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## Guidance

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### Target audience

Real estate; project finance in construction phase; Engineering, Procurement and Construction (EPC) contractors; those managing worker camps.

# Guidance for managing COVID-19 risks in the construction sector<sup>1</sup>

## Handling COVID-19 risks in the construction sector including in relation to worker camps, e.g. at remote construction sites

People living in large workers' camps and camp-like settings (hereinafter called "collective sites") can be particularly vulnerable to COVID-19, in part because of the health risks associated with movement/migration and living in crowded places. Actions taken by senior management of projects should consider the following based on emerging good practice:

### 1. Communication

Communicate critical risk and information to all communities, and counter misinformation. Communication and training should be provided by the company where appropriate and where opportunity allows. In particular:

- Provide clear and unequivocal messages (whilst remaining sensitive to culturally appropriate forms of communication), focusing on what people can do to reduce risk or which actions to take if they think they may have COVID-19. Provide clear messages on the measures that are put in place and why they are put in place. Try to avoid instilling fear and suspicion among the population. Do not use medical language in communication with the general public (for example say 'people who may have COVID-19' instead of 'suspected cases').
- Perceptions, rumours and feedback from camp residents and host communities should be monitored and responded to through trusted and culturally appropriate communication channels, especially to address negative behaviours and social stigma associated with any outbreak. If the project has community liaison staff, they should receive specific briefing and training on communicating information about COVID-19.

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<sup>1</sup> This information is an adapted abstract of the [IASC guidelines to prevent COVID-19 in camp and camp-like settings](#) (written for refugee camps but full of useful advice for workers camps, too).

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### Acknowledgement

The information in this document has been adapted and supplemented by CDC based on a briefing document compiled by KFW/DEG, which was in turn compiled based upon CDC's [Guidance for Employers](#). Drafting for construction guidance is credited principally to DEG.

### Important note

CDC Group plc (CDC) is the UK's development finance institution and not the US Center for Disease Control and Prevention. This guidance does not constitute medical advice and is not a substitute for professional advice from international public health organisations such as the World Health Organization, national public health authorities, and national governments, which should be consulted for qualified and more detailed information.

### Disclaimer

This guidance is for general information only and is not intended to be used and must not be used as legal, commercial or business continuity advice, whether generally or in relation to any specific company, risk or other COVID-19 related issue. The contents of this guidance are based upon conditions as they existed and could be evaluated as of 14 April 2020 and CDC does not undertake any obligation to update any of the information or the conclusions contained herein or to correct any inaccuracies which may become apparent.

## 2. Prevention

Limit human-to-human transmission of COVID-19, including reducing secondary infections among close contacts and healthcare workers, by preventing transmission amplification events and strengthening health facilities. Promote basic infection prevention (refer to **Annex: Risk identification and mitigation** at the end of this document). In particular:

- Reduce population density both on site and in collective sites to the extent possible. Measures should be taken to physically re-plan the site, taking into consideration adequate infection prevention and control, social distancing, washing and toilet facilities, crowd management, camp access and other measures to prevent large gatherings of people. Shift re-planning may also allow population density to be reduced but other risks (e.g. regulatory, occupational health and safety (OHS) risks associated with night work) should be carefully considered.
- Consider re-planning the provision of services and activities on site, such as canteens and shops, to prevent large gatherings and movement of people. Alternative means to provide such services should be considered. Negotiation for additional space for potential isolation should be carried out as part of preparedness, ahead of cases being identified.
- Train personnel (e.g. facility services such as canteen staff) working in collective sites to understand the risks of the spread COVID-19 at the site. Provide training on self-protection and monitor use of Personal Protection Equipment (PPE) (see technical guidance here).
- Provide guidance that any clothing worn on site should be changed and washed, if possible, as soon as workers arrive home. Any reusable PPE should be washed, while any non-reusable PPE should be disposed of in accordance with local waste regulations and site-specific Standard Operating Procedures (SOP) adapted for COVID-19.
- Personnel with potential risks of exposure to COVID-19 off-site should not come to work for 14 days since the day of exposure to prevent contamination to residents and host communities; those experiencing signs and symptoms suggestive of COVID-19 should not be allowed to work at the site either, until COVID-19 is ruled out and/or full recovery is attained. Measures need to be developed to ensure the temporary transfer of responsibilities of affected personnel to their colleagues.

Should a COVID-19 case be confirmed at a site, personnel and residents who are identified as having been in contact with the individual (“contacts”) should **follow the procedures applied by the national authorities for contacts, for self-quarantine and/or monitoring**. There should be mechanisms in place to ensure that personnel and residents in isolation are able to continue receiving essential services available on site. Follow national guidelines for reporting to the authorities.

When a COVID-19 case is confirmed at a collective site, **contacts need to be identified and monitored for 14 days**, even when quarantine or isolation is not possible. Emphasis should be on restriction of contact with others and limitation of movements outside of home or the designated area. In this context it is particularly important to consider cultural/social coping mechanisms linked to the potential scarcity of space in available accommodation and the resulting grouping of people based on non-familial relationships. Consideration should also be given to address obstacles to women and girls’ access to support services, especially those subject to risks of harassment and violence or who may be at additional risk of exposure to these issues whilst in quarantine.

## 3. Care

Identify and provide care for infected patients early. Health facilities capable of providing clinical care for suspected and confirmed cases of COVID-19 need to be identified, and the necessary coordination established for referral, treatment and discharge (recognising that there will be increased pressure on these facilities more generally).

