



European Bank
for Reconstruction and Development

Sub-sectoral Environmental and Social Guideline: Health Services

Introduction

This guideline is designed to be used by EBRD Financial Intermediaries (FIs) to understand the nature of environmental and social (E&S) risks associated with existing operations in this sector and suggested actions for businesses to manage these E&S risks. It also provides guidance for FIs on potential due diligence questions to raise with management to understand how their business is managing these E&S risks. This guideline focuses on material E&S risks; it is not an exhaustive list of E&S risks. In managing E&S risks, all businesses should be compliant with relevant E&S laws and regulations. Where applicable, these include European Union legislation, which may also be taken as a benchmark for good practice.

This guideline covers the health services industry.

Reference NACE codes:

- Q86.1: Hospital activities
- Q86.2: Medical and dental practice activities
- Q86.9: Other human health activities such as medical laboratories

Material risks

Below is an overview of the material risks present in the health services industry.

E&S Risk Category	Environment 	Health and safety 	Labour 	Community 	Page no.
Key E&S Risks (In order of materiality)	Affect the natural environment	Affect the health or safety of employees	Affect workplace conditions and the treatment of employees	Affect the health and safety, livelihoods, and environment of the community and wider public, alongside patients	
Waste management	✓	✓		✓	3
Occupational health and safety		✓	✓	✓	4
Treatment of patients			✓	✓	6
Emergency response	✓	✓	✓	✓	6
Energy use and climate change impacts	✓			✓	7
Water use	✓			✓	7
Labour standards		✓	✓		8
Ethics and bribery			✓	✓	9



European Bank
for Reconstruction and Development

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Contents

Section	Page No.
<i>1. Process description</i>	<i>3</i>
<i>2. Key E&S Risks</i>	<i>3</i>
<i>3. Financial Implications</i>	<i>10</i>
<i>4. Suggested due diligence questions</i>	<i>11</i>
<i>5. References and additional sources</i>	<i>16</i>



1. Process description

Health services refer to those sectors which provide goods and services to treat and manage patients with curative, preventative, rehabilitative and palliative care. This includes the preservation of mental and physical well-being through the services offered by medical and allied health professionals. Services may be provided by public, private and not-for-profit sectors and the split between these sectors varies from country to country. These services can be provided or supported through multiple channels in the home, community, work place and public including; public hospitals; mobile clinics; community health centres; research facilities; mental care centres; ambulance stations; dental clinics; and pharmacies.



2. Key E&S Risks

Providing health care services can potentially create a number of E&S risks. The most

significant risks are associated with clinical waste management, and occupational health and safety. Both of these areas are uniquely significant to the health services industry.

In terms of the social impacts, this guideline considers impacts on employees, patients and the immediate community, but not the implications of health service delivery on wider society.

Health services businesses may need permits or licences which will set out requirements in terms of managing waste, safety and energy consumption. Radioactive substances are widely used to diagnose and treat patients and health service providers may need to obtain specific permits for storage and use of radioactive substances.

Specific legislation that may apply to the health services sector may include, but is not limited to, the following:

- International Health Regulations 2005
- EU Emissions Trading Scheme (EU ETS) (depending upon the combustion capacity of equipment on site)
- EU Directive 2010/32/EU - prevention from sharp injuries in the hospital and healthcare sector
- EU Directive 2003/88/EC - working time directive
- EU Directive 2002/98/EC - standards of quality and safety for the collection, testing, processing, storage and distribution of human blood and blood components
- EU Directive 2008/98/EC - waste framework directive
- EU Directive 2011/24/EU - on patients' rights in cross-border healthcare
- REACH – Registration, Evaluation, Authorisation and restriction of Chemicals



- IFC EHS Guidelines for Health Care Facilities (2006)

Below are the material E&S risks associated with this sector and key measures to manage them. Where gaps are found in the management of key E&S risks, the E&S risk management measures should form part of a corrective E&S action plan agreed with your customer.

Waste management



Health service facilities create various waste streams including non-hazardous waste, hazardous waste and clinical waste.

