of receipt to the complainant.

NECESSITIES

- Complaint Handling Policy (this document)
- Complaint Brochure (hard copies by the service desk and soft copies on the website)
- Complaint Tracking Sheet

CONTACT INFORMATION:

SMMC Legal Counsel
Janneke Lok

Tel. +1 721 543 1111 ext. 2592

COMPLAINT HANDLING PROCEDURE

1. In the first instance when someone expresses dissatisfaction about the Work taking place at SMMC, we advise the person to speak directly to the individual causing dissatisfaction (if applicable), or for example the supervisor of the particular work causing dissatisfaction.
2. If the complainant is not satisfied after the conversation, or it is not adequate to have a conversation with the individual or the supervisor, we advise the complainant to express its dissatisfaction to the CC, preferably through e-mail, letter or phone call.
3. The complaints brochure is available at the service desks and on the website. The phone number and e-mail address to reach the CC is provided in the complaint brochure and on the website. The contact information will also be published in the newspaper before the start of the Work.
4. Confirmation of receipt of the complaint is sent within 4 – 7 days (time and date entered in complaint tracking sheet) by Legal Assistant.
5. The CC will perform a 'triage' and will ask assistance of the relevant persons the 'Project Implementation Unit' for the Work (hereafter referred to as '**PIU**'), the relevant external contracted parties (e.g. construction or supervision company) and where necessary SMMC Management or BOD.
6. The CC will assess whether a conversation between the complainant and the relevant (internal or external) parties may resolve the complaint and will try to mediate.
7. The CC will make sure that the complaint will be addressed within the time frame as included in the **Table** below.

Process	Description	Time frame	Responsibility & remarks
Identification of grievance	Complaints can be filed face to face, via phone, via letter, or via e-mail, or recorded during public/community interaction	Day of receipt complaint	complaints@smmc.sx ; 543 1111 ext: 2500 Postal address: Welgelegen road 30, Cay Hill, Sint Maarten. Attn. Complaints Committee
Grievance assessed and logged	Significance assessed and grievance recorded or logged (i.e. in a log book)	4 - 7 Days upon receipt complaint	Significance criteria Level 1 - one off event; Level 2 - complaint is widespread or repeated; Level 3- any complaint (one off or repeated) that indicates breach of law or applicable policy/regulation
Grievance is acknowledged	Acknowledgement of grievance to complainant	4 - 7 Days upon receipt complaint	Legal Assistant confirms receipt of the complaint to the complainant via e-mail or letter
Development of response	-Grievance assigned to appropriate party for resolution -Proposal response with input from management and BOD SMMC	4 - 7 Days upon receipt complaint 10 - 14 Days upon receipt complaint	CC
Response signed off	Redress action approved at appropriate levels	14 - 18 Days upon receipt	CC and Board of Directors (BOD) SMMC
Implementation and communication of response	Redress action implemented and update of progress on resolution communicated to complainant Redress action recorded in grievance log book	18 - 24 Days upon receipt complaint	PIU to implement redress action Legal Counsel to communicate resolution to complainant
Complaints Response	Obtain confirmation complainant that grievance can be closed or determine what follow up is necessary	24 - 30 Days upon receipt complaint	CC
Close grievance	Record final sign off grievance If grievance cannot be closed, return to step 2 or refer to mediation, Minister VSA, World Bank or ultimately court of law	30 - 34 Days upon receipt complaint	Final sign off by Chairman BOD SMMC

8. A complaint is considered resolved if the complainant indicates such and wishes no further review of the complaint.
9. If a complaint cannot be resolved to the satisfaction of the complainant, the CC can suggest discussing the complaint under the guidance of an independent mediator, having the complaint assessed by a third party with specific expertise [*or: to be discussed: forwarding the complaint to the IRC / National recovery bureau / the Ombudsman / in ultimate scenario the court of law*].
10. After a complaint being resolved internally, or after reaching a solution/assessment/judgment by the relevant instances after escalation, the CC will ensure that all relevant persons within SMMC and World Bank receive information on the outcome.

3.2 SMMC Evacuation Plan


Sint Maarten Medical Center

FM 101: Fire Safety and Evacuation Plan



FM 101-1 Approved by:

NAME	TITLE	SIGNATURE	DATE
K. Klarenbeek	General Director		11/4/2017
Dr. F. Holiday	Medical Coordinator		11/9/2017
A. Pantophlet	Patient Care Manager		april 5 18
S. Halley	Interim Finance Manager		4/12/2017
S. Hodge	Manager Support Services / HR		april 11, 18
E. van der Horst	Manager Facilities		9/31/17

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PURPOSE

The purpose of Sint Maarten Medical Center’s Emergency and Evacuation Plan is to provide a program that ensures effective mitigation, preparation and response to fire or emergency within the hospital buildings.

DEFINITIONS

Emergency: A natural or man-made event that significantly disrupts the environment of care; that significantly disrupts care and treatment (for example, fire, loss of utilities, such as power, water, or telephones, due to floods, civil disturbances, accidents, or emergencies within the organization or in its community); or that results in sudden, significantly changed or increased demands for the organization's services.

Mitigation activities: Those activities an organization undertakes in attempting to lessen the severity and impact of a potential emergency.

Preparedness activities: Those activities an organization undertakes to build capacity and identify resources that may be used should an emergency occur.


GENERAL REMAKS

Each department head is responsible for orienting new staff members to the department and job specific fire safety procedures.

All employees of SMMC are responsible for learning the hospital-wide and departmental fire safety plans.

POLICY STATEMENT

To provide education to personnel on the elements of the Fire Safety and Evacuation Plan including organizational protocols for response to, and evacuation in the event of a fire or internal disaster.

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FIRE SAFETY AND EVACUATION PLAN:

(See Appendix 1 – Emergency Plan Staff Organization Chart).

1. Description of the Building, Installations and Organization.

The buildings consist of the Main Hospital Building which has two floors. At the rear of the main building, there is an external storage (containers), an external maintenance workshop and cleaner’s office (containers) and an ICT helpdesk office (containers). There is a garbage compactor also located at the rear, and beside this is a receiving area for the store room (container).

There is a separate two floor Care Complex building consisting of apartments, doctors’ offices, administration offices and a classroom. Beside the Care Complex is additional external storage (containers).

There is also a small standalone medical waste storage room.

The buildings are located on Welgelegen road, in the Cay Hill district.

Directly behind the buildings are the Fire Department, the Ambulance Department and schools.

The buildings are approximately 9 meters above sea level.

1.1. The Hospital Ground floor has the following functions:

- Service desk and reception;
- Telecommunications room;
- Cashiers department/Admissions;
- Snack bar/shop;
- Main Patio;
- Open air seating area;

1.2. Outpatient Departments (policlinics);

- 12 doctors clinics;
- Emergency department;
- Dialysis department;
- Endoscopy department;
- Radiology department;
- Waiting areas;
- Reception and back office;

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1.3. Daycare Department; x4 beds;

1.4. Delivery Rooms (x2);

1.5. Inpatient wards;

- Medical and Surgical ward - 28 beds;
- Pediatric ward – 8 beds;
- Obstetrics and Gynecology ward (Ob-Gyn) – 16 beds;
- Intensive Care Unit (ICU) – 3 beds;
- Incubator Room (NICU) – 7 beds;

1.6. Operating Room (OR) Department;


- Operating theatres (x2);
- Recovery room;
- Staff room;
- Office;

1.7. Central Sterilization Department (CSD);

- Dirty room;
- Clean room;
- Sterile room;

1.8. Support Services;

- Maintenance Department;
- Kitchen;
- Laundry (collection and distribution only);
- Medical gas store and central manifold supply panels;
- Medical air compressor and vacuum room;
- Storage/stock room;
- Medical archive department;
- Education department;
- Hygienic and Infection Control (HIC);

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1.9. SLS Medical Laboratory (under separate management);

1.10. Cay Hill Pharmacy (under separate management);

1.11. The 1st floor of the main hospital building has the following functions:

- Administration offices;
- Conference room;
- ICT department server room;
- Staff kitchenette;

1.12. External Containers:

- Maintenance workshop and cleaners office;
- ICT helpdesk;
- Storage and office;
- Storage (beside Care Complex);
- Medical Archive storage;
- Storeroom receiving area;
- X-Ray archive storeroom;


1.13. Care Complex Ground floor (stand-alone building):

- Doctors clinics (polyclinics);
- Education department classroom;
- ICT room;

1.14. Care Complex 1st floor (stand-alone building):

- Nurses accommodation;
- Offices;

1.15. The main building has an emergency generator, which automatically switches over when there is a power failure. The generator is located outside of the building, with its own underground diesel fuel storage. Only essential functions are connected to the generator. **See Appendix 2**

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1.16. The Max Bed Capacity is as follows (December, 2016):

LOCATION	DESCRIPTION	ROOM TOTALS	BEDS	BED TOTALS
ICU	n/a	n/a	3	3
NICU	Incubator	5	7	7
	Room 15	2		
Med-Surg	1 bed room	1	28	52
	2 bed room	6		
	5 bed room	3		
OB/GYN	1 bed room	2	2	
	2 bed room	2	4	
	5 bed room	2	10	
Pediatrics	1 bed room	4	4	
	2 bed room	2	4	
Daycare	n/a	n/a	4	4
TOTAL = 66				

1.17. On average, there is 75% bed occupancy. Most patients are not self-reliant.

1.18. There is a total of approx. 255 staff comprising of medical, administration and support services staff.

1.19. The hospital medical staff works on a shift basis. Each shift is either an 8 or 12 hour.

1.20. During daytime there is a combined average of 216 staff on shift. During the night shift there is an average of 16 staff present in the building.

1.21. The polyclinic hours are during the daytime hours (7:30 – 17:30).

1.22. The Dialysis department has 3 shifts and is open 7:00 – 22:00, 6 days/week.

1.23. Only the in-patient (wards) and the ER department are open during evening and night hours.


1.24. On average during the day there are 7 management team members available.

1.25. Daytime during week days there are technical staff present, night time they are on call. Weekends and holidays they are on-call.

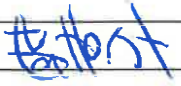
1.26. The security guards are on duty 24 /7. During day time x4 and during nighttime x2.

2. ADDITIONAL RISKS:

2.1. The building does not have a fully addressable fire alarm system installation accordance with applicable building regulations.

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- 2.2.** The inpatient wards, outpatient department, support services department and administration department does not have separate smoke compartments. If fire or smoke is in that department, it may be necessary to evacuate adjoining departments immediately.
- 2.3.** The building does not have a public address system, therefore all alarms (code red; Fire or code green; evacuation) must communicated via runners, telephones or any means possible.
- 2.4.** Due to the limited altitude difference between the hospital buildings and sea level, there is a high Tsunami risk due to the close proximity to the nearest beaches.
- 2.5. Oxygen and Medical Gas storage and Distribution (See location plan: appendix 7).**
- There is a central store for oxygen (O₂) and nitrous oxide cylinders (N₂O). In the same location, there are central automatic manifolds for distribution of O₂ and N₂O. See appendix 7 for precise locations.
 - O₂ bottles are stored on trolleys throughout the building or chained to walls in inpatient rooms without a central supply. See appendix 7 for precise locations.
 - Carbon Dioxide (CO₂) bottles are stored in a separate room opposite the biomedical workshop. See appendix 7 for precise locations.
 - There are Emergency Shut-Off Valves for both the central O₂ and N₂O lines. See appendix 7 for precise locations.
- 2.6. Medical Air and Vacuum Distribution (See location plan: appendix 7).**
- There is a central medical air and vacuum supply room. There are Emergency Shut-Off Valves located in the same room. See appendix 7 for precise location.
- 2.7. Cooking Gas:** This is located outside the building behind the medical waste storeroom. There are two bottles; one large – 500 US Gallons and one small – 32.6 US Gallons. This is only supplied to the kitchen. There is an Emergency Shut-Off Valve located outside the kitchen door.
- 2.8. Ventilation throughout building:** Due to the construction of the building, which was designed to allow free movement of air (air bricks) throughout, there is an increased risk of smoke moving quickly around the hospital.
- 2.9. Medical waste/Hazardous Materials storage:**
- Medical waste is stored in one location: The main medical waste store is located outside the building, in the car parking area.

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3. THE FOLLOWING EMERGENCY PROCEDURES WILL BE IMPLEMENTED IN THE EVENT OF A FIRE:

- R** = Rescue patients immediately from fire or smoke area.
- A** = Alarm: call emergency number '0' and give exact location.
- C** = Contain the smoke or fire by closing all doors to rooms and corridors.
- E** = Extinguish the fire (when safe to do so).

4. HOSPITAL-WIDE FIRE ALARM PROCEDURES:

4.1. In the event that an actual fire is discovered: Immediately follow the **R.A.C.E.** procedures.

4.2. The alarm is raised by phoning '0'. This will connect to the following location:

4.2.1. During daytime: The Service Desk. Opening hours are:

- Monday: 07.00 – 20.00**
- Tuesday: 07.00 – 20.00**
- Wednesday: 07.00 - 20.00**
- Thursday: 07.00 – 20.00**
- Friday: 07.00 – 20.00**
- Saturday: 12.00 – 20.00**
- Sunday: 12.00 – 20.00**

