COVID-19 action checklist for the construction industry

December 2020

Practical measures to help employers, workers and the self-employed prevent and mitigate the transmission of COVID-19 in construction work

INTRODUCTION

The coronavirus pandemic has brought illness, death and economic hardship to every corner of the globe. In addition to the threat to public health, the economic and social disruption has jeopardized the livelihoods and well-being of millions of workers, including those in the construction sector.

Minimizing the spread of the virus is a top priority. This can be particularly challenging for construction workers, most of whom cannot telework and often find themselves working in close proximity to each other, in a work environment that changes continuously.

In many countries, construction workers are often self-employed, while in some parts of the world informal work is widespread. In both scenarios, unemployment can lead to ineligibility for social security benefits. Moreover, in most countries a significant number of construction workers are migrant labourers who face additional vulnerabilities related to lack of access to health services, personal protective equipment (PPE) and financial assistance. They also often occupy high-density accommodation such as dormitories, which may increase the risk of viral transmission.

This action checklist provides practical measures designed to help employers, workers and the self-employed in the construction industry work safely on site and thus prevent and mitigate the spread of COVID-19 at work. This tool provides information applicable to any construction site and should be further informed by national legislation and guidelines.

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1 According to ILO Calculations based on the analysis of national household survey data from 129 countries representing 90 per cent of global employment, 75.7% of all workers in the construction sector are in informal employment (global) compared to 6 out of 10 workers on average considering all sectors.

2 For more detailed information by country consult: https://ilostat.iilo.org/topics/labour-migration/
ACTION CHECKLIST

I. Policy, planning and organization

1. Those in control of the construction project/site should consult with workers or their representatives to develop and distribute a statement of their commitment to prevent and reduce the risk of on-site COVID-19 exposure and transmission.

2. Create and train a COVID-19 response team, comprising contractors, managers and workers, with clear responsibility for verifying that this checklist is followed and for identifying required actions if this is not the case.

3. The principal contractor should coordinate and ensure compliance with all safety and health measures identified for COVID-19 when present on site, and should appoint a competent person\(^3\) or body to do so when not on site.

4. Develop an integrated response plan in collaboration with contractors, managers and workers’ representatives, so as to ensure continuity of procedures in the event of partial or complete shutdown of the construction site or a severe limitation of site operations.

II. Risk assessment, management and communication

5. Conduct and document a site-specific assessment of every individual’s risk of contracting COVID-19. Identify appropriate risk control measures (following the hierarchy of risk controls)\(^4\) to ensure that risk is kept at an acceptable level.

6. The risk assessment should identify tasks and activities where work schedules may need to be adjusted to avoid excess numbers of workers on site at the same time, and assess whether some activities can be performed off site, for example through teleworking of managerial and administrative staff. It should also facilitate the safe management of external visitors to the site (delivery of materials, equipment, etc.) as well as identify the operational changes required if workers or teams of workers have to quarantine.

7. Maintain knowledge of the local/national COVID-19 situation to facilitate revision of the risk assessment in accordance with local/national guidance.

8. Maintain dialogue between managers/supervisors and workers and their representatives to ensure that implemented control measures are effective and modified as necessary.

9. Communicate the worksite policies and risk control measures related to COVID-19, in a manner (visual aids) and language that all workers understand. In particular, ensure there is clear messaging at site entrances concerning:
   - the need to maintain physical distancing;
   - the need to observe good hand hygiene;\(^5\)
   - the need to observe respiratory etiquette.\(^6\)

10. Ensure that all new workers, including the self-employed, receive induction training covering the risk control measures in use on the site including those related to COVID-19.

11. Set up regular toolbox talks enabling managers/supervisors and workers to discuss planned work activities with a view to ensuring that all identified risk control measures, including those for COVID-19, can be implemented.

12. Inform workers of their right, under national legislation, to remove themselves from any work activity on the construction site if circumstances arise which appear, with reasonable justification, to pose an imminent and serious danger to their safety or health.

III. Prevention and mitigation measures

13. The most important prevention measure is physical distancing. In this regard workers and management must follow national guidance. The ILO suggests two metres unless national guidance or the results of risk assessments determine otherwise.\(^7\)

14. Split the site into separate working zones manned by specific teams that do not mix, so that each person works with only a few others. If teams need to enter other working zones, ensure that the previous teams have left. This may also mean staggering start and finish times to avoid large concentrations of workers at site entrances/exits.

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\(^3\) According to Article 2 (f) of the Safety and Health Convention in Construction, 1988 (No. 167) a competent person is “a person possessing adequate qualifications, such as suitable training and sufficient knowledge, experience and skill for the safe performance of the specific work. The competent authorities may define appropriate criteria for the designation of such persons and may determine the duties to be assigned to them”.

\(^4\) A safe and healthy return to work during the COVID-19 pandemic, ILO Policy Brief, May 2020 (pp 7-8)

\(^5\) Hand hygiene at the workplace: an essential occupational safety and health prevention and control measure against COVID-19, ILO Briefing note, Sept 2020; and World Health Organization poster – Clean hands protect against infection

\(^6\) World Health Organization poster – Protect others from getting sick

\(^7\) A safe and healthy return to work during the COVID-19 pandemic, ILO Policy Brief, May 2020 (page 7)
15. Where possible and reasonably practicable, separate the working stations, ensuring that operators are two metres apart, or place screens between workers or workers and visitors (reception, security guards, etc.).

16. If workers have to work in close proximity, for example during lifting or maintenance activities, keep numbers to a minimum and ensure masks are worn.