Non-hazardous waste may include: domestic waste (municipal waste); food waste; hygiene waste; packaging waste; recyclates (paper, glass, aluminium etc.); furniture and waste generated from ground maintenance such as soil and plants.

Hazardous waste could include: fluorescent tubes; laboratory, cleaning and photo chemicals; oils; batteries and waste electronics; asbestos; paints and solvents. Pharmaceuticals can also be hazardous to the community if they are improperly disposed of.

Clinical waste can be defined as any waste that consists wholly or partly of: blood or other bodily fluids; drugs or other pharmaceutical products; excretions; human or animal tissue; swabs or dressings/syringes; heavy metals (often mercury from amalgam dental fillings); needles or other sharp instruments. The principal sources of clinical waste are: blood transfusion centres; dental surgeries; general practitioners' surgeries; health centres; hospitals; research establishments including universities; public health laboratories and veterinary surgeries.

Unless hazardous and clinical waste is properly segregated, handled, transported and disposed of, it can present risks to the health and safety of employees and members of the public, for example through unnecessary spread of infection and disease, reduced quality of life (e.g. from inhalation of solvents, or pollutants from improper incineration), minor injuries (e.g. from improperly disposed sharps) and other ailments (e.g. skin irritation from improper chemical disposal in sinks).

More significant impacts can include exposure to blood-borne viruses such as Hepatitis B, Hepatitis C and Human Immunodeficiency Virus (HIV), and exposure to infectious biological waste which may be carrying hepatitis, e coli infection, tuberculosis and MRSA (bacteria that can lead to serious infections).

It can also present risks to the environment, such as air and groundwater pollution and ground contamination.

Indirect risks include:

- The improper disposal of biological wastes, which can also lead to an infestation of vermin such as rats, cockroaches and birds which may be disease carriers.
- Cross infection from contaminated waste materials which are scavenged whether for reuse as a means of income generation (e.g. recyclable materials), or deliberate illegal use (e.g. hypodermic needles which are often later inappropriately discarded).
- Unpleasant odours and visual appearance created by clinical waste, particularly with regard to blood, tissue and bodily fluids.



How can a business manage this risk?

- Facility operators should ensure that clinical waste is managed properly, and only transferred to an authorised waste management operator. There are usually legal requirements which set standards and procedures for how clinical waste is segregated, stored and labelled (usually colour coded), transported and disposed.
- Disposal options for clinical and hazardous waste vary depending on the nature of the waste but include incineration, treatment (via heat, chemicals or irradiation) and recovery. Larger health facilities (e.g. large hospitals) might have on site waste incinerators.
- Enforce immediate and safe disposal of needles and other sharp instruments into appropriate, puncture-proof sharps bins.
- Provide health surveillance and immunisation, where appropriate.
- Develop and implement a waste management plan covering all aspects of waste treatment on site. Wherever possible, priority should be given to reduction of wastes generated, and recovery and re-use of materials.
- Return packaging of hazardous materials (wherever possible), such as empty drums, to supplier for reuse.
- Dispose of electrical and electronic equipment in line with regulation and waste management best-practice (e.g. recycling instead of landfilling).
- Dispose of food waste responsibly and explore options such as energy generation to reduce the use of landfill sites.

uneven surfaces, inappropriate footwear, poor lighting, weather conditions, trailing cables and pipe work.

- **Musculoskeletal disorders (MSDs):** MSDs are caused by manual handling of patients, repetitive and heavy lifting, uncomfortable working positions, long periods of work without breaks, and exerting too much force.
- **Stress and violence:** Health services staff are likely to experience work related violence and aggression, alongside stress. Violence can be caused by agitated patients, often the elderly or those with mental illnesses, those with emergency needs or emotional friends/family. Facilities may be targeted when drugs and equipment are stored on site, this can lead to employees, patients and community members being exposed to threatening behaviour.
- **Exposure to hazardous chemicals** used to clean, disinfect, and sterilize surfaces and supplies (cleansers/disinfectants) and to kill insects and other pests (pesticides) can lead to irritation and dermatitis and may be harmful to health if inhaled. Drugs used to treat patients can have unintended consequences for workers who are exposed to them when they prepare and administer solutions or are exposed to the off-gassing of anaesthesia, formaldehyde and aerosolized breathing treatments. Latex gloves can also cause skin problems.