4.2.2. After Service Desk closes: E.R. Department – Night Cashier

4.3. Service desk staff (day time) or night cashier (night time) will immediately do the following:

4.3.1. Inform the security guards of the **code RED** and the location - via radio.


4.3.2. Call the Fire Department and Provide the following information:

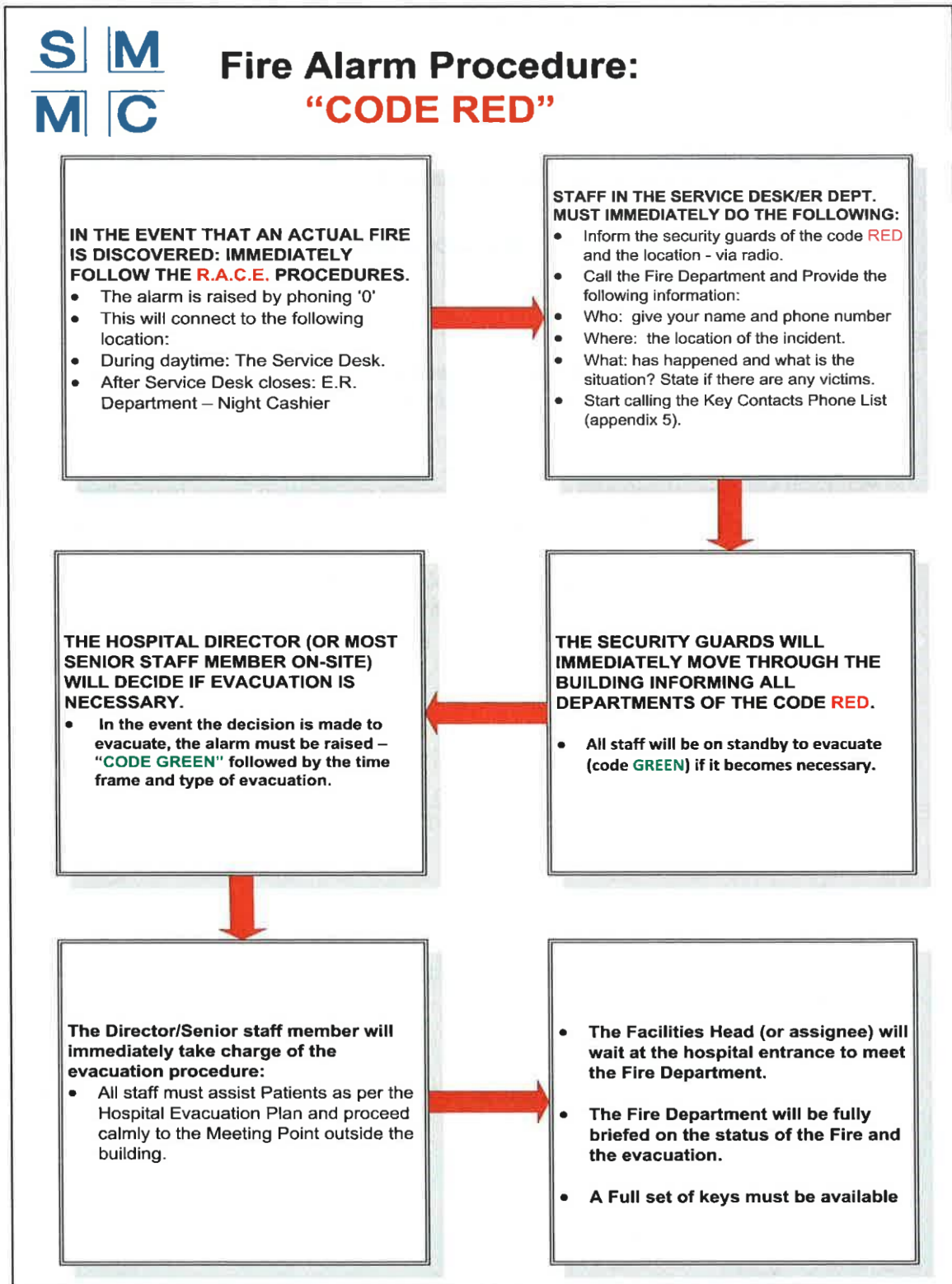
- **Who:** give your name and phone number
- **Where:** the location of the incident
- **What:** has happened and what is the situation? State if there are any victims.


4.3.3. Start calling the Key Contacts Phone List (appendix 5).

4.4. The Security Guards will immediately move through the building informing all departments of **code RED**.

4.5. All staff will be on standby to evacuate (**code GREEN**) if it becomes necessary

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6.8. KEY DECISIONS FOR THE INCIDENT COMMANDER:

Once the decision to evacuate has been made, there are several additional key decisions that must be made quickly and communicated.

- **Level of Evacuation**
- **Type of Evacuation**
- **Evacuation Time Frame (speed of Evacuation)**
- **Medical Gas shut off**
- **Status of vulnerable patients – Wards/OR/Dialysis**
- **Labor Pool Activation**

6.9. TYPES OF EVACUATION:


The scope of any evacuation can change over time depending on the nature and course of the event. Below is the full list of options for evacuation in order of increasing scope and severity:

- **Shelter in Place:**
 This level requires stopping all routine activities in preparation for an impending threat, such as a hurricane or toxic cloud. Specific preparations should be made to mitigate against the anticipated threat. Patients, visitors and staff remain where they are until they receive further instructions. In most cases, the safest place for the patient is in his/her room. Closing doors/windows provides initial protection from fire and smoke. When possible, preparations should also be made to enable immediate evacuation of patients, should evacuation become necessary.

- **Horizontal Evacuation:**
 This level involves moving patients in immediate danger away from the threat, but keeping the patients on the same floor of the hospital as the one they are evacuating. Patients should move to an area of refuge in an adjacent smoke/fire zone or if necessary, to the opposite side of the building.

- **Vertical Evacuation:**
 This level involves the complete evacuation of a specific floor in a building. In general, patients and staff evacuate vertically towards ground level whenever possible to prepare for evacuation outside, should it become necessary.

- **Total or Full Evacuation:**
 This level involves a complete evacuation of the hospital, and is used only as a last resort.

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6.10. EVACUATION TIME FRAMES

The time frame for evacuation may be different depending on the nature of the threat and how much time can be taken to prepare for moving patients. See below for the specific hospital orders that should be used:

- **IMMEDIATE:** No time for preparation – evacuate immediately
- **RAPID:** Limited time for preparation (1-2 hours) – everyone out in 4-6 hours
- **GRADUAL:** Extended time for preparation – evacuation to occur over many hrs or even days
- **PREPARE ONLY:** Do not move patients, but begin preparation for evacuation

6.11. EVACUATION POLICY: Any disaster or emergency event, which directly affects this Hospital, will require a decision either to evacuate patients or not to evacuate patients. Therefore, evacuation becomes a prime consideration.

6.12. EVACUATION PROCEDURES: In the event the decision is made to evacuate, the alarm must be raised – “**CODE GREEN**” followed by the time frame and type of evacuation.

6.13. The Labor Pool should be activated immediately to identify and assign staff to support the evacuation. The Labor Pool may need to call in staff from home for any evacuation, but is much more likely to need to do so if an evacuation happens on the evening shift, the night shift, or during a weekend.

6.14. Post someone at each exit door to maintain order.

6.15. Patients, who are in immediate danger, including those who may become in danger, shall be moved first.

6.16. Next to be moved shall be the ambulatory patients. Ambulatory patients shall be instructed to line up outside their rooms, form a chain by holding hands, and follow a lead nurse into a safe area.

6.17. Bed, stretcher, blanket, wheelchair; or other conveyance shall move all non-ambulatory patients to the nearest and safest protected area.

6.18. Carry patients as a last resort, if no other way is available in order to escape dangerous areas.


6.19. Move patients horizontally if necessary – proceed to the nearest Fire Exit and proceed to the assigned meeting area in the ***parking area, beside the emergency generator room.***

6.20. All rooms shall be checked for stragglers, and all doors and windows closed (including closets, toilets and under the beds).

6.21. After searching a room, put a RED marker on the door to confirm that all occupants have vacated the room/area.

6.22. Use blankets for:

- Smothering a fire,
- Dragging a patient from a room, and
- Making a stretcher with or without poles.
- Stay calm and reassure the patient.

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6.22.2. Remain alert for further instruction.

6.23. **Should it be necessary to evacuate patients to another hospital, the following will be in effect:**

6.23.1. Transportation: Fire Department, Police Department, Red Cross, Taxis and Ambulance Department.

6.24. **Notification of attending physicians:** when patient must be evacuated for any reason, the attending physicians shall be notified as quickly as possible by telephone. They shall be told what has happened, and advised of the patients' new location and condition.

6.25. **Notification of patients' relatives:** the relatives of patients will be notified of the patients'; new location and general condition as soon as practical. This notification, however, shall in no way interfere with those actions designed to safeguard the wellbeing of the patient.

6.26. **The order to evacuate will be given by the Hospital Director and/or his/her Assignee in the event of his/her absence.**

6.27. **REMEMBER:**

6.27.1. **R** = Rescue patients immediately from fire or smoke area.

6.27.2. **A** = Alarm: call emergency number '0' and give exact location.

6.27.3. **C** = Contain the smoke or fire by closing all doors to rooms and corridors.

6.27.4. **E** = Extinguish the fire (when safe to do so).

6.27.5. Keep telephone lines clear for fire control.

6.27.6. Make sure all fire, corridor and room doors are closed.

6.27.7. Clear all corridors and exits of unnecessary traffic and obstructions.

6.27.8. All nursing personnel shall report to their areas and remain there for instructions.

6.27.9. All other personnel shall report to their areas and await emergency assignment as needed.

6.27.10. Assure patients, if any are aware of the fire. Inform them that the alarm has been activated, the emergency plan is in effect, and there is an abundance of help to assist as needed.

6.27.11. Know evacuation routes.

6.28. **DIRECTOR (Incident Commander) OR ASSIGNEE TASKS:**

- Contact the Service Desk and collect information of the nature and seriousness of the incident and make a decision.
- Communicate further information concerning the incident to the emergency services.
- Inform the emergency response team and give orders to them.
- Coordinate the evacuation.
- Make sure that a facilities department staff member waits for the emergency service (set of keys and maps available).

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6.29. CHECKLIST DIRECTOR (Incident Commander) OR ASSIGNEE:

- Are the emergency services notified?
- Are the staff evacuating the patients and do they need help?
- Is there facilities department staff member to receive the fire department at the entrance to give them the keys, information and maps?
- Oversee the evacuation and receive updated information.

6.30. GENERAL EVACUATION RESPONSIBILITIES:

- Notification of External Agencies: All appropriate agencies must be immediately notified of any plans to evacuate the facility. At a minimum, the public health department, fire department, police department, and regional ESF representatives should be notified of this decision.
- Role of External Agencies: Upon the request of the Hospital director; external agencies may assist the SMMC with the evacuation of victims and/or staff. See appendix 9 for list.
- Evacuation Route:
 - Emergency exits are indicated by glow-in-the-dark signs or lighted "Exit" signs.
 - Emergency exits are located: See appendix 6 & 10.
 - All areas must be equipped with a plan on which is indicated the appropriate evacuation route(s) from that location.
- **General assembly and discharge point**
 - The area beside the Generator in the car park will serve as a general assembly and discharge point where registration will take place.
 - Registration is important for:
 - Assisting services (Are all persons safe?)
 - Disaster Team (External information)
 - You are not to leave this area without permission from the Coordinators!
 - **All Clear Sign:**
 - The Fire Department will decide if the situation is under control and safe for staff and patients to re-enter the building.
 - The All Clear Sign is given by the Fire Department.
 - Once the All Clear Sign has been given, work can be resumed as normal.

6.31. VICTIM RELOCATION SITES: See appendix 8

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7. FIRE SAFETY PLAN – WARDS: OBGYN, DELIVERY ROOMS, PEDIATRICS, MEDSURG AND DAYCARE:

7.1. The proper response to fire or smoke is **R.A.C.E.**

- 7.1.1.** **R** = Rescue patients immediately from fire or smoke area.
- 7.1.2.** **A** = Alarm: call emergency number '0' and give exact location.
- 7.1.3.** **C** = Contain the smoke or fire by closing all doors to rooms and corridors.
- 7.1.4.** **E** = Extinguish the fire (when safe to do so).

7.2. Call emergency number (0) to report the fire. Be sure to take this step immediately after rescuing, so that the appropriate emergency response personnel are notified and can start to the scene of the fire.

7.3. After all doors are closed in the fire area, attempt to extinguish the fire if it is safe to do so.

7.4. All employees shall be familiar with the location and operation of fire extinguishers through the fire safety education program.

7.5. Remember the correct way to use a Fire extinguisher – **PASS**

- 7.5.1.** **P**ull the safety pin
- 7.5.2.** **A**im at base of the fire
- 7.5.3.** **S**queeze the lever
- 7.5.4.** **S**weep

7.6. Prior to a fire, ensure that staff members have been delegated for each of the following duties:

7.7. Turn on all corridor lights;

7.8. Monitor the telephone, emergency calls and relay messages;

7.9. Close all room doors

7.10. Make a current list of all patients so that all are accounted for in the event of fire.

7.11. If fire or water threatens your area, initiate the following procedures:

7.12. Remove all patients from the fire area.

7.13. Remove all portable gases, and place in a safe area.

7.14. Turn off all medical gas and electrically operated equipment and valves, however leave the lights on.

7.15. Turn off all x-ray machines and main line switches for all equipment.

7.16. Keep telephone lines clear.

7.17. Close all doors and windows.

7.18. Use the fire extinguisher to suppress the fire only if you are trained and it is safe to do so.

7.19. Notify the **Hospital Director and/or his/her designee in the event of his/her absence** when you are in readiness for evacuation.


7.20. Stand by for orders.

7.21. All infants will be carried in multiple carriers head to head in bassinets.

7.22. If a delivery is in progress, physician in charge will assume the responsibility for patient and baby.

7.23. If the fire is not in your area, be alert; be guided by the instructions of your department supervisor.

7.24. Area fire marshals will direct activities of staff members within their units.

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- 7.25.** Calm and reassure any patients who may be in your department.
- 7.26.** Place all explosive and flammable gases in a safe area.
- 7.27.** Assign personnel to take fire extinguishers and report to scene of the fire.
- 7.28.** Assign personnel to close all doors, file cabinets, etc.
- 7.29.** Turn off all gas and electrically operated equipment and valves.
- 7.30.** Close all doors and windows.
- 7.31.** Stand by for further orders.

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8. **FIRE SAFETY PLAN - SURGICAL SERVICES (OPERATING ROOMS)**

8.1. The proper response to fire or smoke is **R.A.C.E.**

8.1.1. **R** = Rescue patients immediately from fire or smoke area.

8.1.2. **A** = Alarm: call emergency number '0' and give exact location.

8.1.3. **C** = Contain the smoke or fire by closing all doors to rooms and corridors.

8.1.4. **E** = Extinguish the fire (when safe to do so).

8.2. Call emergency number (0) to report the fire. Be sure to take this step immediately after rescuing, so that the appropriate emergency response personnel are notified and can start to the scene of the fire.

8.3. After all doors are closed in the fire area, attempt to extinguish the fire if it is safe to do so.

8.4. All employees shall be familiar with the location and operation of fire extinguishers through the fire safety education program.

8.5. Remember the correct way to use a Fire extinguisher – **PASS**

8.5.1. **P**ull the safety pin

8.5.2. **A**im at base of the fire

8.5.3. **S**queeze the lever

8.5.4. **S**weep

8.6. If fire or water threatens your area, initiate the following procedures:

8.6.1. Remove all patients from the fire area.

8.6.2. Remove all portable gases, and place in a safe area.

8.6.3. Turn off all medical gas and electrically operated equipment and valves, however leave the lights on.

8.6.4. Turn off all x-ray equipment machines and mainline switches for all equipment.

8.6.5. Keep telephone lines clear.

8.6.6. Close all doors and windows.

8.6.7. Use the fire extinguisher to suppress the fire only if you are trained and it is safe to do so.

8.6.8. Notify the **Hospital Director and/or his/her designee in the event of his/her absence** when you are in readiness for evacuation.


8.6.9. Stand by for orders.

8.7. **If surgery is in progress and operating room must be evacuated, move entire set up to another room to complete the surgery. The senior surgeon in each operating room will be responsible for taking the necessary measures for the safety of his/her patient. The surgical teams will remain under his/her control.**


8.8. The OR supervisor shall be responsible for the orderly evacuation of the suite, if necessary.

8.9. If the fire is not in your area, be alert; be guided by the instructions of your area fire marshal, or department director.

8.10. Area fire marshals will direct activities of staff members within their units.

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- 8.11.** Calm and reassure any patients who may be in your department.
- 8.12.** Place all explosive and flammable gases in a safe area.
- 8.13.** Assign personnel to take fire extinguishers and report to scene of the fire.
- 8.14.** Turn off all gas and electrically operated equipment and valves.
- 8.15.** Close all doors and windows.
- 8.16.** Stand by for further orders.

