

### COVID-19 considerations in construction/civil works projects

Taking into account the new situation with the appearance of the virus COVID 19, besides the standard measures for safety and protection at work it is necessary to implement measures for protection from COVID 19.

Undoubtedly, the Contractors will face many challenges in the new situation, such as:

- Inability to purchase protective equipment and disinfectants due to lack on the market,
- Lack of labour due to limited movement and absences from work,
- Inability to provide materials and work equipment due to congestion in all segments of life in the country,
- Employees' concerns about their livelihoods due to reduced workload, etc.

First, it is necessary to implement the measures for protection from COVID 19 adopted by the Government of the Republic of North Macedonia at the proposal of the Commission for Infectious Diseases and the Ministry of Health. **These measures should be constantly updated in accordance with the latest provisions introduced by the Government.** The Contractor is required to nominate a responsible person who will follow the measures adopted by the Government and will apply them in the operation of the construction site at the project location.

Links of the national institutions responsible for COVID 19 where the Contractor could find updated information and recommendations:

- Government of the Republic of North Macedonia - <https://vlada.mk/node/20488?ln=en-qb>
- Ministry of Health - <http://zdravstvo.gov.mk/korona-virus/>
- Ministry of Labour and Social Policy - <http://mtsp.gov.mk/covid-19.nspx>
- Ministry of transport and communications - <http://mtc.gov.mk/Preporaki%20od%20Vlada>
- Official site for COVID – 19 - <https://koronavirus.gov.mk/en>

On national level in addition to the measures introduced by the Government for protection from COVID 19, the Macedonian Occupational Safety and Health Association developed a Guide to Safety and Health at Work in Construction Prevention from the Corona virus. The Guide contains measures that the Contractor is required to implement in order to eliminate the possible ways of obtaining and transmitting COVID 19 among the workers on construction site.

In more detail in several chapters, the Guide contains:

- Challenges in construction;
- Obligations for the Contractor;
- Obligations for workers;
- Liabilities for Investors;
- Ways of proceeding in cases of suspected case or cases infected with COVID 19;
- Contact phones of national institutions responsible for contacting the occurrence of the event infected with COVID 19.

The text of the Guide to Safety and Health at Work in Construction Prevention from the Corona virus on the Macedonian language is given on the following link <http://mzzpr.org.mk/wp-content/uploads/2020/04/covid19-%D0%B3%D1%80%D0%B0%D0%B4%D0%B5%D0%B6%D0%BD%D0%B8%D1%88%D1%82%D0%B2%D0%BE.pdf>.

**The Contractor also needs to implement the requirements introduced by the World Bank related to the protection of COVID 19.**

Regarding the COVID-19 considerations in construction/civil works projects given by the World Bank, they are divided in several segments/issues and in details are shown on Table 1.

Table 1 COVID-19 considerations in construction/civil works projects recommended by WB

COVID-19 considerations in construction/civil works projects	
Covid-19 issues	Type of activities
<p>The Contractor should identify measures to address the COVID-19 situation taking into account the location, existing project resources, availability of supplies, capacity of local emergency/health services, the extent to which the virus already exist in the area.</p> <p>PIU and Contractor should establish specific procedures for addressing COVID 19 issues on the construction site. Procedures should be implemented, documented and updated in accordance with the latest changes introduced by the Government and the conditions on the construction site.</p>	
Assessing workforce characteristics	<ul style="list-style-type: none"> <li>The Contractor should prepare a detailed profile of the project work force, key work activities, schedule for carrying out such activities, different durations of contract and rotations;</li> <li>This should include a 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 (i.e. workers camp). Where possible, it should also identify workers that may be more at risk from COVID-19, those with underlying health issues or who may be otherwise at risk;</li> <li>Consideration should be given to ways in which to minimize movement in and out of site. This could include lengthening the term of existing contracts, to avoid workers returning home to affected areas, or returning to site from affected areas.</li> </ul>
Entry/exit to the work site and checks on commencement of work	<ul style="list-style-type: none"> <li>Establishing a system for controlling entry/exit to the site, securing the boundaries of the site, and establishing designating entry/exit points (if they do not already exist). Entry/exit to the site should be documented;</li> <li>Training security staff on the (enhanced) system that has been put in place for securing the site and controlling entry and exit, the behaviors required of them in enforcing such system and any COVID -19 specific considerations;</li> <li>Training staff who will be monitoring entry to the site, providing them with the resources they need to document entry of workers, conducting temperature checks and recording details of any worker that is denied entry;</li> <li>Confirming that workers are fit for work before they enter the site or start work. While procedures should already be in place for this, special attention should be paid to workers with underlying health issues or who may be otherwise at risk. Consideration should be given to demobilization of staff with underlying health issues;</li> <li>Checking and recording temperatures of workers and other people entering the site or requiring self-reporting prior to or on entering the site;</li> <li>Providing daily briefings to workers prior to commencing work, focusing on COVID-19 specific considerations including cough etiquette, hand hygiene and distancing measures, using demonstrations and participatory methods;</li> <li>During the daily briefings, reminding workers to self-monitor for possible symptoms (fever, cough, and other respiratory symptoms) and to report to their supervisor or the COVID-19 focal point if they have symptoms or are feeling unwell;</li> <li>Preventing a worker from an affected area or who has been in contact with an infected person from returning to the site for 14 days or (if that is not possible) isolating such worker for 14 days;</li> <li>Preventing a sick worker from entering the site, referring them to local health facilities if necessary or requiring them to isolate at home for 14 days.</li> </ul>
General hygiene	<ul style="list-style-type: none"> <li>Placing posters and signs around the site, with images and text in local languages (MK/ALB);</li> </ul>

