

KITE PMU C&W COVID-19 SOPs for Contractors during Construction (COVID-19 Pandemic and Health Safety Measures)

General Introduction: Given the unprecedented nature of the COVID-19 pandemic, contractors are required to take all necessary precautions to maintain the health and safety of workers and nearby communities of the project site and to ensure suitable arrangements regarding hygiene requirements are in place.

The risk of exposure to COVID-19 at the construction site depends on the likelihood of coming within 1 meter of others, in having frequent physical contact with people who may be infected with COVID-19, and through contact with contaminated surfaces and objects.

The Contractor, with support from a relevant medical professional or Occupational Health & Safety (OHS) Advisor, should carry out rapid risk assessments to determine the possibility of exposure risk in order to put in place preventive measures. This should be done for each specific work setting and each job.

Employers and managers, in consultation with workers, should carry out and regularly update the risk assessment for work-related exposure to COVID-19, preferably with the support of occupational health services.

Any suspension or downscaling or resumption of activities should rely on the risk assessment, the capacity to put in place protective measures and the level of compliance, and recommendations of national authorities.

Measures to prevent transmission of COVID-19 that apply to all workplaces and all people at the workplace include frequent hand-washing or disinfection with alcohol based hand sanitizer, respiratory hygiene such as covering coughs, physical distancing of at least 1 meter or more according to the national recommendations, wearing of masks where distancing is not possible, regular environmental cleaning and disinfection, and limiting unnecessary travel. Clear policies and messages, training, and education for staff and managers to increase awareness of COVID-19 are essential. The management of people with COVID-19 or their contacts is also critical e.g. requiring workers who are unwell or

who develop symptoms to stay at home, self-isolate and contact a medical professional or the local COVID-19 information line for advice on testing and referral.

Employers, workers, and their organizations should collaborate with health authorities to prevent and control COVID-19. Cooperation between management and workers and their representatives is essential for workplace-related prevention measures. International labour standards on the rights and responsibilities of workers and employers in occupational safety and health should be fully respected.

Contractors, in consultation with workers and their representatives, should plan and implement measures to prevent and mitigate COVID-19 at the workplace through administrative controls, and provide personal protective equipment and clothing according to the risk assessment. Such measures should not involve any expenditure on the part of the workers.

Special measures are needed to protect workers at higher risk of developing severe disease, such as those age 60 and over, or with underlying medical conditions, upon recommendation of the occupational health services. Workers in the informal economy and digital labour platforms, those in small enterprises, domestic and migrant workers should not be left behind in the protection of their health and safety at work place.

There should be no social stigma or discrimination at the workplace for any reason, including access to information and protection from COVID-19, occupational health services and mental health and psychosocial support.

If COVID-19 is contracted through occupational exposure, it could be considered an occupational disease and, if so determined, should be reported and compensated according to the international labour standards and the national schemes for employment injury benefits.

There should be fresh, clean air in all workplaces. For jobs and work tasks at medium or high risk of exposure, WHO recommends an increased ventilation rate through natural aeration or artificial ventilation, preferably without re-circulation of the air. In case of air recirculation, filters should be cleaned regularly.

COVID-19 is associated with a range of concerns, such as fear of falling ill and dying, of being socially excluded, placed in quarantine, or losing a livelihood. Symptoms of anxiety and depression are common reactions for people in the context of COVID-19. Mental health and psychosocial support should be made available to all workers. Comprehensive risk assessments can help identify and mitigate related occupational hazards for mental health

Following are the measures that should be implemented at the entire construction sites by the Contractor to avoid the spread of Covid-19:

Activities	Adaptive Measures
Pre- Execution Phase	
A. Profile preparation	<ul style="list-style-type: none"> ➤ Detail profile of project workforce ➤ Enlist the names, addresses and contact # ➤ Breakdown of the workforce (workers from local community and those who have on site accommodation) ➤ Assigning the task against each person ➤ Schedule the key activities and their duration at site ➤ Identifying all workers who are initially at more risk of contracting Covid-19.
B. Initial Screening C. Identification of Local Medical Services	<ul style="list-style-type: none"> ➤ All enlisted workforce should go through initial screening process ➤ Record keeping against initial screening ➤ Identifying all workers who are initially at more risk of contracting Covid-19. <p>An emergency desk will be established at the construction site. A focal point will be designated by contractor for this</p>

	<p>purpose. The KITE PMU C&WD will facilitate. The responsibility of the focal point will to highlight the nearby health services units, and also collect data for the nearby tertiary hospitals. For this purpose, the contractor will develop a referral mechanism, if the patient needs tertiary hospital medication, an ambulance will be in place, so as the patient shall move to the required destination on urgent basis for treatment.</p>
<p>During Execution Phase</p>	
<p>A. Preliminary Screening</p>	<p>Regular Screening:</p> <ul style="list-style-type: none"> ➤ Regular screening by using Thermo gun on daily basis before starting civil work at site ➤ Checking and recording temperatures of all workers entering the site or requiring self-reporting prior to or on entering the site. ➤ If a worker has symptoms of COVID-19 (e.g. fever, dry cough, fatigue) the worker should be removed immediately from work activities and isolated on designated site. ➤ Co-workers (i.e. workers with whom the sick worker was in close contact) should be required to stop work, and to quarantine themselves for 14 days, even if they have no symptoms. <p>Sequential Screening:</p> <ul style="list-style-type: none"> ➤ Concerned DHQ medical staff is requested for screening at regular intervals. List should also be shared with DHQ for avoiding future inconvenience or hire health safety officer on weekly basis.