Occupational health and safety



The leading causes of employee accidents and sickness absence within health services are:

- **Slips and trips:** A major contributor to serious workplace injury in the health services sector is accidental tripping or slipping. This is primarily caused by
- **Injuries and infections from needles/sharps,** either through accidents while handling, or improper disposal. May lead to minor cuts, major cuts, infections and diseases such as



Hepatitis B, Hepatitis C and Human Immunodeficiency Virus (HIV).

Other occupational health and safety risks include:

- **Clinical waste:** Clinical waste is covered in the waste management section.
- **X – ray exposure:** Health care workers who work with or around diagnostic X – ray machines may be exposed to ionising radiation, which can have serious health implications including genetic effects and, in rare circumstances, cancer.
- **Long hours or night shifts:** This can lead to fatigue, decreased wellbeing and limited ability to concentrate.

How can a business manage this risk?

Slips and trips:

- Ensure that walkways are constructed of non-slip materials and that cables and pipework are concealed under walkways or attached thoroughly to the wall.
- Minimise access to areas being cleaned or where spillages have occurred. Spills should be cleaned up immediately and the floor should be dried as much as possible.

Musculoskeletal disorders:

- Redesign manual processes and rotate work tasks to reduce heavy lifting/repetitive activities, and where possible install mechanical lifting aids.
- Introduce and enforce the use of appropriate mechanical aids for manual handling.
- Train workers in correct lifting techniques.

Stress and violence:

- Set up protective barriers to protect high-risk staff from violence.
- Undertake a security vulnerability assessment and

consider the need for upgrades to existing security measures.

- Provide employees with specific training on how to react in case of physical attacks or verbal abuse.

Hazardous chemicals:

- Provide appropriate gloves, impervious aprons or overalls and/or respiratory protection to minimise the effects of exposure to hazardous substances. Conduct regular health checks and ensure regular rotation of employees/tasks.

Needles/sharps:

- Ensure clear, safe disposal systems for any sharp waste.
- Ensure protective gloves and clothing are worn where appropriate.

X – ray exposure/Long hours or night shifts:

- Implement a programme of assessment of routine monitoring of worker health.
- Set maximum working hours, break duration and frequency and ensure these are followed.

Treatment of patients



An important consideration for the health services sector is the responsible and fair treatment of patients. Considerations include:

- Access to health care services without discrimination or the need to bribe.
- Access to health care when ability to afford the service is limited.
- Level and experience of staff (for instance if there is a lack of skills at rural locations, or staff are performing procedures they are not qualified for).
- Hygiene standards of the facility, equipment and staff.



European Bank
for Reconstruction and Development

Sub-sectoral Environmental and Social Guideline: Health Services

- State of equipment (age, level of maintenance, calibration).
- Capacity of the facility to provide services for the projected volume of patients.
- Right treatment and fair billing.
- Patient confidentiality.

This can result in risks to business such as malpractice or negligence claims and reputational damage which can be severe if health care facilities are ill-equipped, personnel are ill-trained or if equipment is not maintained properly. This also poses the risk of the exacerbation of mental or physical ailments and in extreme cases, death.

How can a business manage this risk?

- Comply with all local, national and international regulations regarding the treatment of patients and their access to health services.
- Abide by internationally recognised human rights treaties.
- Implement a fair treatment policy and ensure that all employees are educated on the content, and that adherence is monitored.
- Ensure regular spot checks for both staff and equipment to ensure they are able to fulfil their duties. Create action plans when staff or equipment are not meeting requirements.
- Track the utilisation of facilities and monitor whether their current set up fulfils the local community's needs.
- Review the level of appropriate diagnosis and treatment at regular intervals, and take action when trends are identified.

