

CRS Recommendations

CONSTRUCTION SITE SAFETY DURING COVID-19 PANDEMIC

This document offers recommendations to safely adapt shelter, settlement and infrastructure activities to the COVID-19 emergency. It provides guidance aimed for construction workers, managers and contractors.

PRINCIPLES FOR COVID-19 RELATED GUIDANCE

In undertaking programming activities, CRS project staff and partners should:

- Ask ourselves how critical it is to carry out the activity against risk to staff, partners and participants.
- Adopt a "Do No Harm" approach: CRS and partners need to understand how COVID-19 is transmitted and implement general basic preventative measure to both protect themselves and reduce the risk of spreading the virus during program implementation (See <u>WHO - COVID 19</u>). These measures include the following for all people with whom we work, including CRS staff, partners, volunteers, program participants and community members, service providers, vendors, etc.
 - Maintain Physical Distancing
 - Follow Recommended Hygiene Practices, especially proper handwashing, respiratory (cough) etiquette and not touching your eyes, mouth and nose
 - Do Not Participate in Program Activities when Feeling Unwell; anyone who is feeling unwell should stay home; if exhibiting signs/symptoms of COVID-19, they should follow Ministry of Health (MOH) protocols for seeking medical support/advice (e.g., calling before seeking medical care)

People should operate under the assumption that anyone they encounter is a suspected COVID-19 case. Maintain transparent communication with communities about activities, changes, and the community's comfort level and needs related to the health implications of continued programming.

- Keep up-to-date on and follow WHO and Government/Ministry of Health (MOH) protocols and messaging around COVID-19:
 - Follow government restrictions and request authorization for carrying out essential services/activities, as needed
 - Work with local health actors/cluster to ensure health messaging related to COVID-19 is consistent and contextualized
 - Adapt programming guidance to your context and be ready to further adjust as the situation evolves: Elements of the guidance may need to be modified based upon community risk levels, types of programming activities undertaken, perceptions, local capacities, operating environment and feedback from donors

Disclaimer: These recommendations are developed after consideration of guidance from relevant international organizations such as the World Health Organization (WHO), Inter-Agency Standing Committee (IASC), and other humanitarian bodies. COVID-19 program resources and guidelines are updated regularly as new information becomes available. Partner and peer organizations wishing to refer to and use CRS resources and guidance should ensure that they are also referring to the latest information available from WHO and IASC.

STRATEGIES

The following strategic lines of action refer to the "Do No Harm" approach.



SUGGESTED ACTIONS

0000201207					
64	 Avoid engaging workers from external communities as possible (this may already be forbidden locally). 				
J.	• Encourage workers to use individual modes of transportation wherever possible (e.g., personal motorbike, bicycle, etc.). If walking, to respect social distancing of 2 meters.				
	• Discourage sick workers from reporting to work and to stay at home.				
	• All symptomatic workers should be temporarily excluded or prohibited from the site and oriented to seek health care. This also applies for those directly caring for symptomatic household members.				
	 If feasible, conduct temperature screenings (especially for contractor-led work). 				
	 Encourage workers to use cloth masks. 				
~ —	 Workers should receive orientation on the health and safety measures to apply in each site. 				
~ —	 Use informative panels to make recommendations visible on site as possible. 				
X —	 Workers should be trained on Safeguarding policy, code of conduct and establish clear path to report concerns. 				
	 All workers on site shall be actively encouraged to exercise the recommended individual practices for reducing risk of transmission, such as: 				
	 Avoid touching eyes, nose and mouth with unwashed hands; 				
	 Cover your mouth and nose when coughing or sneezing; 				
	 Wash hands at the handwashing station for at least 20 seconds after coughing, sneezing, touching the face, preparing food, before and after using the toilet, etc. 				
	 Install a handwashing station on site, including either water and soap, or an alcohol-based hand sanitizer (60% alcohol min). 				
	 If there is a specific toilet and handwashing station used by workers, regular cleaning is expected. Establish a cleaning plan with clear responsibilities. 				
	 Encourage workers to prepare and use their own face coverings. 				
	 Considering that access to surgical masks may be very limited, encourage use of cloth face coverings whenever in a community or site setting. 				
	• <u>Cloth face covering can be made from household items or common</u> <u>materials, such as old shirts.</u> Most guidance indicates to use at least 2 layers. If reused, it should be cleaned regularly.				
	 NOTE: These coverings are not a substitute for social distancing. 				
	1				