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	<ul style="list-style-type: none"> <li>Ensuring handwashing facilities supplied with soap, disposable paper towels and closed waste bins exist at key places throughout site, including at entrances/exits to work areas; where there is a toilet, canteen or food distribution, or provision of drinking water; in worker accommodation; at waste stations; at stores; and in common spaces. Where handwashing facilities do not exist or are not adequate, arrangements should be made to set them up. Alcohol based sanitizer (if available, 60-95% alcohol) can also be used;</li> <li>Training workers and staff on site on the signs and symptoms of COVID-19, how it is spread, how to protect themselves (including regular handwashing and social distancing) and what to do if they or other people have symptoms;</li> <li>Setting aside part of worker accommodation for precautionary self-quarantine as well as more formal isolation of staff who may be infected.</li> </ul>
Cleaning and waste disposal	<ul style="list-style-type: none"> <li>Providing cleaning staff with adequate cleaning equipment, materials and disinfectant;</li> <li>Training cleaning staff on appropriate cleaning procedures and appropriate frequency in high use or high-risk areas;</li> <li>Where it is anticipated that cleaners will be required to clean areas that have been or are suspected to have been contaminated with COVID-19, providing them with appropriate PPE: gowns or aprons, gloves, eye protection (masks, goggles or face screens) and boots or closed work shoes. If appropriate PPE is not available, cleaners should be provided with best available alternatives;</li> <li>Training cleaners in proper hygiene (including handwashing) prior to, during and after conducting cleaning activities; how to safely use PPE (where required); in waste control (including for used PPE and cleaning materials);</li> <li>Any medical waste produced during the care of ill workers should be collected safely in designated containers or bags and treated and disposed of following relevant requirements (e.g., national - </li></ul>