Emergency response



The risks to health services operations may include:

- Fire, which can be caused by electronic, cooking and heating equipment failure, malfunctioning oxygen and radiological equipment, poor waste management and improperly disposed of cigarettes.
- Spillage of dangerous and/or flammable substances used on site such as cleaning chemicals, pesticides and acid/alkalis in laboratories.
- The spread of highly contagious airborne or waterborne infections and diseases due to poor hand hygiene and inadequate cleaning, inappropriate design and ventilation and inadequate quarantine procedures and facilities.
- Violence due to agitated patients and family/friends, stressed colleagues, confusion (e.g. elderly dementia patients, mentally ill patients) and criminal intent (for drugs, equipment etc.). Clinical facilities may also be a terrorism target.

All of the above can cause injuries (sometimes fatal) to patients and staff, result in millions of dollars in damages and extensive reputational damage. Explosions or fires can also result in widespread contamination (e.g. through contaminated fire fighting water run off) and destruction, impacting not only the immediate site but surrounding areas.

How can a business manage this risk?

Fire:

- Identification of fire risks and ignition sources and mitigation measures to limit fire and smoke



development.

- Newly developed facilities and existing buildings scheduled for renovation should be designed, constructed and operated in compliance with local fire department regulations, local building codes, local legal/insurance requirements, and in accordance with internationally accepted life and fire safety standards. For instance, the National Fire Protection Association (NFPA) codes of safety.
- Design measures to assist in the safe evacuation of occupants during a fire or other emergency, e.g. emergency lighting and clear, unimpeded escape routes.
- Implement measures to detect and alert occupants to a potential fire.
- Implement measures to prevent or slow the spread of fire and smoke, e.g. fire walls, dampers, smoke control systems and fireproof doors.
- Install automatic and manual fire protection/suppression systems, e.g. automatic sprinkler systems, fire extinguishers and fire hose reels.
- Develop a Fire Safety Plan incorporating an emergency response plan and an assessment of local fire prevention and suppression capabilities.
- Regularly check and maintain the fire detection and fighting equipment as well as conduct regular drills.

Spills:

- Provide specific training and easily accessible advice for dealing with hazardous spills.

Infections and diseases:

- Develop and implement emergency response plans/evacuation plans/isolation and quarantine plans to combat the spread of diseases. For example: routine hand sanitisation at all doors; regular hand wash stations with clear instructions for use; effectively designed and maintained ventilation and tailored isolation/quarantine facilities.

Violence:

- Provide specific training for all staff covering how to deal with violent individuals.
- Put procedures in place to safeguard employees and other patients/members of the general public from violence.

Energy use and climate change impacts



Direct energy use in the health services sector is associated with buildings, equipment and vehicle fleets which are within direct operational control. Indirect risks are associated with the energy required to produce and deliver products that the health services centre procures. Energy use, especially if fossil fuel dependent, contributes to climate change through the emissions of carbon dioxide and other greenhouse gases.

How can a business manage this risk?

- Improve insulation.
- Use of energy efficient equipment.
- Monitor and target energy usage and implement behavioural change programmes.
- Assess suppliers and where possible choose companies that can offer more sustainable versions of goods and services e.g. using recycled paper.
- When designing or refurbishing buildings, choose energy saving options e.g. energy saving light bulbs, sensor lighting for storage facilities, toilets etc.
- Explore options such as renewable energy e.g. solar panels on the roof, combined heat and power, food waste energy generators.
- Consider fuels used for vehicle fleets and use of fuel-efficient vehicles.

Water use



Water uses specific to healthcare facilities, and especially hospitals, might include:

- Sterilizers and autoclaves.
- X – ray equipment (water used in the processing of prints).



- Food preparation processes.
- General domestic and sanitary use (over 30% of water use), this might include in-house laundry.
- Outdoor water use (especially if gardens are irrigated).

Depending on the geographical location of the health care facility, water availability may be an issue, especially if supply is threatened due to changing climate, or demand increases due to changing demographics or consumption patterns.

A further risk may be the contamination of water, which is then released to mix with external sources. Pollutants are most likely to be cleaning fluids, pesticides, paints/solvents and drugs which have been improperly disposed of.