· · ·	Adapt work plans to ensure tasks do not overlap to avoid crowds. If necessary, segregate construction teams. Establish shifts to encourage distancing. This applies for break time, lunch breaks, and work hours.
	Avoid large group of workers (5 or fewer, or as per national guidance), as well as physical greetings, such as handshakes, head contact or hugs.
	Maintain a physical distance of 2 meters (6 feet) from others (or refer to your national guidance). If meetings are needed, prefer open spaces or outdoors while respecting distance.
•	Visible markers are to be considered on site to indicate the minimal physical distance. This also applies near toilet facilities.
•	Site visits from non-workers or non-technical staff shall be prohibited.
	Individual possession and use of tools is strongly recommended for each workers. It is suggested tools are marked with users' initials.
·	Clean and disinfect frequently touched objects and surfaces, including tools (hammers, shovels, etc.) and all reusable equipment.
	As much as possible, gloves shall be used on the worksite, but should be treated the same as bare hands in terms of minimizing unnecessary touching of items on site and the user's face.
•	For any work that must be done in close-proximity, workers should strictly follow the recommended face covering and hygiene practices, as well as to wear any additional PPE appropriate to the specific tasks.
•	When receiving construction items, avoid passing items between deliverer and receiver (ie. shipping forms and pens for signatures, etc.) Deliveries are unloaded solely by designated workers using proper protective measures and handwashing practices.
•	Avoid sharing food utensils for eating and drinking such as plates, forks, bottles, glasses.
	 For distributions, some good practices from the field include: Adapt distributions to small numbers (i.e. no more than 10 households per distribution session) to avoid crowds. Diversify distribution sites to serve people closer to their homes.
	 Fairs openings or distributions should be spread out during the day, for example one in the morning and one in the afternoon. For example, if two sessions are scheduled at close time range, people may be arriving at the distribution point at similar times.
	 Avoid handing out goods or supplies directly to participants (handson). Have the goods to be distributed already packed and lined up, ready for people to take. Staff or volunteers should maintain physical distance from participants. If funding allows, distribute hygiene kits together with the anticipated
	 ones. o Consult and plan with communities to avoid misunderstandings (i.e. families not attending because of fear of transmission due to staff is wearing masks meaning they could be sick).
	Avoid touching contaminated waste, such as those usually handled multiple times.
	Separate and collect all site waste touched by workers that could serve as transmission vector (food packaging, water bottles, etc.). Consider separated trash cans depending on type of collection, and orient workers on what goes in each one. As possible, use double plastic bags. For example, once a bag is about half-filled, cover tightly and immediately wrap with another plastic bag.
•	Dispose waste following existing local measures. Identify intervals and person responsible.

PERSONAL PROTECTIVE EQUIPMENT (PPE) FOR CONSTRUCTION SITES

Medical PPE is specialized clothing or equipment designed to protect the wearer against infectious agents. These may include medical masks, gloves, eye protection, gowns, N95, and more. **Construction PPE**, on the other hand, is designed to protect the wearer against physical safety risks, including injuries to the head, eyes, ears, skin, hands, foot and lungs. These may include heavy-duty rubber gloves for concrete work, puncture-resistant boots, helmets, and more. Thus, the word PPE can refer to two different equipment and it is important to observe which one is referred to.

Except where local authorities instruct otherwise, CRS is following WHO recommendations on the use of PPE for health purposes. The WHO currently recommends medical PPE only for healthcare workers in healthcare settings.

Construction workers are always expected to use construction PPE adapted to the type of implementation and work they are tasked with. However, individual use of construction PPE is strongly recommended. These shall be cleaned regularly, especially reusable PPE.

PROTECTIVE ITEM	RECOMMENDED CLEANING PROCEDURE			
Masks or face coverings	 For those homemade and individual use: Soak in water for 30 minutes Rub dirt and wash thoroughly with soap Rinse with clean water twice Dry in the sun 			
Gloves	 Soak in water for 30 minutes Rub dirt and wash thoroughly with soap Rinse with clean water twice Dry in the sun 			
Protective glasses Helmets	 Clear of dirt Wash with chlorine solution 0.5% (bleach) Dry in the sun 			
Rubber boots or safety shoes or closed shoes	 Clear of dirt Wash thoroughly, as possible wash with chlorine solution 0.5% (bleach) Rinse with clean water twice Dry in the sun 			
Hammers Shovels Hacksaw/Handsaw/Axe Trowel Pliers Levels, etc.	 To wash highly touched surfaces e.g., handles): Clear of dirt Wash with chlorine solution 0.5% (bleach) or soap Dry in the sun 			

ADDITIONAL RECOMMENDATIONS FOR CONTRACTOR-LED INTERVENTIONS

The following suggestions could be relevant when working with contractors. Depending on the scope of works, these could have financial implications. CRS teams or partner technical staff should review their impact internally, and then, once validated, these should be negotiated with the contractor.

