12 April 2020

Adjusting labour practices in employment-intensive works in response to COVID-19

Purpose

This note offers guidance on preventive and mitigation measures to be taken on employment-intensive works being implemented during the current COVID-19 crisis, as well as in the aftermath of the crisis when the virus remains a threat. It also supplements such measures already established at employment-intensive construction sites. This note was developed by the ILO’s Employment-Intensive Investment Programme (EIIP) to provide guidance with a series of recommendations to its public works programmes and other employment-intensive projects operating during or in the aftermath of the COVID-19 crisis.

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Consult our website for general information about EIIP: http://ilo.org/eiip

1. Current situation: why additional measures?

On March 11, 2020, the World Health Organization (WHO) declared that COVID-19 a pandemic. In a short time, this public health crisis has transformed into an economic and labour market shock, leaving many workers both in developed and developing countries at risk. With the rapid transmission of the virus through human-to-human contact, considerations relating to social distancing (i.e. minimizing physical contact between healthy individuals and infected individuals and those suspected to be infected) have become key to preventing the spread of the virus. As such, governments in different countries have introduced various measures to restrict physical contacts and movements between countries and regions, cancelled face-to-face meetings, and halted socio-economic activities in part or in near entirety.

Employment-intensive projects in infrastructure works, which require physical presence of workers, have not been spared from the impact of the crisis. These projects now face challenges
with the continuation of their activities. Some employment-intensive projects have been suspended for an indefinite period of time\(^1\), while in other countries, such as in Tunisia, in line with national measures and in consultation with the donor, activities have continued with more rigorous preventive measures at the workplace against the spread of the virus. These additional Occupational Safety and Health (OSH) measures include maintaining a minimum distance between workers at all times, the provision of protective equipment and the implementation of hygiene procedures. These measures are supported by awareness campaigns such as the creation of awareness-raising posters for all workers, as well as training on additional OSH measures and fully integrating these preventive measures into the workplace.

Each project must protect the health and well-being of workers. In addition, in view of the socio-economic impact of the crisis, projects should prepare adequately for the return to work with the necessary COVID-19 safeguards, based on the types of employment-intensive works. **In order to minimize the spread of the virus at the workplace, this note thus provides guidance on some measures to be taken for employment-intensive works during the COVID-19 crisis and in the aftermath of the crisis when the virus remains a threat.** OSH measures in ordinary circumstances as specified in “The Safety and Health in Construction Convention in 1988 (C167)” and its accompanying Recommendation in 1988 (R175) remain valid and supplement OSH measures being undertaken in country-specific contexts and contractual obligations.

Due to the nature of the virus that spreads through human-to-human transmission, a wider awareness needs to be promoted with various stakeholders, including governments, contractors, construction site managers, workers, and local communities not only at construction sites, but also through project offices, workplaces, material and tools storage facilities, and community space amongst others. Therefore, one of the main objectives of this guidance note is to serve as a basis for dialogue with different actors in line with the instructions of government authorities.

2. Measures to be taken when planning/implementing employment-intensive works

**COVID-19 planning**

Before the decision on launching or proceeding with EIIP projects is made, an evaluation and risk assessment should be made by project managers. The observations should then be discussed through social dialogue to assess the capacity of contractors, site supervisors and workers to implement specific components of construction works within the given circumstances, under the prevailing restrictions imposed by government authorities and in light of resources and organizational capacities required to implement the necessary preventive measures presented in this guidance. **If either contractors, site supervisors, workers, or public health authorities are unable to meet the requirements of the measures outlined below, whether partially or in their entirety, the work on sites should be suspended.** Project suspension may also be trigged by government restrictions or an infection rate within local communities.

**Preparedness planning**

Contractors should properly register workers’ contacts and daily attendance for the purposes of contact tracing, if the eventuality arises that a case is confirmed among project workers,

\(^{1}\) EIIP projects in Jordan, Lebanon, Mozambique and South Africa were required to suspend all activities, while Mauritania postponed all training activities even though construction works continued as of March 19, 2020.
contractors or clients and contact tracing is needed. **Even when the area is not considered to be exposed to risk, it is necessary for project managers to develop an emergency preparedness plan**, disseminate it to workers and employers, and regularly monitor/update it. The emergency preparedness plan should clearly indicate, among others:

1) Directory of COVID-19 hotlines/task force, communication channels in the event of COVID-19 situation and responsibilities, and location of the nearest available and competent medical facilities with sufficient staff, and arrangements for isolation of any person who develops COVID-19 symptoms at work.