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9. FIRE SAFETY PLAN - CENTRAL SERVICE DEPARTMENT (CSD).

9.1. If you discover fire:

9.2. The proper response to fire or smoke is **R.A.C.E.**

9.2.1. **R** = Rescue patients immediately from fire or smoke area.

9.2.2. **A** = Alarm: call emergency number '0' and give exact location.

9.2.3. **C** = Contain the smoke or fire by closing all doors to rooms and corridors.

9.2.4. **E** = Extinguish the fire (when safe to do so).

9.3. Call emergency number (0) to report the fire. Be sure to take this step immediately after rescuing, so that the appropriate emergency response personnel are notified and can start to the scene of the fire.

9.4. After all doors are closed in the fire area, attempt to extinguish the fire if it is safe to do so.

9.5. All employees shall be familiar with the location and operation of fire extinguishers through the fire safety education program. Remember the correct way to use a Fire extinguisher – PASS

9.5.1. **P**ull the safety pin

9.5.2. **A**im at base of the fire

9.5.3. **S**queeze the lever

9.5.4. **S**weep

9.6. If fire or water threatens your area, initiate the following procedures:

9.6.1. Protect your face and eyes from breaking bottles.

9.6.2. Turn off all electrically operated equipment, however leave the lights on.

9.6.3. Keep telephone lines clear.

9.6.4. Close all doors and windows.

9.6.5. Use the fire extinguisher to suppress the fire only if you are trained and it is safe to do so. Notify the Control Center when you are in readiness for evacuation.

9.6.6. Stand by for orders.

9.7. If the fire is not in your area, be alert, be guided by the instructions of your area fire marshal, or department director.


9.8. Area fire marshals will direct activities of staff members within their units.

9.9. Assign personnel to take fire extinguishers and report to scene of the fire.

9.10. Turn off all gas and electrically operated equipment and valves.


9.11. Close all doors and windows.

9.12. Stand by for further orders.

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10. FIRE SAFETY PLAN – OUTPATIENT DEPARTMENT (OPD) INCLUDING CARE COMPLEX IN EXTERNAL BUILDING AND EMERGENCY ROOM (ER).

- 10.1. If you discover fire:
- 10.2. The proper response to fire or smoke is **R.A.C.E.**
 - 10.2.1. **R** = Rescue patients immediately from fire or smoke area.
 - 10.2.2. **A** = Alarm: call emergency number '0' and give exact location.
 - 10.2.3. **C** = Contain the smoke or fire by closing all doors to rooms and corridors.
 - 10.2.4. **E** = Extinguish the fire (when safe to do so).
- 10.3. Call emergency number (0) to report the fire. Be sure to take this step immediately after rescuing, so that the appropriate emergency response personnel are notified and can start to the scene of the fire.
- 10.4. Contain the fire and smoke by closing all doors in the area.
- 10.5. After all doors are closed in the fire area, attempt to extinguish the fire if it is safe to do so.
- 10.6. All employees shall be familiar with the location and operation of fire extinguishers through the fire safety education program.
- 10.7. Remember the correct way to use a Fire extinguisher – **PASS**
 - 10.7.1. **P**ull the safety pin
 - 10.7.2. **A**im at base of the fire
 - 10.7.3. **S**queeze the lever
 - 10.7.4. **S**weep
- 10.8. If fire or water threatens your area, initiate the following procedures:
 - 10.8.1. Remove all patients from the fire area.
 - 10.8.2. Turn off all equipment, however leave the lights on.
 - 10.8.3. Calm and reassure any patients who are in your area, but not immediately threatened by the fire.
 - 10.8.4. Close oxygen shutoff valves as necessary.
 - 10.8.5. Keep telephone lines clear.
 - 10.8.6. Close all doors and windows.
 - 10.8.7. Notify the Control Center when you are in readiness for evacuation.
 - 10.8.8. Stand by for orders.
- 10.9. Post someone at exit door to maintain order.
- 10.10. Supply a blanket to each patient and a wet towel to cover their face if necessary.
- 10.11. Evacuate bed patients using gurneys or carry.
- 10.12. If the fire is not in your area, be alert; be guided by the instructions of your area fire marshal, or department director.
- 10.13. Area fire marshals will direct activities of staff members within their units.
- 10.14. Assign personnel to take fire extinguishers and report to scene of the fire.
- 10.15. Calm and reassure any patients who may be in your department.
- 10.16. Assign personnel to coordinate traffic flow at all fire doors and corridors.
- 10.17. Turn off all equipment.
- 10.18. Close all doors and windows.
- 10.19. Stand by for further orders

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11. FIRE SAFETY PLAN - MEDICAL RECORDS DEPARTMENT (EXTERNAL BUILDING).

11.1. If you discover fire:

11.2. The proper response to fire or smoke is **R.A.C.E.**

11.2.1. **R** = Rescue patients immediately from fire or smoke area.

11.2.2. **A** = Alarm: call emergency number '0' and give exact location.

11.2.3. **C** = Contain the smoke or fire by closing all doors to rooms and corridors.

11.2.4. **E** = Extinguish the fire (when safe to do so).

11.3. Call emergency number (0) to report the fire. Be sure to take this step immediately after rescuing, so that the appropriate emergency response personnel are notified and can start to the scene of the fire.

11.4. Contain the fire and smoke by closing all doors in the area.

11.5. After all doors are closed in the fire area, attempt to extinguish the fire if it is safe to do so.

11.6. All employees shall be familiar with the location and operation of fire extinguishers through the fire safety education program.

11.7. Remember the correct way to use a Fire extinguisher – **PASS**

11.7.1. **P**ull the safety pin

11.7.2. **A**im at base of the fire

11.7.3. **S**queeze the lever

11.7.4. **S**weep

11.8. If fire or water threatens your area, initiate the following procedures:

11.8.1. Turn off all equipment, however leave the lights on.

11.8.2. Remove all records (identified for removal) from building or area.

11.8.3. Place all other records in file and storage cabinets as space provides.

11.8.4. Keep telephone lines clear.

11.8.5. Close all doors and windows.

11.8.6. Use the fire extinguisher to suppress the fire only if you are trained and it is safe to do so.

11.8.7. Notify the Control Center when you are in readiness for evacuation.

11.8.8. Stand by for orders.

11.9. If the fire is not in your area, be alert; be guided by the instructions of your area fire marshal, or department director.

11.10. Area fire marshals will direct activities of staff members within their units.


11.11. Assign personnel to take fire extinguishers and report to scene of the fire.

11.12. Assign personnel to close all doors, file cabinets, etc.

11.13. Turn off all equipment.

11.14. Close all doors and windows.

11.15. Stand by for further orders.

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12. FIRE SAFETY PLAN - LABORATORY SERVICES.

12.1. If you discover fire:

12.2. The proper response to fire or smoke is **R.A.C.E.**

12.2.1. **R** = Rescue patients immediately from fire or smoke area.

12.2.2. **A** = Alarm: call emergency number '0' and give exact location.

12.2.3. **C** = Contain the smoke or fire by closing all doors to rooms and corridors.

12.2.4. **E** = Extinguish the fire (when safe to do so).

12.3. Call emergency number (0) to report the fire. Be sure to take this step immediately after rescuing, so that the appropriate emergency response personnel are notified and can start to the scene of the fire.

12.4. Contain the fire and smoke by closing all doors in the area.

12.5. After all doors are closed in the fire area, attempt to extinguish the fire if it is safe to do so.

12.6. All employees shall be familiar with the location and operation of fire extinguishers through the fire safety education program.

12.7. Remember the correct way to use a Fire extinguisher – **PASS**

12.7.1. **P**ull the safety pin

12.7.2. **A**im at base of the fire

12.7.3. **S**queeze the lever

12.7.4. **S**weep

12.8. If fire or water threatens your area, initiate the following procedures:

12.8.1. Turn off all electrically operated equipment, however leave the lights on.

12.8.2. Cover your nose and mouth to avoid inhaling fumes from chemicals.

12.8.3. Protect your face and eyes from breaking bottles.

12.8.4. Remove all patients from the fire area.

12.8.5. Keep telephone lines clear.

12.8.6. Close all doors and windows.

12.8.7. Use the fire extinguisher to suppress the fire only if you are trained and it is safe to do so.

12.8.8. Notify the Control Center when you are in readiness for evacuation.

12.8.9. Stand by for orders.

12.9. If the fire is not in your area, be alert; be guided by the instructions of your area fire marshal, or department director.

12.10. Area fire marshals will direct activities of staff members within their units.


12.11. Assign personnel to take fire extinguishers and report to scene of the fire.

12.12. Calm and reassure any patients who may be in your department.

12.13. Turn off electrically operated equipment.

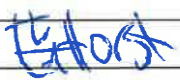
12.14. Close all doors and windows.

12.15. Stand by for further orders.

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13. FIRE SAFETY PLAN - RADIOLOGY DEPARTMENT.

- 13.1. If you discover fire:
- 13.2. The proper response to fire or smoke is **R.A.C.E.**
 - 13.2.1. **R** = Rescue patients immediately from fire or smoke area.
 - 13.2.2. **A** = Alarm: call emergency number '0' and give exact location.
 - 13.2.3. **C** = Contain the smoke or fire by closing all doors to rooms and corridors.
 - 13.2.4. **E** = Extinguish the fire (when safe to do so).
- 13.3. Call emergency number (0) to report the fire. Be sure to take this step immediately after rescuing, so that the appropriate emergency response personnel are notified and can start to the scene of the fire.
- 13.4. After all doors are closed in the fire area, attempt to extinguish the fire if it is safe to do so.
- 13.5. All employees shall be familiar with the location and operation of fire extinguishers through the fire safety education program.
- 13.6. Remember the correct way to use a Fire extinguisher – **PASS**
 - 13.6.1. **P**ull the safety pin
 - 13.6.2. **A**im at base of the fire
 - 13.6.3. **S**queeze the lever
 - 13.6.4. **S**weep
- 13.7. If fire or water threatens your area, initiate the following procedures:
 - 13.7.1. Remove all patients from the fire area.
 - 13.7.2. Turn off all x-ray equipment and main line switches for all equipment, however leave the lights on.
 - 13.7.3. Turn off all fans, blowers and dryers.
 - 13.7.4. Remove all records (identified for removal) from the building or fire area.
 - 13.7.5. Place all other records in file and storage cabinets as space provides.
 - 13.7.6. Keep telephone lines clear.
 - 13.7.7. Close all doors.
 - 13.7.8. Use the fire extinguisher to suppress the fire only if you are trained and it is safe to do so.
 - 13.7.9. Notify the Control Center when you are in readiness for evacuation.
 - 13.7.10. Stand by for orders.
- 13.8. If the fire is not in your area, be alert; be guided by the instructions of your area fire marshal, or department director.
- 13.9. Area fire marshals will direct activities of staff members within their units.
- 13.10. Assign personnel to take fire extinguishers and report to scene of the fire.
- 13.11. Calm and reassure any patients who may be in your department.
- 13.12. Turn off all x-ray machines, mainline switches on all equipment.
- 13.13. Assign personnel to close all doors, file cabinets, etc.
- 13.14. Turn off all equipment.
- 13.15. Close all doors and windows.
- 13.16. Stand by for further orders.

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14. FIRE SAFETY PLAN - SPECIAL CARE UNITS ICU / NICU AND DIALYSIS DEPARTMENT.

14.1. If you discover fire:

14.2. The proper response to fire or smoke is **R.A.C.E.**

14.2.1. **R** = Rescue patients immediately from fire or smoke area.

14.2.2. **A** = Alarm: call emergency number '0' and give exact location.

14.2.3. **C** = Contain the smoke or fire by closing all doors to rooms and corridors.

14.2.4. **E** = Extinguish the fire (when safe to do so).

14.3. Call emergency number (0) to report the fire. Be sure to take this step immediately after rescuing, so that the appropriate emergency response personnel are notified and can start to the scene of the fire.

14.4. After all doors are closed in the fire area, attempt to extinguish the fire if it is safe to do so.

14.5. All employees shall be familiar with the location and operation of fire extinguishers through the fire safety education program.

14.6. Remember the correct way to use a Fire extinguisher – **PASS**

14.6.1. **P**ull the safety pin

14.6.2. **A**im at base of the fire

14.6.3. **S**queeze the lever

14.6.4. **S**weep

14.7. Prior to a fire, ensure that staff members have been delegated for each of the following duties:

14.7.1. Turn on all corridor lights;

14.7.2. Monitor the telephone, emergency calls and relay messages;

14.7.3. Close all room doors; and

14.7.4. Make a current list of all patients so that all are accounted for in the event of fire.

14.8. If fire or water threatens your area, initiate the following procedures:

14.8.1. Remove all patients from the fire area.

14.8.2. Turn off all equipment, however leave the lights on.

14.8.3. Calm and reassure any patients who are in your area, but not immediately threatened by the fire.

14.8.4. Close oxygen shutoff valves as necessary.

14.8.5. Keep telephone lines clear.

14.8.6. Close all doors and windows.

14.8.7. Use the fire extinguisher to suppress the fire only if you have been trained and it is safe to do so.

14.8.8. Notify the Control Center when you are in readiness for evacuation.

14.8.9. Stand by for orders.


14.9. Post someone at exit door to maintain order.

14.10. Supply a blanket to each patient and a wet towel to cover their face if necessary.

14.11. Carry bed patients out (use blanket carry or fireman's carry).

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- 14.12. If the fire is not in your area, be alert, be guided by the instructions of your area fire marshal, or department director.
- 14.13. Area fire marshals will direct activities of staff members within their units.
- 14.14. Assign personnel to take wet blankets, fire extinguishers, etc., and report to scene of the fire.
- 14.15. Calm and reassure any patients who may be in your department.
- 14.16. Assign personnel to coordinate traffic flow at all fire doors and corridors.
- 14.17. Turn off all equipment.
- 14.18. Close all doors and windows.
- 14.19. Stand by for further orders.

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15. FIRE SAFETY PLAN - ADMINISTRATION OFFICE INCLUDING ICT.

15.1. If you discover fire:

15.2. The proper response to fire or smoke is **R.A.C.E.**

15.2.1. **R** = Rescue patients immediately from fire or smoke area.

15.2.2. **A** = Alarm: call emergency number '0' and give exact location.

15.2.3. **C** = Contain the smoke or fire by closing all doors to rooms and corridors.

15.2.4. **E** = Extinguish the fire (when safe to do so).

15.3. Call emergency number (0) to report the fire. Be sure to take this step immediately after rescuing, so that the appropriate emergency response personnel are notified and can start to the scene of the fire.

15.4. After all doors are closed in the fire area, attempt to extinguish the fire if it is safe to do so.

15.5. All employees shall be familiar with the location and operation of fire extinguishers through the fire safety education program.