Local communities and the environment may be affected by pollution due to the discharge of untreated wastewater, which may affect the local ecology as well as posing a hazard to drinking water supplies and contaminating land.

How can a business manage this risk?

- Minimise the consumption of water used in production and cleaning processes. By increasing rinse efficiency, a facility will reduce the volume of wastewater produced.
- Reduce domestic consumption where possible e.g. fit new toilets with double flush systems, and motion sensed taps/shower heads.
- Recycle wastewater where possible.
- Capture rainwater for appropriate use e.g. irrigation of gardens.
- Ensure untreated wastewater does not discharge to watercourses through use of wastewater treatment facilities and monitoring of wastewater discharges.
- Segregate wastewater, effluent streams and rainwater

to reduce the need for wastewater treatment.

Labour standards



Labour standards are rules that govern working conditions and industrial relations. They may be formal, such as national level regulation and international agreements, or informal, expressed through norms and values. In general, developed countries have more robust labour standards than developing countries, where the associated risks are higher. The commonly accepted rights and principles defined in the International Labour Organisation conventions are the right to collective bargaining, elimination of forced or compulsory labour, abolition of child labour and elimination of all forms of discrimination. In addition, fair wages, fair working hours and acceptable working conditions should be expected.

Labour standards should apply to the company's own employees as well as to all contractors and temporary staff.

Specific issues which may arise in this sector are:

- The use of immigrant or temporary labour at low rates of pay (e.g. nurses, cleaning staff, catering staff).
- Unpleasant working/living conditions.
- Long working hours.
- Pressure on workers to withdraw from unions.



How can a business manage this risk?

- Adhere to national government legal requirements.
- Ensure that the business meets good practice standards for managing labour issues and working conditions, in particular those set out in the International Labour Organisation conventions.
- Ensure that all work conducted by anybody below the age of 18 is subject to an appropriate risk assessment to eliminate the risk of child labour.
- Record employee hours worked, including overtime, and ensure that staff receive written details of hours worked and payment received.
- Ensure that labour standards are consistent with the average for the sector and national standards/laws.
- Put in place appropriate policies and systems to manage these risks effectively. These could include policies which ensure workers are free to leave the workplace and are not held against their will in any way; working hours are formally agreed and in line with national policies; wages are not below sector standards; and workers are free to join trade unions.
- Implement a grievance/dispute resolution mechanism for workers.

Ethics and bribery



Strong governance structures and transparency in reporting are important, particularly since corruption and bribery are illegal, and charges of misconduct can negatively impact a company's reputation and can result in litigation and financial penalties. Issues in the health services sector include:

- Preferential endorsement of drugs.
- Preferential selection of medical equipment providers.

- Preferential treatment of patients (e.g. selection for donor organs).
- Unethical means (e.g. bribery) to win contracts or licences.

How can a business manage these risks?

- Develop a comprehensive policy on governance and ethics covering all areas of risk (e.g. endorsement of drugs, non-discrimination of patients).
- Transparency when making decisions such as donor organ recipients, medical equipment providers.

3. Financial implications

Outlined below are examples of financial implications for businesses due to ineffective management of E&S risks related to this sector. These implications may in turn create issues for FIs.

- Significant capital investment in site infrastructure may be required to comply with planning constraints, permit/consent conditions and new environmental, health and safety requirements, especially if local communities raise concerns regarding the site operations.
- Fines, penalties and third party claims may be incurred for non-compliance with environment, health and safety regulations.
- Reputational risk through poor environment, health and safety performance may cause the local community to no longer tolerate the company's operations (loss of a 'social licence to operate').
- If clinical, hazardous and non-hazardous wastes are not separated effectively, a higher volume of waste may need to go through clinical and hazardous disposal, incurring a higher cost due to regulatory requirements.



