UHG ADM #30631
ENVIRONMENTAL AND SOCIAL ACTION PLAN – February 14, 2011

NO	ACTION	DUE DATE
	Management Systems and Assessment	
1	a. Develop and maintain a regulatory building and operating permit register and establish a follow-up system for all hospitals and clinics which are both operational and under construction. (The register including the status and copies of permits will be quarterly submitted to IFC during the first year following disbursement.)	Prior to disbursement
	b. Incorporate IFC's Performance Standards on Social and Environmental Sustainability into the existing management systems and ensure that organization and responsibilities are defined in writing. In addition to the on-going operations, all new projects and changes shall be subject to the environmental and social due diligence starting from land acquisition process to the operational phase.	End 2011 End 2013
	c. Establish a quality management system certification target schedule for UHG's hospitals in accordance with international standards of ISO 9001 and JCI where applicable.	End 2011
	Labor and Working Conditions	
2	a. Develop and maintain a certification register for staff with regard to their workplace area.	End 2011
	b. Review and upgrade conditions of ventilations in laboratory areas primarily pathology laboratories. Ensure that all hood systems are equipped with appropriate ventilation and filtration, are part of the preventive maintenance program and maintenance is regularly recorded.	End 2012
	c. Enforce personal protective equipment usage in the operations, particularly in the laboratories. PPE will include nitrile gloves, goggles and appropriate masks.	End 2011
	d. Conduct documented workplace risk assessments to be regularly reviewed and develop employee health monitoring programs at all hospitals.	Mid 2012 (or earlier if required by regulatory authorities)
	e. Establish a documented accident/incident reporting and investigation system at all hospitals.	End 2011
3	a. Develop documented EHS and labor management rules for construction works.	End 2011
	b. Develop a documented regular inspection system for construction employees and contractors in order to ensure that occupational health and safety rules and other conditions such as social security and insurance, minimum age, avoidance of excessive over-time working are respected.	End 2011
	c. Define construction quality supervision mechanisms to be implemented and documented over the course of construction, consolidation and renovation works excluding minor repairs or cosmetic improvements to the existing sites.	Prior to start-up of construction or renovation
4	Review human resources policy and internal regulations and enhance as necessary to cover all issues included at IFC's Performance Standard 2.	End 2011
	Pollution Prevention and Abatement / Resource Conservation	
5	a. Within the context of on-going activities for replacement of hazardous chemicals, make an inventory of chemicals that are currently used in operations at each unit of each hospital and make a plan for replacement where feasible, with non-hazardous or, if this is not possible, with less hazardous alternatives.	End 2011
	b. Make an inventory of hazardous materials that are potentially present in buildings and obsolete equipment which are older than 10 years. These may include asbestos, PCBs, CFCs, strong acids and heavy metals. Establish a replacement schedule for such materials (eg. halocarbon containing fire extinguishers) and formalize a procedure to ensure that those materials are safely disposed by qualified professionals.	End 2011
6	Complete upgrading of pharmaceutical and chemical storage areas. Flammable materials shall be kept in ventilated areas away from oxidizers.	Mid 2012

7	Complete establishment of documented wastes and effluents management procedure at all hospitals and provide a copy to IFC. The procedures will be in line with national regulations on management of medical waste, hazardous waste, domestic waste; water pollution control and radiation safety. Radioactive waste management procedures will be in line with both national regulations and IAEA standards and guidelines.	End 2011
	Community Health, Safety and Security	
8	For existing facilities; a. Complete on-going upgrades on life and fire safety and submit a status report to IFC. b. Submit to IFC life and fire safety verification records by agreed third party experts for all hospitals and establish an action plan to address recommendations against national and internationally agreed norms. c. Provide IFC with the copies of seismic risk studies of all hospitals, conducted by agreed professionals and relevant consolidation activities along with the verification repors. IFC will be consulted in selection of experts. d. Develop and maintain a register of Emergency Management Plans and their clearance and validity status notified by Civil Defense Authorities. e. Establish an internal regular inspection mechanism at all hospitals to ensure that evacuation routes and emergency exists are alwayds kept open to access.	End 2011 Mid 2012 End 2012 End 2011 End 2011
9	For expansion projects; a. Provide the copies of life and fire safety master plans prepared by an independent qualified professional showing how building designs will meet local and internationally agreed standards. b. Provide independent expert reviews about the adequacy of building structures to anticipate seismic risks and plans for consolidation as necessary. IFC will be consulted in selection of experts. c. After building constructions and renovations, provide third party expert reports verifying that buildings were constructed in accordance with the anticipated seismic conditions, life and fire safety standards.	End 2011 End 2011 Before openings
10	Establish a documented preventive maintenance program and register for all buildings, utilities, treatment systems and safety critical equipment at each hospital. Define control frequencies by certified professionals.	End 2011
11	Post at visible areas regular drinking and potable water analysis conducted by certified laboratories which shall be performed at least monthly.	End 2011
12	Ensure that a documented regular audit program for infection control which is coordinated and supervised by competent staff is in place at all hospitals, relevant team meetings are periodically conducted.	End 2011
	Community Engagement	
13	Develop formalized community engagement program to regularly define activities to be implemented.	End 2012