2) Mitigating measures to prevent the spread of the virus within the community, including health surveillance.

3) Clarification of situations that should trigger suspension or closing of works, agreed by relevant stakeholders.

4) Required suspension duration and specific conditions (e.g. withdrawal of restrictions, commuting modalities, social distancing) with additional mitigation measures in order to resume work, to be discussed and agreed through social dialogue in accordance with government measures and local regulations.

5) Potential risks and a contingency plan for the construction works if the spread of COVID-19 increases to the extent that implementation is no longer possible and with the possibility of enacting a force majeure clause in accordance with organizational contracts management mechanism (i.e. Terms and Conditions) and in consultation with the donor.

**Focal points**

A large proportion of EIIP projects involves extensive training of contractors, workers, and government authorities whose technical and managerial capacities are demonstrated through the subsequent implementation of construction works. In the case of both training and construction works, if project managers decide to continue such activities in consultation with key stakeholders, then project managers or a project team (hereafter “project managers”) should facilitate the establishment of a team with appointed focal points for COVID-19 responses. The team with focal points should consist of different stakeholders including contractor(s), site supervisor(s), and workers’ representative(s) with at least one female representative and/or a representative with a disability, if possible. In cases where an OSH officer is in place, s/he should take the leading role for the team. Each focal point shall share and undertake the responsibilities outlined in this guidance (a summary of responsibilities is in the Annex of the guidance). Project managers should instruct and train each focal point to execute their respective roles, with the support of public health authorities when feasible. One way to implement such training is to include an item for the engagement of a public health official in the Bill of Quantities (BoQs).

**Management and monitoring**

A designated focal point should request workers to wash hands and measure body temperatures of all workers and contractors, as well as drivers for materials and machine operators upon their arrival at workplace, to monitor fever symptoms. Non-contact thermometers should be used for this purpose. Those who have a fever (i.e. a temperature of 37.3 degrees Celsius or higher) should be requested to stay at home (see “Sick leave” below). The focal point should also monitor other symptoms such as respiratory symptoms or difficulties in breathing, and ensure that workers are not exposed to potential risks (e.g. travel, contact with sick people, participation in large gatherings). Access by third parties to project sites, as well as physical distance between workers should be strictly monitored by the focal points, in order to avoid the risks of contagion.
Project implementation
The spread of COVID-19 varies greatly from one country to another. Therefore, whether employment-intensive works can continue or not will depend on the level of risks in the area as well as governments’ policy measures to restrict movements of people and socio-economic activities. The decision on the project implementation has to be made on a case-by-case basis, in close consultation with: 1) government authorities to obtain reliable information; 2) contractors for their availability in view of potential logistical difficulties; 3) community members to communicate safety measures to be taken during the activities for them to safely participate in the project; and with 4) the donor for its final approval. Women might need special facilities and flexibility since care activities at home could demand more of their time.

Social distancing
Existing data indicates that the route of transmission of COVID-19 from one person to another is through respiratory droplets (e.g. sneezing, coughing, etc.) or physical contact. According to a WHO Guideline, any person who is within 1 metre of someone who has respiratory symptoms (e.g. sneezing, coughing, etc.) is at risk\(^2\). Therefore, **worksite managers must ensure that workers maintain safe working space of at least 1m distance** between each other (including material delivery workers)\(^3\) unless where this is unavoidable. In cases where more distance is required by government policies, projects should follow national instructions. This measure should be maintained even in areas where the threat of the virus is not known to be imminent.

With the current threat of COVID19, it is strongly recommended that site supervisors make extra efforts to allocate workers in a manner that allows workers to keep a safe distance from each other, with due consideration of productivity. Therefore, it is suggested that group work is avoided and instead each worker is given individual work tasks to secure sufficient spacing between workers. Task work is a common approach for organizing employment-intensive works and may also contribute to safe social distancing within the workforce.

Contractors may also consider introducing working shifts, or time lags to reduce concentrations of workers in the same space, when applicable and where possible.