- Injuries to employees may lead to increased payroll costs, lost production time and employee compensation claims.
- Fire/explosions can result in widespread contamination and destruction, impacting surrounding land, rivers and communities. Compensation costs can be high and widespread remediation and rebuilding may be necessary.
- Soil and groundwater contamination from accidental chemical releases can be costly to remediate, especially if contamination affects neighbouring property, water supplies or public health.
- Radioactive sources (e.g. x-ray machines) may need expensive decommissioning at end of life (or in the event of business failure). Radioactivity concerns may also adversely affect the value of land/building held as security.
- Many countries are signatories to the Kyoto Protocol and have adopted targets for the reduction of CO₂ emissions. Where Governments have set up carbon emission reduction programmes, industrial processes have been required to reduce their CO₂ emissions through the setting of targets. This can result in a need for substantial investment in new/clean technologies to achieve the emission targets. These targets may be reflected in environmental permits.

4. Suggested due diligence questions

When assessing E&S risks, it is important to discuss with the customer how these risks are being managed. Below are suggested questions that can be used when engaging with management or on a site visit. You may wish

to engage a specialist consultant to support you with this.

General

- Does the site have all the required permits in place, such as waste disposal, incineration, discharges to water?
- What processes are undertaken and are any hazardous chemicals used? How hazardous are the materials and have associated risks been documented and addressed in appropriate risk assessments?
- If on a site visit, note signs of poor housekeeping, inadequate/untidy storage areas and poor labelling. Look for evidence of any recent spills.
- Check the condition of equipment, facilities and other assets on site. What systems are in place to monitor and maintain these assets? What investment for asset management is planned? Look for wear and tear and poor maintenance.

Management plans

Confirm that the business has put in place at a minimum, the following items in its E&S risk management systems, and whether any of these management systems are certified to relevant standards such as ISO14001 (environment), OHSAS 18001 (health and safety), ISO9001 (quality) and SA8000 (socially acceptable labour conditions) as well as internationally acknowledge hospital management accreditation such as Joint Commission International (JCI):

- Does the company have operational policies and procedures for managing environmental, health, safety, and labour and community matters? These systems should cover both employees and contractors.
- Accountability and responsibility for environmental, health and safety, and labour



matters: is there evidence of senior management review of/demonstrated involvement in environment, health, safety and hygiene management?

- Does the company have improvement objectives, targets, project plans and monitoring programmes?
- Is training for personnel provided, including ensuring that personnel are trained in the risk associated with their job and the correct use of PPE?
- Do regular inspections, checks and audits take place with records kept to demonstrate achievement of the required level of performance against legal requirements?
- Are energy conservation schemes in place and is the company developing programmes to reduce greenhouse gas emissions?
- Are there emergency plans for environment, health and safety accidents or hygiene non-compliance incidents?
- Does the company have a waste management plan (waste minimisation, re-use, recycling, monitoring)?
- Does the company have stakeholder engagement plans / programmes?
- Are there financial investment plans directly or indirectly related to the management of environment, health and safety and labour issues?
- Does the company have an internal reporting system, including the reporting of near misses?

Energy consumption

- Does the company measure energy and resource use? And is there a policy covering improvement in these areas?
- Does the company have a policy covering the environmental and social impacts of goods and services which it procures?

- Is there an environmental strategy in place to reduce the impact of operations, supported by goals and targets?

Water abstraction and management

- What volumes and quality of water are required? Where is water obtained from?
- Are measures in place to recycle water? Will there be any planned changes which may affect the demand for water? Will existing resources be able to meet demand?
- Check regulatory compliance - are all necessary licences/permits/discharge consents in place?

Wastewater management

- What liquid effluents are produced? What discharge control measures are employed?
- Is effluent and wastewater treated before discharge? If so, does the wastewater treatment plant discharge to a local watercourse or the municipal wastewater treatment works? Higher environmental risks will be associated with facilities discharging to water courses without adequate treatment.
- Is the wastewater quality tested and if so, for what? Where are the samples taken from, and how often? Do the discharges have to meet set standards?
- If on a site visit, check the condition of the treatment plant and location of discharge points for effluent and wastewater from the facility. What does the quality of these discharges look like? Note the colour and appearance of adjacent watercourses.

Waste management

- What is the nature of non-hazardous and hazardous/clinical waste disposal?
- Are measures in place to minimise, re-use or recycle waste products?