15.6. Remember the correct way to use a Fire extinguisher – **PASS**

15.6.1. **P**ull the safety pin

15.6.2. **A**im at base of the fire

15.6.3. **S**queeze the lever

15.6.4. **S**weep

15.7. If fire or water threatens your area, initiate the following procedures:

15.7.1. Turn off all equipment, however leave the lights on.

15.7.2. Remove all records (identified for removal) from building or area.

15.7.3. Place all other records in file and storage cabinets as space provides.

15.7.4. Place all cash and current cash journals in safe. Close and lock safe.

15.7.5. Keep telephone lines clear.

15.7.6. Close all doors and windows.

15.7.7. Notify the Control Center when you are in readiness for evacuation.

15.7.8. Stand by for orders.

15.8. If the fire is not in your area, be alert; be guided by the instructions of your area fire marshal, or department director.

15.9. Area fire marshals will direct activities of staff members within their units.

15.10. Assign personnel to take fire extinguishers and report to scene of the fire.

15.11. Assign personnel to close all doors, file cabinets, etc.

15.12. Reassure patients and make a periodic check for their safety.

15.13. Turn off all equipment.

15.14. Close all doors and windows.

15.15. Stand by for further orders.

15.16. ICT back-up disaster policy plan needs to be followed.

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APPROVED BY:	<i>Handwritten signature</i>	REVISED: Every 2 years	M C
<i>Manager Facilities</i> <i>Others see cover page</i>		INTENDED USERS: Hospital Wide	

16. FIRE SAFETY PLAN - PHARMACEUTICAL DEPARTMENT.

16.1. If you discover fire:

16.2. The proper response to fire or smoke is R.A.C.E.

16.3. The proper response to fire or smoke is R.A.C.E.

16.3.1. R = Rescue patients immediately from fire or smoke area.

16.3.2. A = Alarm: call emergency number '0' and give exact location.

16.3.3. C = Contain the smoke or fire by closing all doors to rooms and corridors.

16.3.4. E = Extinguish the fire (when safe to do so).

16.4. Call emergency number (0) to report the fire. Be sure to take this step immediately after rescuing, so that the appropriate emergency response personnel are notified and can start to the scene of the fire.

16.5. After all doors are closed in the fire area, attempt to extinguish the fire if it is safe to do so.

16.6. All employees shall be familiar with the location and operation of fire extinguishers through the fire safety education program.

16.7. Remember the correct way to use a Fire extinguisher – PASS

16.7.1. Pull the safety pin

16.7.2. Aim at base of the fire

16.7.3. Squeeze the lever

16.7.4. Sweep

16.8. If fire or water threatens your area, initiate the following procedures:

16.8.1. Turn off all electrically operated equipment, however leave the lights on.

16.8.2. Keep telephone lines clear.

16.8.3. Close all doors and windows.

16.8.4. Lock the narcotic cabinet.

16.8.5. Remove all prescription records from the area or building.

16.8.6. Use the fire extinguisher to suppress the fire only if you are trained and it is safe to do so.

16.8.7. Notify the Control Center when you are in readiness for evacuation.

16.8.8. Stand by for orders.

16.9. If the fire is not in your area, be alert, be guided by the instructions of your area fire marshal, or department director.

16.10. Area fire marshals will direct activities of staff members within their units.

16.11. Assign personnel to take fire extinguishers and report to scene of the fire.

16.12. Turn off all gas and electrically operated equipment.

16.13. Close all doors and windows.

16.14. Stand by for further orders.

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<i>Manager Facilities</i> <i>Others see cover page</i>		INTENDED USERS: Hospital Wide	

17. FIRE SAFETY PLAN - MAINTENANCE DEPARTMENT.

17.1. If you discover fire:

17.2. The proper response to fire or smoke is **R.A.C.E.**

17.2.1. R = Rescue patients immediately from fire or smoke area.

17.2.2. A = Alarm: call emergency number '0' and give exact location.

17.2.3. C = Contain the smoke or fire by closing all doors to rooms and corridors.

17.2.4. E = Extinguish the fire (when safe to do so).

17.3. Call emergency number (0) to report the fire. Be sure to take this step immediately after rescuing, so that the appropriate emergency response personnel are notified and can start to the scene of the fire.

17.4. Contain the fire and smoke by closing all doors in the area.

17.5. After all doors are closed in the fire area, attempt to extinguish the fire if it is safe to do so.

17.6. All employees shall be familiar with the location and operation of fire extinguishers through the fire safety education program.

17.7. Remember the correct way to use a Fire extinguisher – **PASS**

17.7.1. Pull the safety pin

17.7.2. Aim at base of the fire

17.7.3. Squeeze the lever

17.7.4. Sweep

17.8. If fire or water threatens your area, initiate the following procedures:

17.9. Turn off all electrically operated equipment, however leave the lights on.

17.10. Turn off all fans, air-conditioning, exhaust fans, etc.

17.11. If necessary, secure the electrical room, boiler room and other key maintenance areas.

17.12. In case of an electrical fire, power is to be turned off at the main switch.

17.13. Keep telephone lines clear.

17.14. Close all doors and windows.

17.15. Use the fire extinguisher to suppress the fire only if you have been trained and it is safe to do so.

17.16. Notify the Control Center when you are in readiness for evacuation.

17.17. Stand by for orders.

17.18. If the fire is not in your area, be alert, be guided by the instructions of your area fire marshal, or department director.

17.19. Area fire marshals will direct activities of staff members within their units.

17.20. Assign personnel to take fire extinguishers and report to scene of the fire.

17.21. Turn off all fans, air-conditioning and exhaust fans.

17.22. Turn off utilities as required.

17.23. Turn off oxygen shutoff valves as required.

17.24. Close all doors and windows.

17.25. Stand by for further orders.

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18. FIRE SAFETY PLAN – SECURITY DEPARTMENT

18.1. The proper response to fire or smoke is **R.A.C.E.**

- 18.1.1. R** = Rescue patients immediately from fire or smoke area.
- 18.1.2. A** = Alarm: call emergency number '0' and give exact location.
- 18.1.3. C** = Contain the smoke or fire by closing all doors to rooms and corridors.
- 18.1.4. E** = Extinguish the fire (when safe to do so).

18.2. Call emergency number (0) to report the fire. Be sure to take this step immediately after rescuing, so that the appropriate emergency response personnel are notified and can start to the scene of the fire.

18.3. Contain the fire and smoke by closing all doors in the area.

18.4. After all doors are closed in the fire area, attempt to extinguish the fire if it is safe to do so.

18.5. All employees shall be familiar with the location and operation of fire extinguishers through the fire safety education program.

18.6. Remember the correct way to use a Fire extinguisher – **PASS**

- 18.6.1. P**ull the safety pin
- 18.6.2. A**im at base of the fire
- 18.6.3. S**queeze the lever
- 18.6.4. S**weep

18.7. At the time the Fire Safety Plan is activated, the Security personnel on duty will be responsible for;

18.8. Immediately move through the building informing all departments of **code RED**.

18.9. Control of the Entrances.

18.10. Clear the SMMC facilities of all visitors.


18.11. Clear vehicles from ER main entrance.

18.12. Secure personal belongings and personal effects of patients and deceased.

18.13. Control the movement of people throughout the building to ensure that the clinical staff can carry out their essential function without hindrance from non-essential personnel and visitors.

18.14. Document all actions and decisions on an ongoing basis.

A list of all the hospital departments will be available, to ensure no departments are overlooked (see appendix 3).

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19 FIRE SAFETY PLAN – KITCHEN

19.1 If you discover fire:

19.1.1 The proper response to fire or smoke is **R.A.C.E.**

19.1.2 **R** = Rescue patients immediately from fire or smoke area.

19.1.3 **A** = Alarm: call emergency number '0' and give exact location.

19.1.4 **C** = Contain the smoke or fire by closing all doors to rooms and corridors.

19.1.5 **E** = Extinguish the fire (when safe to do so).

19.2 Call emergency number '0' to report the fire. Be sure to take this step immediately after rescuing, so that the appropriate emergency response personnel are notified and can start to the scene of the fire.

19.3 Contain the fire and smoke by closing all doors in the area.

19.4 After all doors are closed in the fire area, attempt to extinguish the fire if it is safe to do so.

19.5 All employees shall be familiar with the location and operation of fire extinguishers through the fire safety education program.

19.6 Remember the correct way to use a Fire extinguisher – **PASS**

19.6.1 **P**ull the safety pin

19.6.2 **A**im at base of the fire

19.6.3 **S**queeze the lever

19.6.4 **S**weep

19.7 If fire or water threatens your area, initiate the following procedures:

19.8 If the fire is not in your area, be alert; be guided by the instructions of your area fire marshal, or department director.

19.9 Area fire marshals will direct activities of staff members within their units.

19.10 Place all explosive and flammable gases in a safe area.

19.11 Turn off all gas and electrically operated equipment and valves.

19.12 Close all doors and windows.

19.13 Stand by for further orders.

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20 FIRE DRILL POLICY

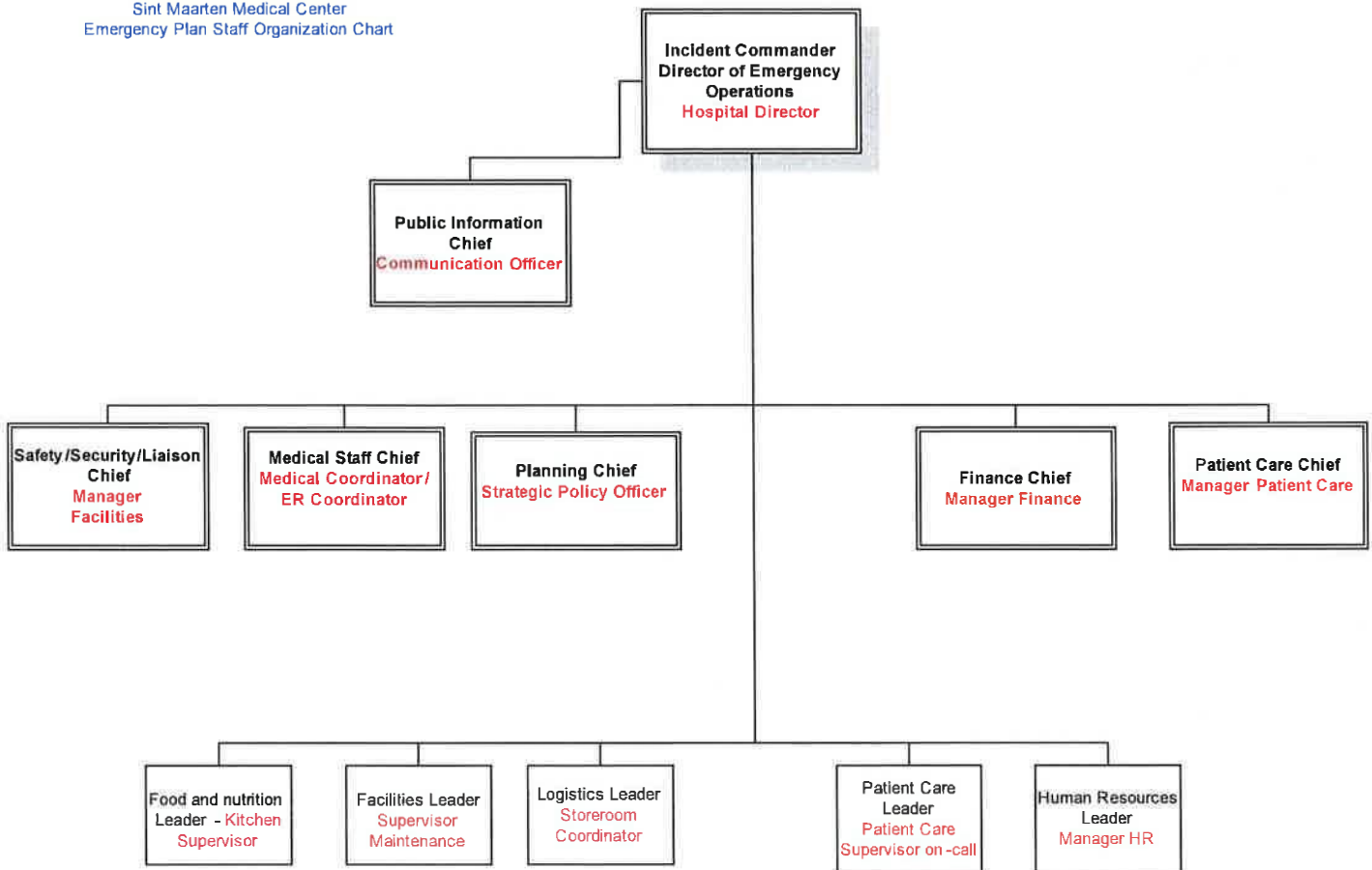
- 20.1** All personnel are required to participate in fire drills and emergency preparedness drills.
- 20.2 Fire drills will be held every six (6) months. At least 50% of the drills will be unannounced.
- 20.3 Each shift of personnel will have a drill in each separate patient-care building.
- 20.4 A random sample of personnel shall be verbally quizzed following each drill. Their knowledge of the following will be assessed:
- Fire alarm communications
 - Containment of smoke and fire
 - Transfer to areas of refuge
 - Fire extinguishments
 - Assignment of specific duties
 - Preparation for building evacuation
 - **Fire drills shall be designed to test staff knowledge of the following:**
 - The use and functioning of fire alarm systems;
 - The transmission of alarms;
 - How to contain smoke and fire;
 - How to transfer patients, visitors and staff to safe area;
 - How to extinguish a fire;
 - What are their specific fire response duties;
 - How to prepare for building evacuation.
- 20.5 All fire drills will be evaluated and critiqued for the purpose of identifying deficiencies and opportunities for improvement.
- 20.6 A written report documenting the evaluation of each drill and the corrective actions recommended or taken for any deficiencies found will be completed by a member of the EOC and filed with the Facilities Department.
- 20.7 All personnel will be trained in fire response. The effectiveness of personnel training will be evaluated on an annual basis, through an assessment of the fire drill evaluations and any corresponding improvement activities conducted.
- 20.8** Fire Safety and Evacuation Manuals will be kept current and available in every department. **Personnel are expected to read these manuals, and the effective performance of responsibilities under each plan is a condition of employment.**

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Appendix 1

Emergency Plan Staff Organization Chart - EOC. NOTE: From SMMC main Emergency Disaster Preparedness Plan (FM 102-1).

Sint Maarten Medical Center
Emergency Plan Staff Organization Chart



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		INTENDED USERS: Hospital Wide	

Appendix 1 (continued)

Primary Responsibilities/Missions:

Incident Commander

- Organize and direct the Emergency Operation Center.
- Give overall direction for hospital operations.
- Authorize evacuation if needed.

Medical Staff Chief

- Organize, prioritize and assign physicians to areas where medical care is being delivered.

Patient Care Chief

- Organize and prioritize delivery of care in all care areas of the hospital.
- Organize and prioritize all aspects relating to triage as required.
- Liaise between the hospital floor and the command center and provide updates to the command team.

Safety/Security /Liaison Chief


- Monitor and have authority over the safety of rescue and hazardous conditions.
- Organize and enforce facility protection, traffic and security.
- Function as incident contact person for representatives from outside agencies (ESF, police, military etc.).