Accommodation and transportation
When the provision of accommodation for workers or transportation of workers is included as part of the project, the requirement for social distancing must also be applied, taking into consideration special needs for women and disabled workers. It is especially important that project managers and contractors should give close attention to transmission risks that arise when the project accommodates a workforce in temporary camps. Contractors should take necessary measures, in consultation with project managers, for physical planning of the camp to accommodate the requirements for social distancing and sanitation measures, including the provision of water facilities, crowd management and prevention of large gatherings, with clear upper limits on the number of people allowed at a time in each facility\(^4\). A separate living area should be allotted if a worker develops a mild symptom, and the area should be accessible only by public health authorities or those with appropriate protective gears (see “Sick leave” below). In principle, project managers should prioritize activities in areas that do not necessitate transportation of workers during the crisis, as it poses the significant risk of infection.

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\(^3\) ibid

Sick leave

If a worker develops a mild symptom similar to that of COVID-19, the worker should immediately be requested to self-quarantine and stay at home for at least 14 days, and such cases should be reported to health authorities immediately. If a worker develops a serious symptom such as difficulties in breathing or high fever, project managers should immediately contact the nearest designated medical facility for testing (if possible) and arrange logistics. Care should be taken to ensure that risk of contact with other people is minimized as the worker is in transit to home. The same treatment applies to those who were in close contact with the worker. In consultation with national health authorities and in line with the preparedness plan, project managers should provide advice to all workers to seek guidance from their healthcare service provider when they suspect a symptom. Project managers and contractors should create an environment in which all workers feel safe to report a symptom if they were exposed to a risk and that confidentiality is maintained.

Compensation during sick leave and quarantine

Different countries have different legislative frameworks for workers’ compensation when a worker is unable to come to work due to illness. In addition, COVID-19 necessitates a further discussion among social partners on the treatment of workers who are not ill, and yet not allowed to enter the workplace due to contact with someone who (potentially) contracted the virus. The current crisis should serve as an opportunity to define the scope of general conditions for sick leave and quarantine before the commencement of the project, or to clarify it in the employment contracts. Contractors and workers need to abide by established conditions of employment including the right to paid sick days and adequate number of quarantine days, in view of national legal requirements and local practices, available project resources, as well as donor obligations, with the consideration of control measures such as temperature screening. This dialogue could equally explore various options such as reimbursement for contractors that compensate their workers (with necessary supporting documents), replacement of a worker with his/her relative (not living in the same household), or compensatory coverage for medical costs, among others.

Health insurance

Workers on employment-intensive projects should have access to accident insurance to cover costs from occupational injuries. Normally, accident insurance should also cover the costs of health problems resulting from the workplace. Project managers should clarify whether accident insurance covers health care costs, especially the costs related to the treatment of COVID-19, both on and off sites. In case the accident insurance does not cover such costs, project managers, along with different stakeholders, should accelerate their efforts to ensure workers’ access to health insurance.

Awareness campaign and communication

Training of workers and employers on the basics of OSH is not only a necessity but it can help reduce workplace accidents and injuries, while maximizing their productivity. In the context of the current crisis, it is of utmost importance that workers, contractors, and public authorities understand the importance of preventive measures at the workplace and at home. Before the commencement of works, OSH training should be organized to engage relevant stakeholders, which now should extend its scope to include an awareness-raising sessions on preventive
measures against COVID-19. These stakeholders include but are not limited to government authorities, contractors, site supervisors, workers and local communities. **Project managers and contractors, in consultation with workers’ representatives, should engage government authorities, and clearly set out and communicate their commitment and responsibilities to reduce the risk of exposure to COVID-19 at the work place.**

**Training**

When organizing awareness-raising sessions before starting construction works or skills development training, it is important that the organizer of the training considers the potential risk from COVID-19. A participant in the training might be infected, and unknowingly expose others to the virus. Therefore, the organizer of such training must consult central and local government authorities to obtain reliable information on the infection rate of COVID-19 in the area where the training is expected to be held, and verify the information with public health authorities. When the training takes place, the organizer should abide by the number of participants allowed in a place, arrange the seating to ensure that there is sufficient space between participants, and ventilate the training room (e.g. opening windows) in case the training takes place inside a building. Any information pertaining to the training arrangement should be recorded for emergency purposes to be shared with public health authorities.

In addition, alternative options such as online training for awareness-raising session when a large gathering is not feasible should be considered, as well as technical training in smaller groups through mobile training facilities.