17. Whenever possible, hold meetings outside; if not, then in well-ventilated spaces. In areas where regular meetings take place, use floor signage to help workers maintain physical distancing.

18. Ensure that shared spaces, such as offices, changing, washing and sanitary facilities, and construction areas, are well ventilated, for example by opening opposite-facing windows/doors to create airflow and avoid pockets of stagnant air. Also increase the frequency of cleaning and disinfection.

19. Create sheltered and well-ventilated outdoor rest and eating areas equipped with seating that ensures physical distancing. Limit the use of shared devices.

20. Ensure that all sleeping accommodation or worker dormitories fully meet the physical distancing guidelines, are well ventilated and provide adequate means for hand sanitization. Increase the frequency of cleaning and disinfection. Conduct regular health screening of workers in these facilities, as detailed below, and provide suitable separate accommodation for infected workers.

21. Establish a policy, which stipulates that only essential personnel and visitors are authorized to enter the site and arrange for work progress to be monitored by the management when workers are not present, in order to reduce mixing between workers and other less frequently present personnel.

22. To help with physical distancing, promote the use of one-way staircases and limit the number of workers allowed in hoist cages and lifts at any one time. If physical distancing cannot be maintained, workers should wear a non-medical (fabric or home-made) mask or a medical (surgical) mask.

23. Further reduce mixing by discouraging non-essential work trips and travel between sites.

24. Ensure that distance is maintained between drivers and workers when unloading construction materials and recommend that drivers remain in their vehicles whenever possible.

25. When possible, communicate with visiting lorry drivers using methods such as mobile phones, two-way radios, and confirmation emails, in order to minimize physical interaction. Where necessary, provide workers with individual writing materials. Any writing material used by several people should be disinfected after each use.

26. The number of workers carried simultaneously in employer-provided transportation should reflect the national physical distancing requirements. This can be achieved by methods such as leaving seats empty, using larger-capacity vehicles and/or increasing the number of trips made. Ventilation should also be maximized in enclosed vehicles and masks worn as required.

27. As necessary, provide additional vehicle parking facilities or bicycle racks and encourage workers to reach the site by private transport and to avoid public transport as much as possible.

28. Identify areas where workers directly share items such as tools, materials or job instructions, and find ways to avoid such direct contact by using drop-off points or transfer zones. Where practicable, items such as tools should be disinfected between users. Employers should ensure that rented equipment has been disinfected prior to its use on site and that responsibility for its return and disinfection while on site has been agreed with the rental enterprises.

29. Provide adequate hand-washing stations wherever possible throughout the site, including at entrances, exits and in eating or rest areas, equipped with soap, clean water and paper towels together with appropriately sealed disposal bins (preferably pedal-operated to prevent hand contact with the lid).

30. Encourage workers to wash their hands frequently and correctly. An alcohol-based hand

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*National law or guidance may determine other distances.*
sanitizer can only be used with clean hands. It is not effective on dirty hands.  

31. Provide disinfectants and disposable tissues or disposable paper towels to sanitize frequently touched work surfaces, for example tools, switches, controls, handles, ladders, hoists, steering wheels and cabs of site equipment, at the end of shifts and between users. Make sure these cleaning materials are placed in appropriately sealed bags/bins and that waste is disposed of in a safe and sustainable way in accordance with national regulations.

32. Carefully read the product label and Safety Data Sheet of cleaning agents, ensuring that application methods are correctly identified before use and that workers follow safe practices regarding the contact times for effective disinfection.

33. Ensure that workers have sufficient time to implement cleaning practices during their shift, by including these among the duties to be performed during working hours.

34. Where possible, replace door handles, taps, water fountains and garbage cans with hands-free or foot-controlled devices.

35. Encourage the following respiratory etiquette: 1) Cover coughs and sneezes with a single-use tissue or paper towel and dispose of it in a closed pedal bin; 2) If there is no tissue or paper towel, sneeze or cough into your bent elbow; 3) In both situations, wash or sanitize hands immediately afterwards.

36. Train all workers in all the COVID-19 risk control measures to be adopted for the site including those in paragraph 9 (a-c) above, as well as any other relevant control measures such as the use, disposal and storage of personal protective equipment (PPE). Encourage workers to avoid touching their eyes, nose and mouth as much as possible.

37. Provide workers with all the PPE required for their activities, free of charge, including that needed to control the risk of COVID-19. Emphasize that PPE is just personal and should not be shared.

IV. Arrangements for health surveillance and the identification and monitoring of suspected and confirmed COVID-19 cases

38. Ensure that confidential arrangements for COVID-19 surveillance are established or integrated into the regular worker health surveillance system, in line with the guidance provided by international and national health authorities.

39. Ensure that workers receive advice and instructions on how to conduct daily self-monitoring and report the most common symptoms (e.g. fever, dry cough, fatigue) and how to seek medical attention if they have a fever, cough or difficulty in breathing. Encourage them to stay home and follow the directions of the local health authorities if they find themselves in such a situation or if they have been in contact with a suspected or confirmed case of COVID-19.

40. Consider engaging with the occupational health services and local, regional or national public health authorities to discuss the potential availability of on-site COVID-19 testing.

41. Consider conducting thermal screening, in accordance with national laws and policies, to identify possible infectious persons at site entrances. Ensure that procedures are in place to deal with the situation should a possibly infectious person be identified (separation, provision of PPE and transportation).

42. Establish appropriate additional protective measures for workers with additional risk factors, such as pregnancy and pre-existing medical conditions and illnesses, and ensure that these workers do not suffer discrimination.

43. Provide support for workers who may be suffering from anxiety, stress or other psychosocial disturbances and workers at high risk.