Public Information Chief

- Provide information to media and staff.
- Function as incident contact person for representatives from outside agencies (Occupational Safety and Health Administration, Island ESF, police, etc.).

Finance Chief

- Monitor the utilization of financial assets.
- Oversee the acquisition of supplies and services necessary to carry out the hospital's mission.
- Supervise documentation of expenditures related to the emergency situation.

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Appendix 1 (continued)

Planning Chief

- Organize and direct all aspects of planning section operations.
- Ensure distribution of critical information and data.
- Compile scenario/resource projections from all section chiefs and effect long-term planning.
- Document and distribute facility action plan.
- Direct measures to provide and ensure operability of information services.

Logistics Leader

- Organize and direct those operations associated with supplies to support the medical objectives and the hospital's efforts.
- Ensure adequate supplies to sustain operations for 72 hours.

Patient Care Leader

- Organize and direct overall delivery of care in all care areas of the hospital.
- Organize and direct aspects relating to diagnostics, surgical services and pharmacy.
- Organize and direct overall delivery of care in all ancillary areas of the hospital.

Human Resources Leader


- Organize, direct and supervise those services associated with social and psychological needs of patients, staff and their families.
- Assist with discharge planning.
- Organize labor pool, childcare and bed assignments for staff.

Facilities Leader

- Ensure facilities and equipment are maintained for readiness.
- Direct measures to maintain systems' operability and facility integrity.
- Coordinate repairs.
- Operate emergency equipment.


Food and Nutrition Leader

- Ensure adequate levels of food and water are available and prepared for consumption for patients, associates and others authorized.
- Maintain food and water to sustain operations for 72 hours.

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DEPARTMENT: FACILITIES DEPARTMENT		EFFECTIVE: March 15, 2017					
APPROVED BY:		REVISED: Every 2 years					
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Appendix 2 - Emergency Generator

Generator	GEBE only	Isolation switch
A/C IT server room	All A/C offices upstairs	All A/C offices upstairs, 2x
A/C ICU		
2x A/C CT room	1x CSD sterilizer	1x CSD sterilizer
1x CSD sterilizer	2x CSD washers	
A/C OR	Dishwasher kitchen	
A/C room 30 (isolation room)	Nurse Station Med/Surg	
A/C storeroom ICU	A/C room 31, 32, 33, 35, 36, 37 (2 nd class)	
A/C ER	A/C room 38, 39, 40, 41 (1 st class)	
A/C Telco room	A/C room 43 (education office)	
A/C CSD	A/C room 42 (training room)	
A/C VK 1 and VK 2	Nurse Station PED	
A/C box 20 a, b, c and d	A/C room 14, 15, 21	
A/C incubator room	A/C room 16 (treatment room)	
Freezer, cooler, ice machine kitchen	A/C nurse station OB/GYN	
A/C room 5 (isolation room)	A/C room 7, 8, 10, 11, 12	
A/C room 3 (labour room)	A/C room 9 (daycare)	
A/C Dialysis	A/C room 4 (baby room)	
A/C Storeroom	A/C room 6 (isolation room)	
A/C Maintenance	2x A/C room 1 and 2	
A/C Laundry	A/C kitchen chef	
A/C IV treatment room (chemo)	A/C dr offices outpatient	A/C dr offices outpatient
LAB	A/C dr office Surgeon Office	A/C dr office Surgeons
All lights	A/C Gynecology office	A/C Gynecology office
All 110V outlets	Water heater Med/Surg	
	Water heater OB/GYN	
	Water heater PED	
	Po washer Med/Surg	
	Po washer OB/GYN	
	Po washer PED	
	A/C admission	
	A/C registration office	

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Appendix 3 List of Hospital Departments

1	OBGYN
2	Pediatrics
3	MedSurge
4	Day care
5	Intensive Care Unit (ICU)
6	Education department
7	Kitchen
8	Maintenance
9	Laundry
10	Storeroom
11	Central sterilization department (CSD)
12	Dialysis
13	Operation room (OR)
14	Emergency room (ER)
15	Radiology (XRAY)
16	Outpatient Department (OPD)
17	Pharmacy
18	Cashiers
19	Service desk
20	Medical Archives
21	ICT
22	Human Resources (HR)
23	Finance
24	Management
25	Hygienic and infection control (HIC)
26	Management Support
27	Cleaning (outsourced)
28	SLS Laboratory (external organization)
29	Security (outsourced)

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		INTENDED USERS: Hospital Wide	

Appendix 4 Overview departments and fire marshals:

Number	Department	Number of fire marshals
1	OBGYN	3
2	Pediatrics	1
3	Med Surge	3
4	Day care	
5	Intensive Care Unit (ICU)	
6	Education department	
7	Kitchen	3
8	Maintenance	9
9	Laundry	
10	Storeroom	
11	Central sterilization department (CSD)	
12	Dialysis	
13	Operation room (OR)	2
14	Emergency room (ER)	2
15	Radiology (XRAY)	2
16	Outpatient	3
17	Pharmacy	
18	Cashiers	
19	Service desk	
20	Medical Archives	
21	ICT	4
22	Human resources (HR)	1
23	Finance	1
24	Management	
25	Hygienic and infection control (HIC)	
26	Management Support	
27	Cleaning (outsourced)	
28	SLS Laboratory (external organization)	
29	Security (outsourced)	

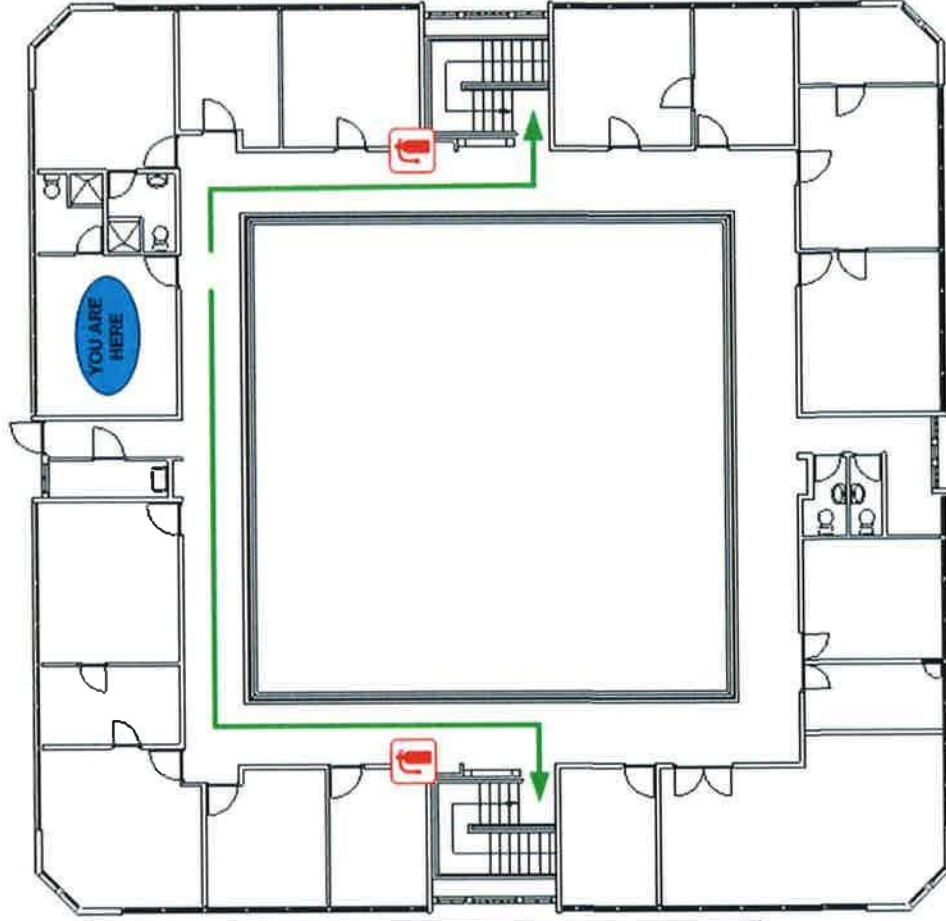
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DEPARTMENT: FACILITIES DEPARTMENT		EFFECTIVE: March 15, 2017					
APPROVED BY:		REVISED: Every 2 years					
<i>Manager Facilities</i>		INTENDED USERS: Hospital Wide					
<i>Others see cover page</i>							

Appendix 5 Key Hospital Contacts:

Position	Name	Speed Dial	Phone numbers
General Director	Kees Klarenbeek	#771#	5203122
Medical Coordinator	Dr. Felix Holiday	#726#	5207833
Manager Patient Care	Antonio Pantophlet	#075# #875#	5201734 5841973
Manager Finance	Davinia Carbiere	#735# #835#	5202676 5546704
Strategic Policy Officer	Bonnie Dekker		5880616
Manager Facilities	Erika van der Horst	#765#	5203099
Manager Support Service - HR	Sheila Hodge	#724#	5548040
Legal Counsel	Lydian Baneke	#795#	5267098
Supervisor Maintenance	Michael Sargeant	#761# #861#	5598807 5842699
Communication Officer	Tyra van Putten		5544692
Kitchen Supervisor	Illis Gumbs	#785#	5809692
Store Room Coordinator	Robert Gabriela		
Sr. HR Officer	Harlec Doran		5544893
Nursing Supervisor ER	Bert WeeWee	#749#	5533896
Educational Instructor	Brunilda Illidge	#074#	5504235
Supervisor OR/Sterilization	Christina Jacobs	#710# #716#	5536451
Pharmacy	Andwele Ilis		5263261
Laboratory	Dr. Nassar Ajubi		5539157
Maintenance Tech ON CALL		#777# #877#	5226989 5841975
Bloodbank ON CALL	Jasmien Cijntje	#723#	5546733

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**Appendix 6 Fire/Evacuation
First Floor plans: Sample.**






In case of FIRE:

- R** – Rescue patients immediately
- A** – Alarm, call '0', give *your location*
- C** – Contain, close all doors to rooms and corridor
- E** – Extinguish and evacuate

In case of CODE BLUE:

- Start CPR
- Let someone call for help
- Dial: **4111**
- Message (repeat 2 times): CPR *your location*
- Call ICU nurse: 1222 or 1223
- Message (repeat 2 times): CPR *your location*
- Have someone stand outside to direct CPR Team.

Legend

-  Your location
-  Fire extinguisher
-  Escape route
-  Assembly point

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Manager Facilities	INTENDED USERS: Hospital Wide		
Others see cover page			

Appendix 6 Fire/Evacuation Ground Floor plans: Sample

In case of FIRE:

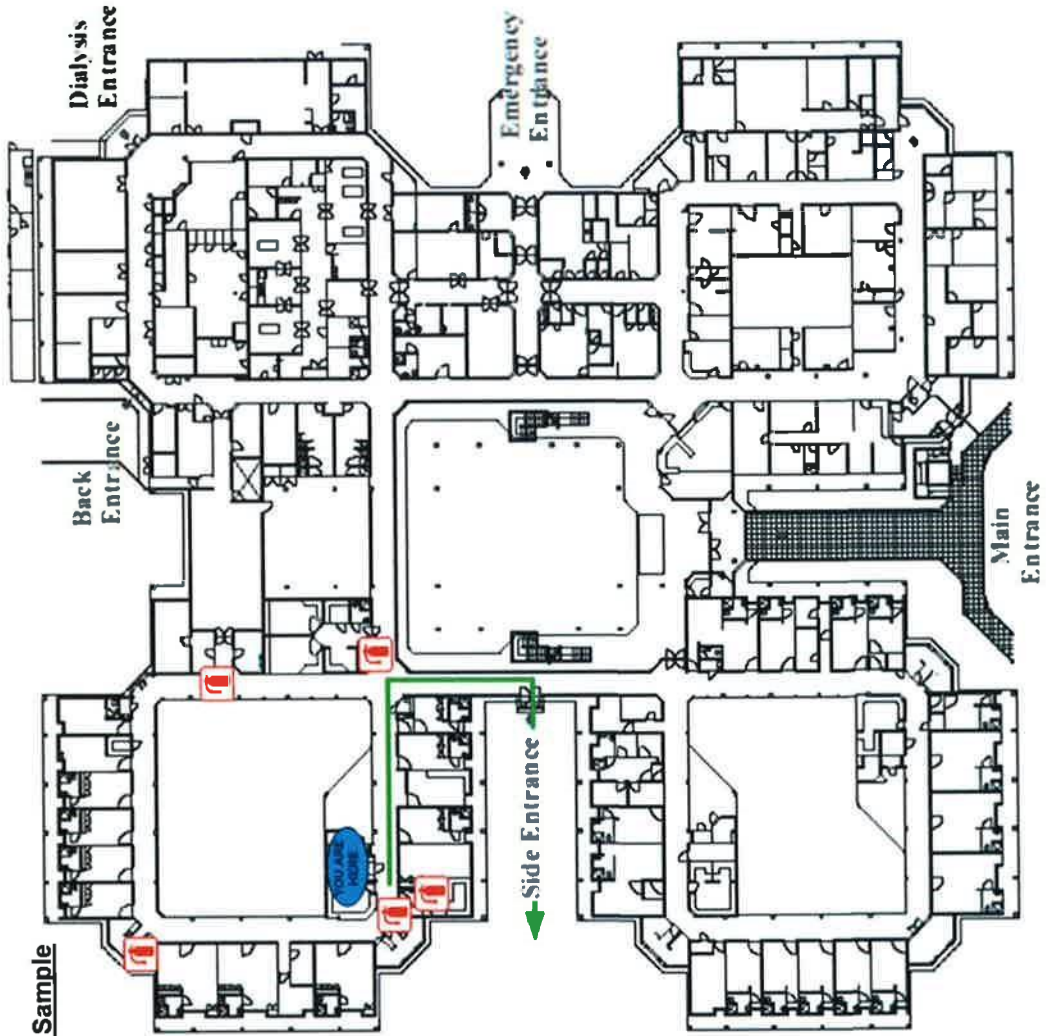
- R** – Rescue patients immediately
- A** – Alarm, call '0', give *your location*
- C** – Contain, close all doors to rooms and corridor
- E** – Extinguish and evacuate

In case of CODE BLUE:

- Start CPR
- Let someone call for help
- Dial: 4111
- Message (repeat 2 times): CPR *your location*
- Call ICU nurse: 1222 or 1223
- Message (repeat 2 times): CPR *your location*
- Have someone stand outside to direct CPR Team.