**Posters, handouts, and SNS**

Preventive measures taken by workers start from workers understanding the risk of the virus and the necessity of proposed measures. It is therefore crucial to provide clear and unequivocal messages focusing on what people should do to reduce the risk, or which actions to take if they think they may have COVID-19. For this purpose, **it is essential that awareness-raising posters are displayed throughout the construction site, or handouts for stakeholders with necessary information, and ideally shared through SNS (Social Network Services) for a wider audience.** Central or local authorities may already have developed material for the same purpose (either general or sector-specific ones), so it is recommended to check with counterparts to avoid duplication. This communication should be factually correct and not instill fear and suspicion among the population as it could have negative consequences. Perceptions, reviews and feedback from workers and contractors at the work site, as well as from local communities, should be monitored by focal points to ensure a safe level of social cohesion among community members. Their concerns need to be responded to through trusted communication channels (i.e. focal points), especially to address stigmatization and discrimination of sick people and negative behaviors associated with the outbreak.

**Information sharing**

The spread of the virus in local communities may incite fear and anxiety, causing high stress and affecting productivity. Accurate information is important for site managers and workers to cope with stress. During training and works implementation, a focal point should **hold at least one information update session on the status of COVID-19 at a specific time during the day.** The sessions serve as an opportunity to share the information released by national or local health authorities. The site manager is to be designated to follow the updated information to share. Workers must be informed that each has the right, in accordance with respective laws, to leave a work place where there is an imminent and serious threat for life/health. They should also
immediately inform their supervisor if they notice such a situation. Where feasible, mobile telephones and social media should be considered for information sharing.

Water and sanitation
Even in ordinary circumstances, it is vital that essential facilities are in place to serve drinking and handwashing water, and hygienic eating areas for all workers’ good performance and well-being. In the current situation with the spread of COVID-19, water, soap and sanitation measures should be central amongst all the preventive measures taken at worksites. The following areas of WASH (Water Sanitation and Health) require particular attention in this context and all partners need to be well informed. These WASH facilities shall be included in the Bill of Quantities (BoQs) for contractors to enforce the provision.

Hand washing
Well-maintained and separate sanitary facilities for men and women should be made available, which are sufficient in number and conveniently and safely located to meet the worker’s most essential needs. Since construction works usually move from one place to another, the provision of mobile sanitary facilities is useful. Hand washing facilities are ideally to be located within 5m of toilets and at close range of eating space. These sanitary facilities are indispensable to prevent the spread of the virus and contractors must provide these facilities. A focal point should regularly remind and inform workers and contractors at construction sites of the importance of thoroughly washing their hands with water and soap (to be refilled regularly) for at least 20-30 seconds (40-60 seconds when hands are visibly dirty) at regular intervals and:

- Before eating food
- Before entering workplace
- Before and after treating a cut or wound
- After using toilet
- After using construction tools
- After blowing nose, coughing, or sneezing
- After touching an animal, animal feed, or animal waste
- After touching waste

A focal point should also regularly advise workers and contractors to avoid touching eyes, nose, and mouth with unwashed hands. Washing hands with water and soap is the most effective way to get rid of germs and viruses on hands. Sanitizing hand rub dispensers can also be put in prominent places around the workplace; however, washing hands with soap and water is more effective than hand sanitizers, and these hand sanitizers should be considered a complementary method to be used when the provision of WASH facilities in nearby space is potentially infeasible.

Drinking water
Currently there is no evidence of COVID-19 in the water supply, and the persistence of the virus in water is still unknown (as of March 19, 2020). However, a laboratory study indicates that coronavirus could potentially remain infectious in water contaminated with faeces. It is known

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that filtration and disinfection measures work against the virus. In areas where centralized safe water supplies are not available, basic water treatment technologies are effective in removing or destroying viruses, such as boiling or using high-performing filters. Project managers and contractors should consult public health authorities to provide appropriate water filtration/purification equipment. Separate cups for drinking water should also be prepared for each worker, and these cups should be washed thoroughly after use.

Personal Protective Equipment (PPE), tools and behaviour
Employment-intensive works necessitate the use of a range of hand tools and safety gear. These tools and equipment can be hazardous when not properly used, and thus ordinary OSH measures should always apply. In the current circumstances with the spread of COVID-19, sanitation measures should be added to the use of tools and equipment. Project managers should also consider the purchase of other preventive supplies, tools and equipment specifically dedicated against COVID-19 to be procured by contractors through BoQs. It is recommended to pre-procure prevention equipment, such as soap, surgical masks, tissues, and hand sanitizers to be stored at the office (see the Annex for a list).