Site business continuity plans should be developed for the event of a temporary absence of a significant number of personnel and external disruptions related to the spread of COVID-19 or government controls, to ensure essential services are maintained at the best extent possible, including through strengthening of community mechanisms for governance and self-management. In particular:

- Should it be feasible and required, a plan for site decongestion/space creation needs to be developed in coordination with all stakeholders that ensures the availability of hygiene supplies crucial to preventing COVID-19 infections.
- Measures need to be put in place to ensure **routine health services remain available** to all collective site residents and host communities inside the health facility’s catchment area. It is important to separate people accessing routine services from suspect and confirmed COVID-19 cases. Additional protection should be provided to health service workers in line with WHO guidance.
- **Procurement plans** need to take into consideration the size of the population being served (i.e. site residents and surrounding host communities) and potential market disruptions.
- **Closure plans** should be made in case the site needs to shut down at short notice due to changing government mandates. Considerations should include ensuring that the public cannot enter the site and that any hazardous materials, including waste and used PPE, have been disposed of properly.

## Important

Make sure that EPC/contractors/third party camp providers follow the same recommendations and provide them with support if they lack capacity and knowledge. Implementation should be monitored. This will require regular communication and management interaction between leadership teams (see Annex below).

It is also advisable to establish regular communication channels to relevant local authorities so a site can quickly adapt to emerging local advice.

## Additional resources

The WHO and its Information Network for Epidemics (EPI-WIN) are providing daily updates on COVID-19, as well as helpful responses to frequently asked questions:

- WHO Daily Situation Updates: <https://www.who.int/emergencies/diseases/novel-coronavirus-2019/situation-reports/>
- WHO Q&A: <https://www.who.int/news-room/q-a-detail/q-a-coronaviruses%20>
- EPI-WIN myth busters: <https://www.epi-win.com/advice-and-information/myth-busters>

## Guidance relevant to the construction sector

- [Construction Leadership Council \(CLC\): Site Operating Procedures for Protecting Your Workforce](#)  
These SOPs will be continually updated; [the next version will be posted here when available](#)
- WHO: [Water, sanitation, hygiene and waste management for COVID-19](#)
- OSHA: [Guidance on Preparing Workplaces for COVID-19](#)

## Annex: Risk identification and mitigation

Where projects/companies already have risk assessment processes, they should follow these to identify infection spread risks to the workplace, workforce, business operations, customers, and community. This may result in or contribute to an Infectious Disease Preparedness and Response Plan. This assessment will be unique to each company and should consider both structural and behavioural risks and mitigation measures.

If a company does not have a risk assessment process in place, then they can follow a hierarchy of control approach to identify and mitigate risks.

Good mitigation practices that have been suggested by CDC Group investees and which may be relevant/ transferable to collective sites include:

- Identify which workers can work from home, if possible, and provide them with the appropriate technology
- Encourage alternative methods for interaction where possible, for example phone calls instead of in-person meetings
- Avoid customary social contact (e.g. handshakes)
- Companies that have fingerprint biometric systems should consider replacing them with card entry systems
- Make hand sanitiser and/or ablution facilities with soap available at all areas where risk of transmission is identified (e.g. upon entry to the premises, in canteen, in toilets, etc.)
- Where hand sanitiser is not available due to shortages, the importance of personal hygiene and the practice of proper handwashing with soap will be essential
- If possible and available, consider use of infrared laser thermometers to check workers' and visitors' temperature before entering the premises
- Where possible, reduce number of workers in the workplace to enable social distancing, supported by appropriating additional space, e.g. change of use of architect's office/visitor showrooms, to allow people to spread out
- Identify areas of transmission risk e.g. food preparation, engagement with the public. Implement appropriate measures in line with international recommendations of personal protective equipment (PPE)
- Communicate good practices to workers and visitors at key areas, such as entry points or lavatories, through posters and signs as well as reminders from designated staff like site security
- Where possible, communicate with surrounding communities and suppliers to confirm awareness of the virus and discuss good hygiene practices and precautionary measures
- If restrictions on site access will impact the community, e.g. by closing access paths, clearly communicate this with community leaders and discuss the implications

### Leadership and communication

It is important for senior leadership within a project sponsor, developer and contractor to provide clear, consistent and regular communication about preventive measures and precautions to workers and, where applicable, contractors, the supply chain, customers, and the wider community. Senior leadership should consider providing regular updates to the entire workforce, including contractors, with information on:

- Current status / national mitigation strategy of COVID-19 and how it may impact the workforce and, as appropriate, other relevant stakeholders such the company's clients
- Summary of how different areas of the business will operate and key risk mitigation priorities
- Actions being taken on areas including travel, working from home, visitor control, screening processes, social distancing on site and in transportation
- Workers' rights, if relevant to sector, including information on relevant workplace flexibilities and protections including medical evidence requirements for sickness, sick leave and pay, working from home
- If appropriate, and in close consultation with local health authorities, updates on any cases within the workforce and advice for anyone who might have come in to contact with the affected individuals
- What is needed from workforce (mindset, hygiene, personal health)
- Request workers to inform management of suspected cases within their families and social circles
- Any new standards being implemented e.g. approvals for or cancellation of all non-essential travel
- Resources for any physical or mental health concerns (where available), noting that this can be a stressful time
- Focal points or dedicated hotlines/email addresses should be set up and communicated so workers can direct questions or concerns accordingly. In addition to email and verbal communication, companies should consider the use of SMS messaging to keep workers informed.
- It is recommended to place pictorial guidance on symptoms of COVID-19 and good hygiene techniques in prominent places around company premises. Support these efforts with trainings as necessary. Please note that the WHO has developed many documents for this that can be downloaded and printed or else adapted by companies.