- How is hazardous/clinical waste removed? How are appropriate contractors selected and monitored to ensure that the waste is being taken to an appropriate waste disposal facility? What kind of treatment facility is for the medical waste? Are there any tracking systems for the medical waste?
- Is the solid waste storage equipment in good condition? Are waste storage areas clear of debris and skips covered to prevent waste escaping/rain water ingress? For example, check that waste containers have lids or are stored in an area with a roof. Check for flora/vegetation zones near storage sites that are not growing very well as this will indicate the possibility of pollution.

Transport of materials to or from the site

- How are chemicals and other potentially hazardous fluids transported (e.g. road, water or rail), and what are their potential impacts?
- Where are the areas for loading/unloading of materials located? Are they located near any water bodies or other possibly sensitive features? Is there any containment to prevent run-off of contaminated water?
- If on a site visit, check the age and condition of equipment and vehicles. Look for signs of wear and tear, degradation, leaks and breaks.

Storage

- What fuels and materials are stored in bulk on site?
- What is the potential for spillages and leakages to enter surface water drainage systems?
- If on a site visit look to see whether these storage facilities are in good condition. Is the volume of the bunded area adequate to contain the stored materials? Are they

regularly cleaned and inspected and tested for leakages?

Health & safety

- Do staff wear PPE (personal protective equipment)? Is there signage to inform staff where PPE should be worn?
- Is first aid equipment available? Is there a trained and competent first aid resource on site?
- Is there a worker health monitoring programme? What does it check for?
- Have workers been historically exposed to materials that could potentially lead to occupational health diseases?
- If on a site visit, check signage around the site:
 - Does it convey the health and safety risks?
 - Are fire exits and/or evacuation routes clearly marked?
 - Are there demarcated routes for pedestrians and vehicles?
- If on a site visit, check the age and condition of equipment, look for signs of wear and tear, degradation, leaks and breaks. Check for automatic safeguards on machinery to prevent accidental injury.

Incident management

- Have there been any recent incidents on site such as employee injury, fires/explosions or spills?
- Assess emergency responses to fires, major spills and explosions (in some countries it may be a legal requirement to have an emergency response plan). Does the organisation have an emergency response plan which includes an engagement plan to disseminate information to local communities at risk?



- Does the organisation have insurance to cover any significant damage to the environment/ community/operations (this may be covered by public liability insurance or the organisation may be party to an industry insurance scheme). Review the terms of the cover and identify any exclusions relevant to environmental and health and safety matters. Identify the number and type of claims against insurance in the past.
- If on a site visit, note if safety equipment is clearly signed and readily available, e.g. fire extinguisher(s), eye wash, safety shower, first aid equipment, emergency escape routes, emergency stop, decontamination equipment, and absorbent materials?

Inspections & regulation

- Check the conditions and duration of validity for all permits. Will any planned changes at the facility require revisions to the permits or require new consents?
- What systems are in place to check and maintain assets and infrastructure?
- Have the premises been inspected recently by the regulatory authorities for health and safety, labour conditions, hygiene and environment? What were their findings?
- Has the organisation been subject to environment, health and safety or quality audits by customers/insurers? What was the outcome of these audits?
- Review historical environmental fines. If appropriate, it may be useful to contact local regulatory agencies to determine compliance and whether complaints have been made by the public.

Investment

- Review budgets for capital expenditure and operational expenditure to cover EHS matters. Does the business plan have line

items for environment, health and safety improvements as well as asset management and maintenance?

- If investment or refinancing will lead to restructuring of the organisation what will be the potential impacts on health and safety at the operation and wider community? Have these issues been considered and assessed by the company?
- If the company plans to invest in new technology, what will be the impacts and benefits for human resources?

Labour

- Are labour standards, contracting and remuneration in line with national law and consistent with the average for the sector?
- Are hours worked, including overtime, recorded? Do staff receive written details of hours worked and payment received?
- Are wages and working hours consistent with the average for the sector and national standards?
- Has the company received inspections from the local labour inspectorate in the previous three years? Have these resulted in any penalties, fines, major recommendations or corrective action plans?
- Does the organisation have a grievance mechanism, which allows employees to raise workplace concerns?
- Are employees free to form, or join, a worker's organisation of their choosing?