<p>B. Special Arrangements regarding PPEs</p>	<ul style="list-style-type: none"> ➤ Ensuring availability of hand washing facilities (sanitizers/soaps) at site ➤ Presence of closed waste bins at key places throughout site, including at entrances/exits to work areas (toilet, canteen or food distribution, or provision of drinking water; in worker accommodation; at waste stations; at stores; and in common spaces). ➤ Special arrangements regarding PPEs and sanitation at site ➤ Record keeping of stock availability on daily basis
<p>C. Restricted Movement/ Demobilization of staff</p>	<ul style="list-style-type: none"> ➤ Encourage employees/ workers/ labor to wash their hands at least for 20 seconds with soap and stay at least one meter away from people who are coughing or sneezing ➤ Breakdown of workers who reside at home (i.e. workers from the community), workers who lodge within the local community and workers in on-site accommodation. Workers accommodated on site should be required to minimize contact with people near the site, and in certain cases be prohibited from leaving the site for the duration of their contract, so that contact with local communities is avoided. ➤ Workers from local communities, who return home daily, weekly or monthly, will be more difficult to manage. They should be subject to health checks at entry to the site (as set out above) and at some point, circumstances may make it necessary to require them to either use accommodation on site or not to come to work. ➤ All workers should be provided separate accommodation.

	<ul style="list-style-type: none"> ➤ Limit the number of workers in small workspace areas such as job site elevators, trailers and vehicles, and spaces under construction if possible. ➤ Limit close contact with others by maintaining a distance of at least 6 feet, when possible. ➤ If a worker is found to have symptoms of COVID-19, the worker should be removed immediately from work activities and isolated on designated site.
<p>D. Training sessions</p>	<ul style="list-style-type: none"> ➤ Health and safety training for Contractor's Personnel (which include project workers and all personnel that the Contractor uses on site, including staff and other employees of the Contractor and Subcontractors and any other personnel assisting the Contractor in carrying out project activities. ➤ Sessions related to safety procedures, use of construction PPEs, occupational health and safety issues, and code of conduct specially privacy issues including social distancing. ➤ Arranging daily briefings with workforce, reminding workers to self-monitor for possible symptoms (fever, cough) and to report to their supervisor or the COVID-19 focal point if they have symptoms or are feeling unwell. ➤ Placing posters and sign boards around the site in local languages. ➤ Appointing one person on daily basis among the workforce who will serve as trainer for conducting awareness session and encouraging the rest to take preventive measures.

<p>E. <u>Operationalization of Grievance Redress Mechanism</u></p>	<ul style="list-style-type: none"> ➤ Effective implementation of GRM at site ➤ Ensuring reporting of COVID-19 related cases to project GRM. ➤ In case of unavailability of the PPEs at site, grievance would be lodged directly at Project GRM. ➤ The KITE PMU C&WD has developed Grievance Redressed Mechanism (GRM) for local communities which will also be addressed in the ESMP. The community will make a complaint to the PMU KITE C&WD, the telephone number of PMU KITE C&WD, address and methods of complaints (manually) by the community will be displayed on the notice Board of the contractor at the construction site.
<p>F. Role of KITE PMU C&W.</p>	<ul style="list-style-type: none"> ➤ KITE C&W PMU is required to arrange regular meetings with Contractors and workforce to monitor all procedural implementation of COVID-19 prevention related mechanism. ➤ Arrange meeting with concerned DHQs for immediate support and guidance in case of emergency. <p>Conduct regular monitoring visits and assess site compliance against a COVID-19 Screening Checklist.</p>
<p>Post Execution Phase</p>	
<p>A. Post Screening</p>	<ul style="list-style-type: none"> ➤ Screening should be done at the end of the day on daily basis, if a worker is found to have any symptoms of COVID-19, he should be immediately removed from work activities, quarantined at designated site and reported to concerned health department.
<p>B. Cleaning and waste disposal</p>	<ul style="list-style-type: none"> ➤ All waste (PPEs and sanitation related waste) shall be disposed off properly at designated sites.

A. Record Keeping by Contractor	A register shall be maintained by contractor to keep record of attendance and their health status on regular basis.
B. Checking by KITE PMU C&W	KITE PMU C&W will appoint a focal point for each site, who will check the register, and performance of the implementation of this checklist and report promptly in case of identification of a COVID-19 infected worker. Occupational health and safety advisor will be ensured by contractor, and checked by KITE PMU C&W.