Legend

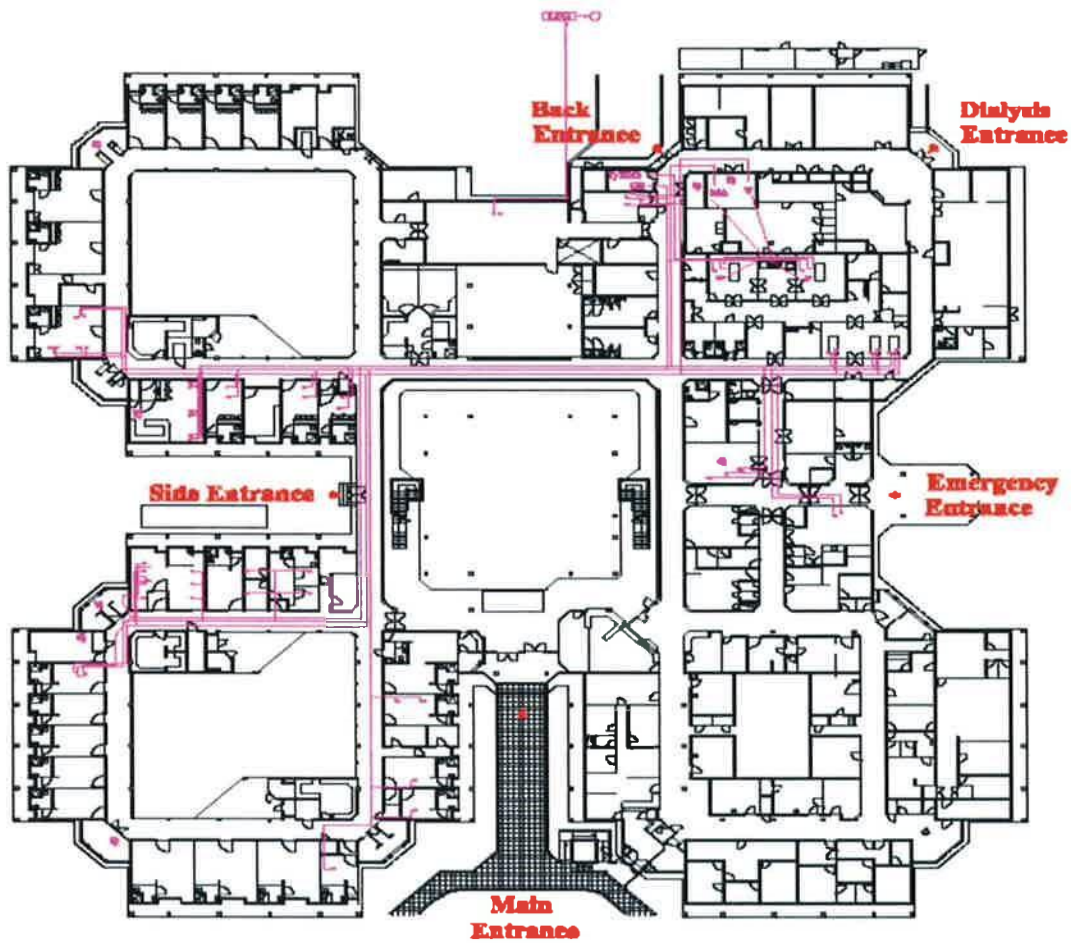
- Your location
- Fire extinguisher
- Escape route
- Assembly point




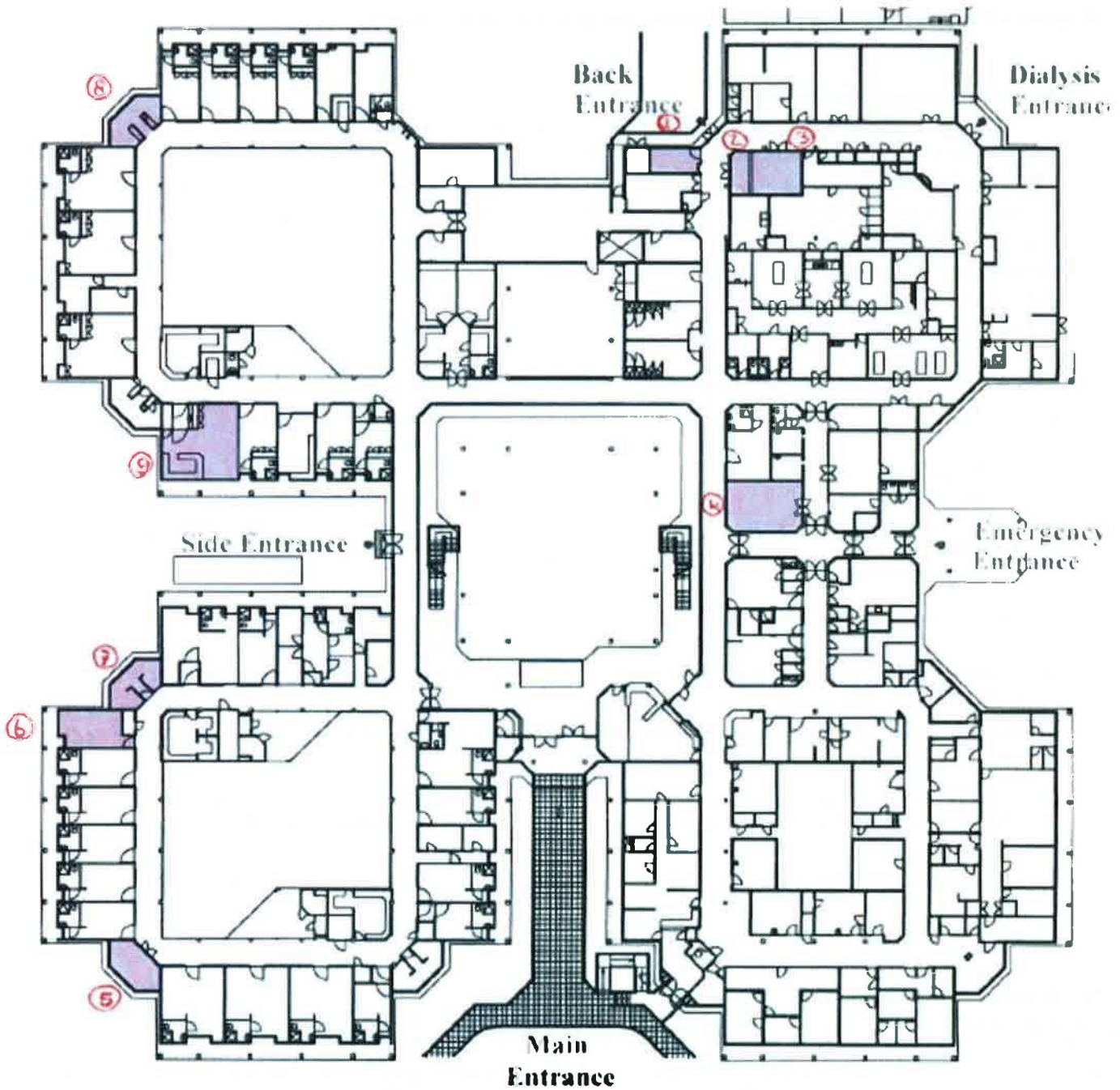
Next to generator building


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DEPARTMENT: FACILITIES DEPARTMENT		EFFECTIVE: March 15, 2017					
APPROVED BY:		REVISED: Every 2 years					
	<i>Manager Facilities</i> <i>Others see cover page</i>	INTENDED USERS: Hospital Wide					

Appendix 7 Gas Shut-off Valves and Bottled Gas locations:



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Appendix 7 (continued) Gas Shut-off Valves and Bottled Gas locations:

1) Central Medical Gas Banks;

- 2x 12 Oxygen cylinders (220 or 330 Cu/Ft) connected in an active and stand-by bank.

This system supply central Oxygen through SMMC per copper lines.

- 2x2 Nitrous Oxide cylinders are connected in an active and stand-by bank.

This system supply central Nitrous Oxide to OR per copper lines.

- Storage of Air cylinders (40 Cu/Ft).

- Storage of Oxygen cylinders (40 Cu/ft).

- Storage of Oxygen cylinders (220 or 330 Cu/Ft).

- Storage of all empty cylinders.

Main valves at this location indicated with stickers. Note, check with OR, ICU, Pediatric ward before shut down valve.

2) Medical gas storage; storage of Carbon Dioxide cylinders (40 Cu/Ft).

3) Vacuum and Medical Air compressor; central Vacuum and Medical Air compressors supply central through SMMC per copper lines. Main valves at this location indicated with stickers.

4) ER crash room; storage of Oxygen cylinders (40 Cu/Ft) for ER Department.

5) Boiler room; storage of Oxygen cylinders (220 Cu/Ft) for OBGYN ward.

6) Treatment room #16; storage of travel incubator with Air and Oxygen cylinders (40 Cu/Ft) for Pediatrics ward.


7) Storage area PED; location of regulator box for the Medical Air room # 23 (incubator room).

8) Storage area MedSurg; storage of Oxygen cylinders (40 and 220 Cu/Ft) for MedSurg ward.

9) ICU; storage of Oxygen cylinders (40 Cu/Ft).

Medical gasses in SMMC:


Medical Gas	Color coding cylinder (USA)	Chemical Formula
Medical Oxygen	Green	O ₂
Medical Carbon Dioxide	Grey	CO ₂
Medical Nitrous Oxide	Blue	N ₂ O
Compressed Air	Yellow	Air
Liquefied Petroleum Gas	n/a	LPG

SUBJECT: FIRE SAFETY AND EVACUATION PLAN		REFERENCE: FM 101-1	S M
DEPARTMENT: FACILITIES DEPARTMENT		EFFECTIVE: March 15, 2017	
APPROVED BY: <i>Manager Facilities</i> <i>Others see cover page</i>		REVISED: Every 2 years	M C
		INTENDED USERS: Hospital Wide	

Appendix 7 (continued) Gas Shut-off Valves and Bottled Gas locations:


NOTES:

- Only locations where a large number of cylinders are stored, are indicated at the layout.
- Central location of Oxygen (O2), Vacuum (V), Medical Air (MA), Nitrous Oxide (N2O) and (LPG) are indicated at drawing.
- Valves are indicated with ∞

SUBJECT: FIRE SAFETY AND EVACUATION PLAN		REFERENCE: FM 101-1	S M
DEPARTMENT: FACILITIES DEPARTMENT		EFFECTIVE: March 15, 2017	
APPROVED BY: Manager Facilities Others see cover page		REVISED: Every 2 years	M C
		INTENDED USERS: Hospital Wide	


Appendix 8

VICTIM RELOCATION SITES:

SUBJECT: FIRE SAFETY AND EVACUATION PLAN		REFERENCE: FM 101-1	<table border="1" style="font-size: 2em; border-collapse: collapse;"> <tr> <td style="padding: 5px;">S</td> <td style="padding: 5px;">M</td> </tr> <tr> <td style="padding: 5px;">M</td> <td style="padding: 5px;">C</td> </tr> </table>	S	M	M	C
S	M						
M	C						
DEPARTMENT: FACILITIES DEPARTMENT		EFFECTIVE: March 15, 2017					
APPROVED BY:		REVISED: Every 2 years					
<i>Manager Facilities</i> <i>Others see cover page</i>		INTENDED USERS: Hospital Wide					

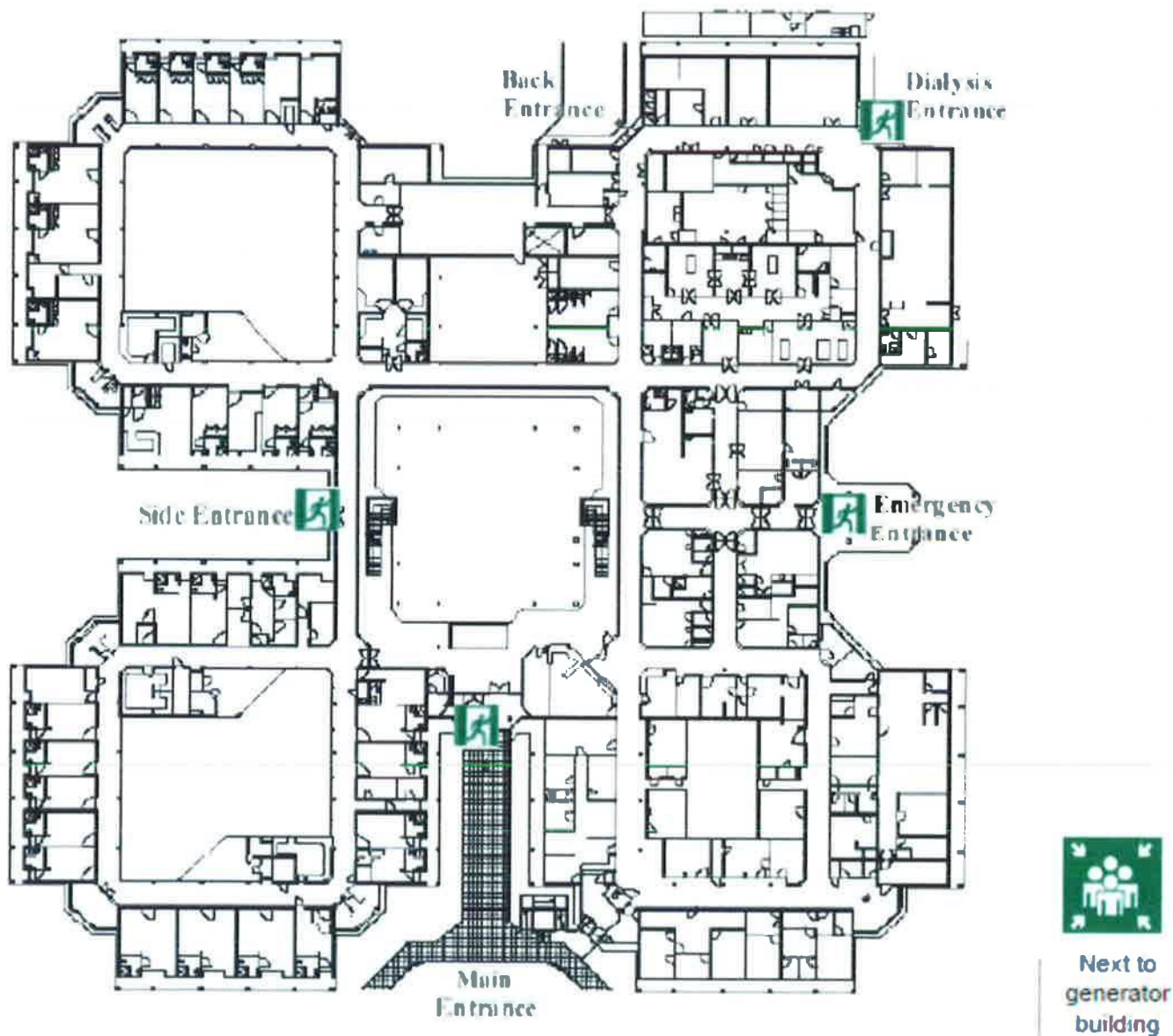
Appendix 9 Emergency contacts


Agency	Name	Phone numbers
Ambulance Department		542-2111 or 912
Police Department		542-2222 or 911
Fire Department		919
Blood bank Curacao	Dr. Duits	011 5999-461-8433 011 5999-510-5544
Red Cross	Julia Boasman	586-5330 or 545-2333
WIEMS	Maria Chemont	522-1329 or 587-5068 580-4997
Total Cleaning	Eugine James	544-2122 or 554-2122
Island Cooking Gas	Franklin Joseph	543-2510/520-3431
US Laundry	Hans van der Moot	544-4169/520-3042
Sheriff Security	Joseph Hoyte Rapley	580-8727 588-9497
Royal Funeral Homes		543-2880/522-0555
Emerald Funeral Homes		542-4323/524-7842
Curacao Hospital (SEHOS)		011 5999 462-5100
Aruba Hospital (Dr. HOH)		011 297 527-4000
Hospital L.C. Fleming French Side		Operator: 011 590-52 25 25 E.R. 011 590-52 25 52
Bonaire Fundashon Mariadal		011 599 715 8900
Erick Ambulance		011 690 88 99 988 011 590 29 29 34 011 690 88 81 30
GEBE Hotline		544 3100
Accessible Ventures	Louis Jeffers	542-0411 524-9204
White and Yellow Cross	Bregje Boetekees	581-0498 / 5878729 548 4431
Milton Peters College		548 3190