Medical masks
Wearing a medical mask is one of the preventive measures that can limit the “spread” of the virus, but the use of medical masks alone is not sufficient in preventing infection, as the risk of contagion remains by touching a mask infected by virus and bacteria and subsequently touching one’s eyes, nose, or mouth. Medical masks are to be used when a worker develops a symptom (e.g. fever, fatigue, cough, sore throat, and difficulty breathing). Any worker who develops such a symptom should be requested to self-isolate with a medical mask. S/he should be informed of the following measures to be taken when wearing a mask:

- Wash hands with water and soap before putting on the mask.
- Avoid touching the mask while using it.
- Wash hands with water and soap when mask is accidentally touched.
- Cover mouth and nose thoroughly with the mask.
- Do not touch the front of the mask when removing it, but untie it from behind.
- Replace the mask with a new one as soon as it becomes damp and do not re-use single-use masks in provided disposal bins.
- Properly dispose of single-use masks in a designated trash bin for used consumables, immediately after use.

Although the types of effective non-medical masks are yet unknown, certain features should be taken into consideration, such as 1) numbers of layers of fabric/tissue, 2) breathability of material used, 3) water repellence/hydrophobic qualities, and 4) shape and fit of mask.

Sanitation, tools and equipment

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10 Ibid.
Employment-intensive projects maximize the effective use of light tools and equipment. It is important to keep these tools and equipment, as well as personal protective equipment (PPE), in a sanitary condition by regularly cleaning them with soap and water and storing them in a safe location. In order to maintain workspace (e.g. project offices, construction sites, and material facilities) in a proper sanitary condition, each worker and contractor must properly clean, and sanitize when necessary, all equipment regularly. Below two examples are the items that require particular sanitation measures, among others. Awareness raising posters/displays for each item that requires particular attention in each project shall be made available to promote sanitation at workplace:

- **Hand tools and equipment**: In principle, hand tools and equipment should not be shared between workers during the current crisis. All surfaces of hand tools and equipment that are directly touched by multiple workers should be wiped down with water and soap (or sanitizing liquid) regularly, every day. These include safety helmets and boots, visibility vests, gloves, goggles, and ear muffs/plugs, among others.

- **Medical masks**: Reusing non-single use cloth masks with poor filtration may result in increased risk of infection. Reusable masks should not be shared by workers. These masks should be washed with water and soap after use, every day.

- **Waste disposal bins**: Any waste of consumable products should be disposed of in designated disposal bins.

Focal points should develop suitable safe procedures for the disposal of possibly infected solid wastes (e.g. tissues and other used cleaning consumables and materials) to eliminate these from becoming a potential hazard. Unless there is a suspicion of a case of COVID-19 infection among workers, disinfection of all tools and equipment is not mandatory; however, project managers should consider such disinfectants for emergency purposes. Disinfection of tools and equipment, in the event of any suspected/confirmed case, should follow specific instructions from public health authorities, including the use of certified disinfectants.

**Behaviour**

All workers (not only individuals who develop symptoms) should be instructed to use their elbow to cover their mouth when sneezing and coughing, which is an effective prevention not only against COVID-19 but also for other diseases. For those who have a symptom of runny nose, they should be advised to use tissue paper to blow their nose and these should be discarded immediately in the provided disposal bins. Frequently touching their nose, eyes and mouth directly with their hand can increase the risk of infection. Hand shaking and other ways of physical greetings should also be avoided at all time during the crisis and after the crisis as long as the virus still remains a threat.

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11 “Cleaning” refers to removal of germs, dirt, and impurities from surfaces, whereas “disinfecting” refers to the use of chemicals to kill germs on surfaces.