ISSUE	RECOMMENDATION
	Keep a record (including contact details) of all workers, construction personnel or anyone visiting the construction site for at least one month. This will help public health authorities trace people who may have been exposed to COVID-19 if one or more workers become ill.

ISSUE	RECOMMENDATION			
Training of workers	The contractor is responsible for the training, orientation and safety of its workers and staff. workers shall be trained on the use of PPE needed on site, including how to put and take off PPE, and cleaning.			
Cleaning vehicles, work equipment and tools	Vehicles, work equipment and tools owned by the contractor and used by their workers shall be appropriately cleaned, in particular the contact areas before change of user. However, it is strongly recommended tools are used by a single individual and marked with its initials to avoid confusions.			
Symptoms and temperature control	Screen workers for symptoms when entering the site. Conduct temperature screenings to identify early any suspicious individual.			
Visible instructions	Ensure that recommendations are visible in the construction site, preferably using informative panels.			
Handwashing station at the entrance and good practices	Sites shall have a handwashing station at the entrance, including either water and soap, or an alcohol-based hand sanitizer (60% alcohol minimum). Establish a regular practice to wash hands at the entrance for at least 20 seconds, as well as after coughing, sneezing, touching the face, preparing food, before and after using the toilet, etc.			
Cleaning of facilities, including changing areas, meeting rooms, and other shared spaces, including toilet or sanitation facility	There shall be appropriate cleaning with chlorine solution or bleach. Establish a cleaning plan with clear responsibilities.			
Solid waste management	Collect waste separately from the site, and guarantee its safe disposal away from site, such as in a designated disposal site, incineration, or other approved by the local authorities.			

REFERENCES [accessible for all]:

- <u>Cloth Face Coverings: Questions and Answers</u>
- <u>CDC on Homemade Cloth Face Coverings</u>
- <u>WHO COVID-19</u>
- IASC Covid-19
- <u>CRS Covid-19 Resources for partners</u>
- General considerations for cash and vouchers assistance
 - <u>Considerations for Cash transfers</u>
 - <u>Considerations for Voucher Programs</u>
- Considerations for Monitoring, Evaluation, Accountability and Learning (MEAL)
- Shelter Cluster Covid-19 List of resources
- Sphere Standards and Covid-19 List of resources
- <u>COVID-19 Standardized protocols for all Canadian Construction Sites, dated April 16, 2020</u>
- <u>COVID-19 Protocole normalisé pour tous les chantiers de constructions canadiens, 16</u> <u>Avril 2020</u>
- <u>Guía de actuación en materia preventiva por causa del Covid-19 en las obras de</u> <u>construcción, 8 Abril 2020</u>
- Recomendaciones de seguridad en obras de construcción por Covid-19, 9 Abril 2020

INDICATIVE PHOTOS AND OTHER REFERENCES



Workers shall have specific tasks, timeline, orientation, and preventive equipment. Separate them to six feet and wear masks.



Project workers shall be minimal, i.e., not more than five individuals (or as per national guidance). Use preventive equipment.



Establish clearly identified handwashing stations with illustrative arrows or other markers that encourage users to wash their hands.



Establish regular cleaning patters for handwashing stations and other riskprone locations (e.g., toilets).



Organize distributions in small numbers and establish clearly identified separation markings that encourage distancing. Spread distributions throughout the day to limit large gatherings.



In addition to organizing in small numbers, manage the flow along the distribution site.



Face masks or coverings must cover nose and mouth. If homemade, it is strongly recommended they have multiple layers.



Reduce number of workers on site as much as possible.



When providing kits, have them already packed and lined up, ready for people to take without workers handing it to them. Conduct sensitization during distributions.

ID CRS	NAMA KK	JENIS BANTUAN HUNIAN	TRANCHE 1 - TANGGAL	TRANCHE 1 - JUMLAH	TANDA TANGAN
CRS-210UW06R7	Ani	kontrak_sewa_1_tahun	2020-03-31	Rp3.275.000	
CRS-2101KEAHO	Recu	kontrak_sewa_1_tahun	2020-03-31	Rp3.275.000	
CRS-21020VVIR	Ati L	kontrak_sewa_1_tahun	2020-03-31	Rp3.275.000	
CRS-210096DD3	Ramadhan	kontrak_sewa_1_tahun	2020-03-31	Rp3.275.000	

If possible, replace signatures with photos to limit touching items by multiple users.



Catholic Relief Services | 228 W. Lexington Street, Baltimore, MD 21201, USA | crs.org | crsespanol.org

For more information, contact partnership@crs.org.