SUBJECT: FIRE SAFETY AND EVACUATION PLAN		REFERENCE: FM 101-1	S M
DEPARTMENT: FACILITIES DEPARTMENT		EFFECTIVE: March 15, 2017	
APPROVED BY: Manager Facilities Others see cover page		REVISED: Every 2 years	M C
		INTENDED USERS: Hospital Wide	

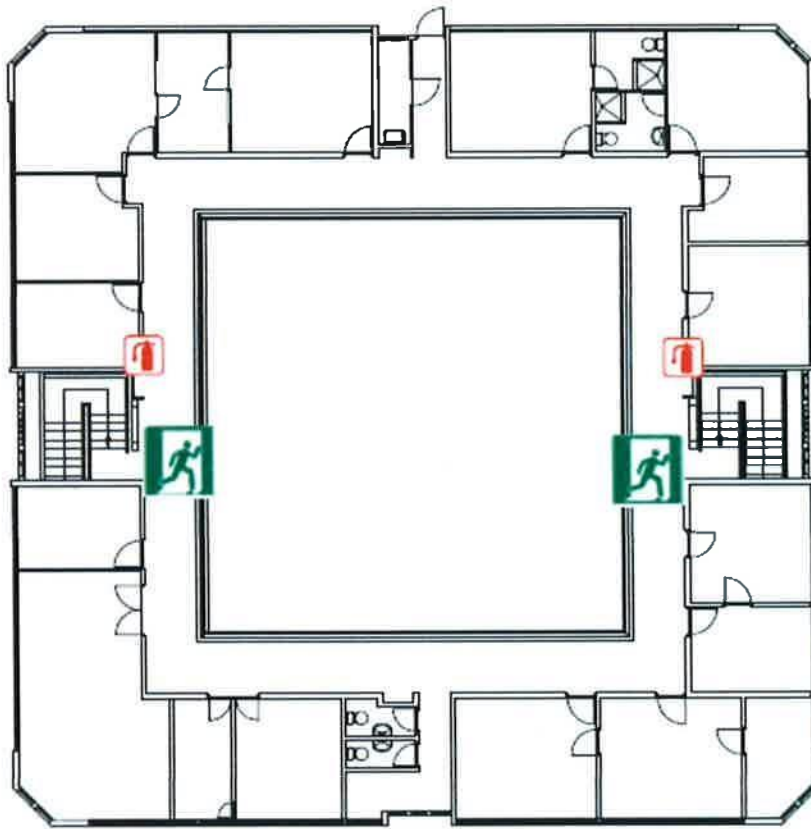
Appendix 10 Emergency exits

Emergency Exits Ground Floor



SUBJECT: FIRE SAFETY AND EVACUATION PLAN		REFERENCE: FM 101-1	S M
DEPARTMENT: FACILITIES DEPARTMENT		EFFECTIVE: March 15, 2017	
APPROVED BY: <i>Manager Facilities</i> <i>Others see cover page</i>		REVISED: Every 2 years	M C
		INTENDED USERS: Hospital Wide	

Emergency Exits First Floor



3.3 SMMC Stake holder Engagement and Communication Plan

1. Introduction

Overview

This Stakeholder Engagement and Communications Plan (SECP) sets out the approach that the St. Maarten Medical Center (SMMC) will follow in order to engage and communicate with stakeholders over the life of the New General Hospital in St. Maarten (herein after the 'Project'). Consultation is undertaken in order to interact and incorporate the viewpoints of Affected Parties. Special consideration will be given to vulnerable groups, including with relation to engagement and consultative activities.

This plan is organized as follows:

- Section 2 outlines the objectives of stakeholder engagement;
- Section 3 introduces the Stakeholder Engagement Plan and related methods, in addition to previous and future activities;
- Section 4 introduces the Communication Plan and outlines its goals and objectives;
- Section 5 describes roles and responsibilities for grievance redress;

2. Objectives of Stakeholder Engagement

The activities of engagement are guided by good international industry practice, as well as all applicable laws and regulations in St. Maarten. The objectives of stakeholder engagement, outlined in this plan, are to:

- Promote the development of respectful and open relationships between stakeholders and the Project proponent (SMMC) and other relevant parties in the pre-construction and future phases;
- Identify Project stakeholders and understand their interests, concerns and influence in relation to Project activities, particularly during the construction phase;
- Provide stakeholders with timely information about the Project, in ways that are appropriate to their interests and needs, and also appropriate to the level of expected risk and potential adverse impacts;
- Support alignment with financing standards and guidelines for stakeholder engagement, as necessary in the pre-construction phase; and
- Record and resolve any grievances that may arise from Project-related activities through a Grievance Mechanism.

3. Stakeholder Engagement Plan

Stakeholder Analysis

Stakeholders and Affected Parties of the Project are identified based on the following information:

- Stakeholders and Affected Parties identified during analysis of the immediate surroundings of the project
- Stakeholders and Affected Parties in attendance at the public stakeholder consultation meeting held on 26 November 2018 after the Draft ESMP is made publicly available via the SMMC website.

The following stakeholders and Affected Parties were identified for this project (to be adjusted after Consultation meeting)

- **Businesses** ANTEK, BZSE, Emerald Funeral Home, Belair Community Center, Dental Care Clinic, Alpha Health Care Services, Bearing Point, SLS Laboratory,

Fire Dept., Ambulance Dept., Raoul Illidge Sports Complex

- **Schools** Learning Unlimited, NIPA, Hillside Christian School
- **Church** Jehovah Witness
- **Residents** Belair Residents Association, Hamster Drive contact person (Denicio

Richardson)

- **Patients and their family, other visitors SMMC**
- **SMMC management & staff**

Stakeholder Engagement Methods and Materials

The engagement process encourages meaningful participation by stakeholders. The SMMC will employ a range of methods and channels for disclosing information in order to tailor disclosure to the interests and needs of the various stakeholder groups and will also produce materials appropriate for specific stakeholders and types of engagement. This may include typical disclosure and engagement methods, such as:

- Local Newspaper Articles, Radio or Digital Media – Used to convey information to local audiences about proposed Project activities and progress.
- Internet/Website/Social Media - Used to promote information or invite stakeholder queries and comments via email.
- Grievance Mechanism - Used by the public to obtain information, ask questions or report and get responses to grievances.

The stakeholder engagement process includes two-way targeted engagement related to specific potential Project impacts. However, engagement activities will continue to be organized around specific topics of interest and known concerns of stakeholders.

Feedback mechanisms are adapted to suit the needs and preferences of different stakeholders and their physical locations. A Grievance Mechanism will be established to provide a dedicated mechanism for interested stakeholders to provide Project-related feedback (discussed below).

4. Communication Plan

The Communication Plan defines the communication goals and methods that the SMMC and INSO will pursue in order to communicate with stakeholders throughout the life of the Project. This plan sets out a framework to ensure consistent, efficient project communication throughout the Project planning and implementation process.

Objectives

It is important that communication with the public about the Project is consistent and easily understood by diverse audiences. Interest and knowledge levels will vary greatly – from highly-engaged individuals and organizations, to members of the general public that have limited familiarity and/or information about the project. Regardless of the interest and knowledge level of any individual, the objective is to provide easily digestible and practical information for the public to augment a smooth Project implementation process.

Communication Goals

The specific goal of this Communication Plan is to provide a strategic guide to:

- Proactively engage stakeholders with up-to-date information regarding Project development, construction timeline, and any changes in scope or delays
- Stress the Project's commitment to minimal disruptions to daily life in Bel Air / Cay Hill and adherence to Project construction timeline
- Establish public trust through credible, consistent, and open communication
- Provide a variety of information tools and points of contact to satisfy a diverse public audience

Key Messages

This section will include key Project messages. Messages should address the following themes and/or categories:

- Project benefits for St. Maarten and its future resilience
- Public involvement opportunities
- Key actors (SMMC, Construction Firm)
- Other TBC

Key messages should be developed internally and socialized with all Project staff as required for the audiences they might encounter such as Board of Directors, Management Team and Project Spokespersons, to construction site supervisors and social outreach team members.

Communication Methods

Communication methods should be developed to convey information to target audiences and the public at large, maintain consistent messaging, and provide the public with the opportunity to offer feedback.

Potential platforms and materials include:

Informational Materials

Clear, accurate, and comprehensive informational materials for use with stakeholders during formal consultation events and informal interactions will be produced. These materials will be updated as the Project evolves and supplemented with additional materials and can include:

- Project fact sheet
- Frequently Asked Questions
- Advertisements for public meetings
- Project maps
- Handouts/flyers
- Periodic direct e-mailings to stakeholders
- Video (via monitor) of construction site
- Physical signs near sites of Project components with visualizations and key information (purpose and dates for completion)

All materials should include a link to the Project website (as part of the SMMC.sx website) where further information can be obtained as well as a point of contact for questions or concerns (as described below).

Project Contact Vehicles

To give stakeholders easy and convenient access to the Project, the following contact vehicles will be put in place:

- Direct number for general Project inquiries of the PMU (Project Management Unit) which will be available 24/7 for urgent situations/complaints, PMU may wish to consider Whatsapp capabilities to provide easier access,
- General e-mail address (PMU@smmc.sx); and
- Mailing address (current SMMC address) and physical office location (Care Complex office of PMU).

The contact vehicles will be monitored regularly and response protocols should be developed to ensure all inquiries are tracked for reporting purposes and that responses are provided. Monitoring will also allow for modifications or ramping up of certain contact vehicles should one method prove more effective than others.

Stakeholder Point of Contact

A community and social coordinator for the Project should be established as a single point of contact for stakeholders. This person will be tasked with providing information and responding to questions, or should they not be able to adequately address enquiries, forwarding the question to a relevant authority.

Information and Communications with Specific Stakeholders

As Project development advances and specific construction plans are in place, the community and social coordinator should be responsible for conducting specific outreach with key stakeholders. The primary purpose of this outreach is to share information, answer questions and obtain stakeholders input on issues and concerns that need to be addressed. These meetings will also help to identify any new stakeholders to include in future outreach activities. Meetings can take place in many formats, from one-on-one casual conversations to small focused meetings.

Public Information and Communications

Beyond specific stakeholders, the public at large should be informed of the Project, its purpose, and key information that may affect daily life in the area. The key messages should always be reiterated during such efforts, in addition to addressing logistical Project updates. Formats for public information and communications should include:

- Public Meetings
- Media engagements especially via most-used media sources (print, radio, local television, online etc.)
- Presentations to key stakeholder groups
- Project milestone press releases to local media
- Project website (part of SMMC.sx) with up-to-date information
- Updated information via SMMC social media (Facebook, LinkedIn)

5. Contact with Complaint Committee (Grievance Mechanism)

Feedback Process

Stakeholders will be able to contact the Complaint Committee by letter, phone, or email. Also contact details for urgent matters will be made available. Contact information will be made available through the SMMC website and also on external publications and communications (including newspapers, leaflets, etc.).

Stakeholders are invited to provide feedback and report grievances about the Project. This will allow the SMMC to monitor how the Project is doing, and will help to identify areas of improvement. The SMMC will treat all types of feedback with professional consideration and respect, and base its responses on open and honest communication. Feedback and grievances, where appropriate and necessary, will be investigated and closed out, and stakeholders will be informed of resulting decisions.

Grievance Mechanism

The SMMC will establish prior to construction a Complaint Committee (CC) to address any feedback and complaints associated with Project activities in good faith through a transparent and impartial process.

Specific objectives of the Grievance Mechanism are to:

- Help identify issues and concerns early, so that they can be addressed quickly and proactively;
- Continuously improve Project performance; and
- Demonstrate the SMMC's commitment to meaningful stakeholder engagement, and respect for local opinions and concerns.

The CC provides opportunities for the receipt, investigation, and resolution of complaints at the Project level during the pre-construction through operations phases. Stakeholders will be notified about the CC in external publications and communications (including newspapers, leaflets, on the website, etc.). A dedicated telephone number and email option for public enquiries and feedback will also be shared.

The SMMC will also undertake broader stakeholder engagement activities, including monitoring and reporting.

Grievance Mechanism Structure and Process

The following structure and process will be followed by the CC:

Process	Description	Time frame	Responsibility & remarks
Establish composition of Complaint Committee members & procedures	Set up of Complaint Committee (CC); Publish article in newspaper and on SMMC website: start date of works and contact information for complainants	2 weeks before start of civil work	Committee exists of Manager facilities, New Hospital Project Manager, Legal Counsel
Identification of grievance	Complaints can be filed face to face, via phone, via letter, or via e-mail, or recorded during public/community interaction	Day of receipt complaint	complaints@smmc.sx; phone: 543 1111 ext: 2500 Postal address: Welgelegen road 30, Cay Hill, Sint Maarten. Attn. Complaint Committee
Grievance assessed and logged	Significance assessed and grievance recorded or logged (i.e. in a log book)	4 - 7 Days upon receipt complaint	Significance criteria Level 1 - one off event; Level 2 - complaint is widespread or repeated; Level 3- any complaint (one off or repeated) that indicates breach of law or applicable policy/regulation
Grievance is acknowledged	Acknowledgement of grievance to complainant	4 - 7 Days upon receipt complaint	Secretariat confirms receipt of the complaint to the complainant via e-mail or letter
Development of response	-Grievance assigned to appropriate party for resolution -Proposal response with input from management and BOD SMMC	4 - 7 Days upon receipt complaint 10 - 14 Days upon receipt complaint	CC
Response signed off	Redress action approved at appropriate levels	14 - 18 Days upon receipt complaint	CC and for level 2 and 3 complaints also Board of Directors (BOD) SMMC
Implementation and communication of response	Redress action implemented and update of progress on resolution communicated to complainant Redress action recorded in grievance log book	18 - 24 Days upon receipt complaint	Project Management Team to implement redress action Legal Counsel to communicate resolution to complainant
Complaints Response	Obtain confirmation complainant that grievance can be closed or determine what follow up is necessary	24 - 30 Days upon receipt complaint	CC
Close grievance	Record final sign off grievance If grievance cannot be closed, obtain expert advice third party, refer to mediation or ultimately court of law	30 - 34 Days upon receipt complaint	Final sign off by CC and for level 2 and 3 complaints the BOD SMMC

Recording and Assessing Complaints/Feedback

All feedback/complaints are forwarded on to the CC. The CC will file the feedback in the Feedback Management System (comprising a Feedback Intake Form, **see below**, and a logging system) and determine the feedback's initial categorization and severity.