Take note of/ask questions relating to any activities that manage risks as listed in the earlier sections of this document.



5. References and additional sources

European Bank for Reconstruction and Development (EBRD). Environmental and Social Policy 2014. Performance Requirement 2: Labour and Working Conditions.

<http://www.ebrd.com/downloads/research/policies/esp-final.pdf>

International Health Regulations 2005: <http://www.who.int/ihr/9789241596664/en/>

EU Directive 2008/98/EC - Waste Framework Directive:

<http://ec.europa.eu/environment/waste/framework/>

EU Directive 2010/32/EU - prevention from sharp injuries in the hospital and healthcare sector:

<http://eur-lex.europa.eu/legal-content/EN/TXT/PDF/?uri=CELEX:32010L0032&from=EN>

EU Directive 2003/88/EC - working time directive: [http://eur-](http://eur-lex.europa.eu/LexUriServ/LexUriServ.do?uri=OJ:L:2003:299:0009:0019:en:PDF)

[lex.europa.eu/LexUriServ/LexUriServ.do?uri=OJ:L:2003:299:0009:0019:en:PDF](http://eur-lex.europa.eu/LexUriServ/LexUriServ.do?uri=OJ:L:2003:299:0009:0019:en:PDF)

EU Directive 2002/98/EC - standards of quality and safety for the collection, testing, processing, storage and distribution of human blood and blood components: [http://eur-](http://eur-lex.europa.eu/LexUriServ/LexUriServ.do?uri=OJ:L:2003:033:0030:0040:EN:PDF)

[lex.europa.eu/LexUriServ/LexUriServ.do?uri=OJ:L:2003:033:0030:0040:EN:PDF](http://eur-lex.europa.eu/LexUriServ/LexUriServ.do?uri=OJ:L:2003:033:0030:0040:EN:PDF)

EU Directive 2011/24/EU - on patients' rights in cross-border healthcare: [http://eur-](http://eur-lex.europa.eu/LexUriServ/LexUriServ.do?uri=OJ:L:2011:088:0045:0065:en:PDF)

[lex.europa.eu/LexUriServ/LexUriServ.do?uri=OJ:L:2011:088:0045:0065:en:PDF](http://eur-lex.europa.eu/LexUriServ/LexUriServ.do?uri=OJ:L:2011:088:0045:0065:en:PDF)

EU Emissions Trading Scheme (EU ETS) (depending upon the combustion capacity of equipment on site): http://ec.europa.eu/clima/policies/ets/index_en.htm

ILO Declaration on Fundamental Principles and Rights at Work Information:

<http://www.ilo.org/declaration/lang--en/index.htm>

Water Use in Health information: <http://www.hercenter.org/facilitiesandgrounds/waterconserve.cfm>

Water efficiency in health facilities:

<http://des.nh.gov/organization/commissioner/pip/factsheets/dwgb/documents/dwgb-26-14.pdf>



European Bank
for Reconstruction and Development

Sub-sectoral Environmental and Social Guideline: Health Services

International Organisation for Standardisation (ISO) ISO14001:2004: Environmental Management Systems – Requirements with Guidance for use. Updated version expected in 2015. www.iso.org

NACE Rev. 2 Statistical classification of economic activities in the European Community
http://epp.eurostat.ec.europa.eu/cache/ITY_OFFPUB/KS-RA-07-015/EN/KS-RA-07-015-EN.PDF

Carbon Trust guidance on environmental and social impact in the health sector:
https://www.carbontrust.com/media/39216/ctv024_hospitals.pdf

International Health Regulations 2005: <http://www.who.int/ihr/9789241596664/en/>

Health Technical Memorandum:
https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/167976/HTM_07-01_Final.pdf

REACH – Registration, Evaluation, Authorisation and restriction of Chemicals:
<http://www.hse.gov.uk/reach/>