### Annexes

#### Annex 1: (non-exhaustive) Checklist for project continuity

| Projects can **continue:** | - No presence of government restrictions for employment-intensive types of works  
- Risk assessment is conducted and emergency preparedness plan is developed; these are discussed and agreed by relevant stakeholders  
- Common PPE is in place  
- Monitoring and management system is in place  
- All stakeholders understand and/or develop awareness of the importance of sanitation measures, and are ready to implement them  
- Workers can maintain social distancing |
|---|---|
| Projects must be **suspended:** | - Government restrictions are enacted for employment-intensive types of works  
- Either contractors, site supervisors, workers, or public health authorities are unable to meet the requirements of the measures outlined in this Guidance (see above), whether partially or in their entirety  
- Public health authorities advise project managers to suspend activities in consideration of an infection rate within local communities  
- When a worker, contractor, site supervisor, or their household member develops a symptom of COVID-19  
- Other locally clarified/agreed conditions necessitate suspension |
| Projects shall **resume:** | - Government restrictions for employment-intensive types of works are withdrawn  
- Public health authorities consider it safe to resume works in target areas  
- In case of suspension due to a potential case of COVID-19 among relevant stakeholders, locally required suspension duration and specific conditions are met and authorized by governments and public health authorities  
- Contractors, site supervisors, workers, government and public health authorities, as well as local communities agree to resume works, and are able to meet the requirements of the measures outlined in this Guidance in its entirety |
### Annex 2: Responsibilities for each action by stakeholders

<table>
<thead>
<tr>
<th>Responsibilities for each item</th>
<th>Stakeholders</th>
</tr>
</thead>
<tbody>
<tr>
<td>Evaluation of implementation capacities and/or development of contingency plans</td>
<td>Social dialogue, in consultation with public health authorities</td>
</tr>
<tr>
<td>Preparation of emergency preparedness plans</td>
<td>Project managers, in consultation with public health authorities</td>
</tr>
<tr>
<td>Production of awareness raising posters, handouts, and SNS articles</td>
<td>Project managers</td>
</tr>
<tr>
<td>Dissemination of awareness raising materials</td>
<td>Focal points, with support of Project managers</td>
</tr>
<tr>
<td>Supply of water points/equipment and Personal Protective Equipment (PPE)</td>
<td>Contractors, based on clear instructions by Project managers</td>
</tr>
<tr>
<td>Sanitization of tools and equipment through regular cleaning</td>
<td>Arrangement by Focal points and implementation by everyone</td>
</tr>
<tr>
<td>Control of social distancing and monitoring of temperatures, symptoms and risk exposures</td>
<td>Focal points</td>
</tr>
<tr>
<td>Information sharing and communication</td>
<td>Focal points, in consultation with public health authorities</td>
</tr>
<tr>
<td>Coverage of social security (i.e. health insurance and compensation) for all workers</td>
<td>Social dialogue</td>
</tr>
<tr>
<td>Implementation of all OSH measures</td>
<td>Contractors and Site supervisors to ensure safe work place, Project managers to inspect OSH measures implemented by Contractors and Site supervisors, Workers to abide by prescribed measures</td>
</tr>
</tbody>
</table>

### Annex 3: Checklist for common preventive supplies

- [ ] Soap
- [ ] Hand sanitizers
- [ ] Tissues
- [ ] Non-contact thermometers
- [ ] Medical masks (when available in the market)
- [ ] Drinking cups for each worker
- [ ] Disposal bins
- [ ] Disinfectant

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13 As of April 12, due to increased demands, certain items in the list are difficult to come by. If it is the case, project managers should equally explore ways to locally produce these items as part of project interventions to the extent possible.
## Annex 4: Checklist for focal points

- ☐ A team of focal points consists of contractor(s), site supervisor(s), and workers’ representative(s), with at least one female representative and/or a representative with disability.

- ☐ Undertake sufficient training, organized by project managers, with the support of public health authorities when feasible.

- ☐ Oblige everyone to wash their hands with soap and water upon their arrival at site.

- ☐ Monitor temperatures of everyone entering the site with non-contact thermometers as well as other symptoms such as respiratory symptoms or difficulties in breathing.

- ☐ Ensure that workers are not exposed to potential risks from travels, contact with sick people, or participation in large gatherings.

- ☐ Regularly remind contractors, site supervisors, and workers of the importance of washing their hands with water and soap (at the occasions specified in this guidance), and to avoid touching eyes, nose, and mouth with unwashed hands.

- ☐ Regulate entrance of third parties to project sites.

- ☐ Introduce safe procedures for disposal of solid wastes (e.g. tissues, and other used cleaning consumables and materials).

- ☐ Organize at least one information update session, at a specific time during the day, on the status of COVID-19 in the country and region.

- ☐ Monitor perceptions, reviews and feedback from contractors, site supervisors, workers, and local communities.

- ☐ Communicate reliable information to contractors, site supervisors, workers, and local communities to address stigmatization and discrimination of sick people and ensure a safe level of social cohesion.

- ☐ Inform the team and project managers in case of any potential risk.
References