Severity levels for prioritization of feedback are as follows:

- Level 1 – Low Priority: Isolated or 'one-off' feedback (within a reporting period of one year) and essentially local in nature;
- Level 2 – Medium Priority: A feedback which is widespread and repeated
e.g. dust or noise from construction vehicles; and
- Level 3 – High Priority: A feedback that has resulted in a serious breach of laws or regulations, has led to or has the potential to lead to negative media coverage and/or is in breach of the SMMC's own policies and procedures. E.g. a serious accident or a pollution incident. A Level 3 feedback will be referred to directly to the Project Coordinator.

Assigning the Complaint/Feedback to a Responsible Party

The CC will investigate the feedback or assign it to a qualified party in order to investigate it and seek resolution (if necessary). The investigative process can include (but is not limited to) site visits, face-to-face meetings, and interviews. All such activities will be documented.

Resolving the Feedback

After investigating the feedback, a resolution will be adopted. In some cases, the Project Management Unit can immediately address the feedback, while in other cases the feedback might need to be elevated to higher level management.

Monitoring and Evaluating the Grievance Process

The CC will be responsible for monitoring and evaluating the overall Grievance Mechanism and process. Using and maintaining a logging system, the CC will quarterly review the feedback process to assess that key milestones are met and feedback are closed out within 30 - 34 days of receipt.

The system will allow for aggregation of data including:

- Number of feedbacks received;
- Types of feedback raised;
- Who / what caused the issue;
- Average resolution times; and
- Feedback from complainants regarding satisfaction of the resolution.

Monitoring these indicators will allow the CC to identify trends and to evaluate the effectiveness of the mechanism and identify areas for improvement. It may also allow for the identification of recurring issues that could warrant discussion and action by the Project Management Unit.

• **Feedback Intake form**

FEEDBACK RECORD			
FEEDBACK REFERENCE NUMBER:	DATE / TIME RECEIVED:	TARGET DATE FOR RESOLUTION:	
NAME OF SUBMITTER:		ADDRESS AND CONTACT DETAILS:	
FEEDBACK RECEIVED BY:		NAME OF PERSON IN CHARGE / EMPLOYEE DEALING WITH THE GRIEVANCE:	
TYPE OF ISSUE/ TOPIC (E.G. NOISE, LAND, POLLUTION, VERBAL ABUSE ETC.):	DESCRIPTION OF FEEDBACK (INCLUDE DETAILS ON WHO / WHAT CAUSED THE ISSUE AND LOCATION OF ISSUE):		
ASSESSMENT OF FEEDBACK PRIORITY LEVEL (TICK RELEVANT BOX)	HIGH PRIORITY	MEDIUM PRIORITY	LOW PRIORITY
SIGNATURE AND ROLE OF EMPLOYEE			DATE:
ACTIONS TO RESOLVE FEEDBACK			
DELEGATION TO:			
ACTION	WHO	WHEN	COMPLETED Y/N/DATE
RESPONSE/RESOLUTION:			
STRATEGY TO COMMUNICATE RESPONSE:			
SIGN-OFF:			
DATE:			
CONCLUSION			
IS SUBMITTER SATISFIED? (Y/N)		COMMENTS FROM EMPLOYEE DEALING WITH THE FEEDBACK:	
SUBMITTER COMMENTS REGARDING RESOLUTION:			
FEEDBACK CLOSED?	Y/N	FEEDBACK RESUBMITTED?	Y/N
SIGNATURE AND ROLE:		DATE:	
DATE:		NEW FEEDBACK NUMBER:	

APPENDIX 4: Stakeholder Meeting November 2018

Figure 1: Attendance List



St. Maarten General Hospital

Attendance list

Public consultation and introduction ESMP

Place: SMMC

Date: November 26, 2018

Nr.	Name	Initials	Organization	Phone number	Email
1	Alberto Carly	A.C	Contract of Jehovah's Witnesses	7215200680	alberto.carly@yahoo.com
2	Alvin Peterson	AP	Contract of Jehovah's Witnesses	721-5248495	alvin_peterson@yahoo.com
3	Kenovin Hendrickson	KH	Contract of Jehovah's Witnesses	5869621	kenovin.hendrickson@yahoo.com
4	Shanell James	SJ	Fire Department	5201738	shanelljames@gmail.com
5	Kees Klarenbeek	Kc	SMMC	5203122	Kees.Klarenbeek@smmc.sx
6	Klaas van Sloten	KvS	Antek	5201054	Klaas@antek.sx
7	Sheila Hodge	SCH	SMMC	5548040	Sheila.Hodge@smmc.sx
8	Henk de Zoow	HdZ	KPMG	5131096	dezoowhenk@kpmg.com
9	Bonnie Dekker	BD	SMMC	5880016	bonnie.dekker@smmc.sx
10	Paul Dijkhoff	PD	SMMC	507-0796	paul.dijkhoff@smmc.sx
11	John van de Pol	JvP	SMMC	593-2558	JOHN.VANDEPOL@SMMC.SX
12	Maarten Tevoort	MT	Baker Tilly	5001101	tevoort@baker.tilly.com
13					
14					
15					

Minutes: Stakeholders meeting ESMP

Date: November 26th, 2018

Location: Sint Maarten Medical Center, Patio

Attendance:

- (AC) Alberto Carly: Contract of Jehovah's Witnesses
- (AP) Alvin Peterson: Contract of Jehovah's Witnesses
- (KH) Kenovin Hendrickson: Contract of Jehovah's Witnesses
- (SJ) Shanell James: Fire Department
- (KvS) Klaas van Sloten: Antek
- (MT) Maarten Tevoort: Baker Tilly
- (AP) Anthony Pantophlet: Sint Maarten Medical Center
- (LB) Lydian Baneke: Sint Maarten Medical Center
- (EvdH) Erika van der Horst: Sint Maarten Medical Center

- (EK) Esmé Klasens-Kerssens: Sint Maarten Medical Center
- (BD) Bonnie Dekker: Sint Maarten Medical Center
- (PD) Paul Dijkhoffz: Sint Maarten Medical Center
- (JvdP) John van de Pol: Sint Maarten Medical Center
- (SH) Sheila Hodge: Sint Maarten Medical Center
- (KK) Kees Klarenbeek: Sint Maarten Medical Center
- (HdZ) Henk de Zeeuw: KPMG

English Summary stakeholders meeting

Information

During the stakeholders meeting there was a presentation with all the necessary information. In the presentation the ESMP plan was presented. The ESMP plan and the presentation are accessible on the website www.smmc.sx, World Bank – Procedures.

The meeting

The stakeholders meeting about the ESMP was opened by the moderator Mr A. Pantophlet, Manager Patient Care. After the intro he gives the word to Mr K. Klarenbeek, General Director. Mr. Klarenbeek presented the background of the project and explained the necessity of a new hospital. Mr H. de Zeeuw presented the project in more detail with a visual overview of the different phases of construction. Ms E. van der Horst presented the ESMP and Ms L. Baneke explained the complaint procedure. During and after the presentation the stakeholders had the opportunity to ask questions. The following questions were asked and provided with answers:

Question	Answer
<p>MT: From 66 beds to 110 is that sufficient enough? How do you know that?</p>	<p>KK: This was based on calculations from the Care Demand model. Preformation, a consultant company with broad experience in this field, has performed an investigation/research to make the best possible estimate for the demand on Sint Maarten. If it would appear that this number of beds is not sufficient for the future, we still have the possibility to further expand the new building. That option is already included.</p>
<p>SJ:</p> <ol style="list-style-type: none"> 1. The main concern that we have is the parking, around the hospital. At this moment there are already problems with parking. We don't want that people are going to park on the roadside. 2. Floods by the roundabout? 	<p>HdZ:</p> <ol style="list-style-type: none"> 1. We will do have clear signs and do patrols. The fire truck and the ambulance need to be able to pass the street as well. SMMC agrees this is a very important item to keep closely monitoring during construction, and stay communicating with neighbors to detect in early stage if something is not going as wanted. Therefore, the SMMC is organizing an alternative parking area. 2. The building is 1 meter higher; the flooding is not affecting the hospital. There is always another road to access the hospital. The

Question	Answer
	benefit of this location is there are different escape routes.
<p>KvS: Concerns about the Helipad, especially on the Welgelegen Road, because that road is very busy. Why is the Helipad not on the top of the roof?</p> <p>MT: For the Helipad, the most important users are other islands in the region (Saba, St. Eustatius). Are the BES islands also contributing?</p>	<p>HdZ: We reviewed all the options for the Helipad on top of the roof. On the roof there is technical equipment, with the fumes, that is not a good idea. So that was not a possibility. Solution is the helipad on the ground with control on the Welgelegen Road, with traffic lights and possibly guards.</p> <p>HdZ: Yes.</p>
<p>KH: Can we control the dust factor?</p>	<p>HdZ: We are placing dust screens and also, we want to keep the ground moist, if the constructors are working on it. We minimize the dust as much as possible.</p>
<p>KvS: Moving the ER to another location, Welgelegen Road, is that a good idea? Because the road is very busy. Do you have traffic lights to arrange the traffic?</p>	<p>HdZ: Currently we don't have included in the plan that there will be traffic lights by the new ER entrance, but we can consider that if it would appear to be necessary.</p>
<p>MT:</p> <ol style="list-style-type: none"> 1. Regarding the construction equipment, this is going probably from the harbor to SMMC, what about the traffic, and rush hour? Are you going to measure the traffic jams around the construction site as a performance indicator? 2. What about the regulations about the heavy equipment's? 	<p>HdZ:</p> <ol style="list-style-type: none"> 1. Yes, the performance indicator is part of the monthly report. <p>EvdH:</p> <ol style="list-style-type: none"> 2. This is a responsibility for the contractor. They will regulate the traffic on the construction site and follow the national laws and regulations in this respect.
<p>KvS: Still concerns about the traffic. What if people still parking on the road? The road is already too small.</p>	<p>HdZ: Yes, this is very important. We can put extra signs, give the patient and staff additional information about parking (where to park) and we have security guards. We want to stay in close contact with stakeholders in the area and address any problems swiftly.</p>
<p>AC:</p>	<p>EvdH:</p>

Question	Answer
<p>Is there a work schedule? Are the employees working on Saturdays? By the Kingdom Hall there is also a very large amount of traffic, so what to do with this problem?</p>	<p>There are specific hours that the construction workers are allowed to make noise. These hours are mentioned in the tender documents. But the working hours are from Monday until Friday (during day time 9-6).</p> <p>HdZ:</p> <p>We need to communicate everything with each other. All the problems that you have discuss this with the contractor. If there are specific busy hours or days it would be good to communicate this beforehand and see how we can best work around this.</p>
<p>KH:</p> <p>In the new hospital will there be medical tourism?</p>	<p>KK:</p> <p>There is still no definite decision about the purpose of the additional wing. An option is renting it out for medical tourism; we want to give medical care close to home. The purpose of the additional wing must fit the hospitals business plan and strategy. We want the population of Sint Maarten to also benefit.</p>

The information session that was held for the stakeholders were greatly appreciated. This was the given feedback at the end of the presentation.

APPENDIX 5: INSO Health, Safety & Environment (HSE) Plan

Full report available in separate file



SISTEMI PER LE INFRASTRUTTURE SOCIALI



S I N T M A A R T E N G E N E R A L H O S P I T A L

HEALTH, SAFETY & ENVIRONMENT PLAN Rev. 04

DESIGN & CONSTRUCTION PHASE

EMPLOYER:
SINT MAARTEN MEDICAL CENTER



EMPLOYER'S REPRESENTATIVE:
DZFAS

ENGINEERING CONSULTANTS:
ROYAL HASKONING DHV



Revision	Date	Description	Prepared by:	Approved by:
00	13 July 18	Issue Plan	PV, ER	AC
01	03 May 19	Update document	TC, ER, TM	CO
02	18 July 19	Update document	ER, CF	CO
03	02 Sept 19	Update document to include ESMP plans	ER, CF, ED	CO
04	08 Oct 19	Update document to include ESMP plans	ER, CF, ED	CO

APPENDIX 6: SMMC Waste Protocol

Full report available in separate file



SMMC Waste Protocol

KEYWORDS: Waste, BioHazard, Cytotoxic, General Waste, Waste Stream, Protocol

SCOPE: All SMMC Personnel, Contracted Medical Waste and General Waste Companies, Housekeeping

SKILL LEVEL: SMMC Personnel

PURPOSE: The purpose of this policy is to develop a system that addresses the identification, selection, handling, storage, use, and route of disposal of infectious, chemical, and general waste streams.

PROTOCOL

- I. **KEY POINTS:** In order to manage disposal of hospital waste responsibly, and reduce the health risks associated with infectious waste, ensure SMMC personnel is informed of correct handling, storage, and disposal of all waste streams (See Attachment A- SMMC Waste Stream Chart). To achieve this, it is necessary to ensure the following:
 - a. SMMC produced waste must be separated by streams according to their definitions (see Attachment A- SMMC Waste Stream Chart).
 - b. All hospital waste must be safely handled and transported.
 - c. All hospital waste must be stored and disposed of correctly.
 - d. Managers, Supervisors and Staff are aware of their responsibilities and receive training appropriate to their tasks when handling, storing and disposing of all types of waste.
 - e. Human tissue clinical waste (**yellow**) is bagged and refrigerated at SMMC, then transported for incineration at the funeral home.
 - f. Clinical waste sharps and non-sharps waste (**red**), which is potentially infectious waste, is treated onsite at SMMC through an integrated grinding and sterilization by microwave process (Sterilwave 250).
 - g. Cytotoxic chemical and laboratory sharps (sharps-**blue**) and non-sharps waste (clear bags labeled chemotherapeutic agent) is collected by a contracted waste facility.
 - h. Regular waste (paper and other) is placed in the compactor and then collected by a waste disposal company.
 - i. All waste streams are appropriately handled, collected, separated and stored in a suitable place away from general circulation routes (e.g. sluice or dirty utility rooms) to await collection, or moved directly into the final storage location within the SMMC medical waste bio-rooms.

- II. **DEFINITIONS:**
 - a. **Infectious waste:**
 - i. Human Tissue Clinical Waste – Also referred to as pathology or anatomy waste- consisting wholly or partly of human tissue or body parts, including placentas and amputations.
 - ii. Infectious Clinical Waste- waste produced from healthcare and similar activities that may pose a risk of infection, for example, materials consisting of blood or body fluids, drugs or other pharmaceutical products, swabs, dressings or syringes, needles or other sharp instruments, being waste which, unless rendered safe, may prove hazardous to any person coming into contact with it. This includes any other waste arising from medical, nursing, pharmaceutical or similar practice, treatment, care, or the collection of blood for blood transfusion being waste that may cause infection to any person coming into contact with it.
 - b. **Chemical Waste:**
 - i. Cytotoxic medications - Pharmaceutical chemicals, sometimes known as antineoplastics, describe a group of medicines that contain chemicals which are toxic to cells preventing their replication or growth, and so are used to treat cancer. They can also be used to treat a number of other disorders such as rheumatoid arthritis and multiple sclerosis.