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	<ul style="list-style-type: none"> <li>At some point, it may be necessary to review the overall project schedule, to assess the extent to which it needs to be adjusted (or work stopped completely) to reflect prudent work practices, potential exposure of both workers and the community and availability of supplies, taking into account Government advice and instructions.</li> </ul>
Project medical services	<ul style="list-style-type: none"> <li>Expanding medical infrastructure and preparing areas where patients can be isolated. Isolation facilities should be located away from worker accommodation and ongoing work activities. Where possible, workers should be provided with a single well-ventilated room (open windows and door). Where this is not possible, isolation facilities should allow at least 1 meter between workers in the same room, separating workers with curtains, if possible. Sick workers should limit their movements, avoiding common areas and facilities and not be allowed visitors until they have been clear of symptoms for 14 days. If they need to use common areas and facilities (e.g. kitchens or canteens), they should only do so when unaffected workers are not present and the area/facilities should be cleaned prior to and after such use.</li> <li>Training medical staff, which should include current WHO advice on COVID-19 and recommendations on the specifics of COVID-19. Where COVID-19 infection is suspected, medical providers on site should follow WHO interim guidance on infection prevention and control during health care when novel coronavirus (nCoV) infection is suspected;</li> <li>Assessing the current stock of equipment, supplies and medicines on site, and obtaining additional stock, where required and possible. This could include medical PPE, such as gowns, aprons, medical masks, gloves, eye protection, etc..;</li> <li>Review existing methods for dealing with medical waste, including systems for storage and disposal.</li> </ul>
Local medical and other services	<ul style="list-style-type: none"> <li>Conducting preliminary discussions with specific medical facilities, to agree what should be done in the event of ill workers needing to be referred;</li> <li>Obtaining information as to the resources and capacity of local medical services (e.g. number of beds, availability of trained staff and essential supplies);</li> <li>Clarifying the way in which an ill worker will be transported to the medical facility, and checking availability of such transportation;</li> <li>Agreeing with the local medical services/specific medical facilities the scope of services to be provided, the procedure for in-take of patients and (where relevant) any costs or payments that may be involved;</li> <li>A procedure should also be prepared so that project management knows what to do in the unfortunate event that a worker ill with COVID-19 dies. While normal project procedures will continue to apply, COVID-19 may raise other issues because of the infectious nature of the disease. The project should liaise with the relevant local authorities to coordinate what should be done, including any reporting or other requirements under national law;</li> </ul>
Instances or spread of the virus	<ul style="list-style-type: none"> <li>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 site;</li> <li>The worker should be transported to the local health facilities to be tested (if testing is available and permitted under national legislation);</li> <li>If the test is positive for COVID-19 or no testing is available, the worker should continue to be isolated. This will either be at the work site or at home. If at home, the worker should be transported to their home in transportation provided by the project;</li> </ul>

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	<ul style="list-style-type: none"> <li>• Extensive cleaning procedures with high-alcohol content disinfectant should be undertaken in the area where the worker was present, prior to any further work being undertaken in that area. Tools used by the worker should be cleaned using disinfectant and PPE disposed of;</li> <li>• Co-workers (i.e. workers with whom the sick worker was in close contact) should be required to stop work, and be required to quarantine themselves for 14 days, even if they have no symptoms;</li> <li>• Family and other close contacts of the worker should be required to quarantine themselves for 14 days, even if they have no symptoms;</li> <li>• If a case of COVID-19 is confirmed in a worker on the site, visitors should be restricted from entering the site and worker groups should be isolated from each other as much as possible;</li> <li>• If workers live at home and has a family member who has a confirmed or suspected case of COVID-19, the worker should quarantine themselves and not be allowed on the project site for 14 days, even if they have no symptoms;</li> <li>• Workers should continue to be paid throughout periods of illness, isolation or quarantine, or if they are required to stop work, in accordance with national law;</li> <li>• Medical care (whether on site or in a local hospital or clinic) required by a worker should be paid for by the employer.</li> </ul>
Continuity of supplies and project activities	<ul style="list-style-type: none"> <li>• Identify back-up individuals, in case key people within the project management team (PIU, Supervising Engineer, Contractor, sub-contractors) become ill, and communicate who these are so that people are aware of the arrangements that have been put in place;</li> <li>• Document procedures, so that people know what they are, and are not reliant on one person's knowledge;</li> <li>• Understand the supply chain for necessary supplies of energy, water, food, medical supplies and cleaning equipment, consider how it could be impacted, and what alternatives are available. Early proactive review of international, regional and national supply chains, especially for those supplies that are critical for the project, is important (e.g. fuel, food, medical, cleaning and other essential supplies). Planning for a 1-2 month interruption of critical goods may be appropriate for projects in more remote areas;</li> <li>• Place orders for/procure critical supplies. If not available, consider alternatives (where feasible);</li> <li>• Consider existing security arrangements, and whether these will be adequate in the event of interruption to normal project operations;</li> <li>• Consider at what point it may become necessary for the project to significantly reduce activities or to stop work completely, and what should be done to prepare for this, and to re-start work when it becomes possible or feasible.</li> </ul>
Contingency planning for an outbreak	<p>The contingency plan to be developed at each site should set out what procedures will be put in place in the event of COVID-19 reaching the site. The contingency plan should be developed in consultation with national and local healthcare facilities and follow state guidance for COVID-19 response, to ensure that arrangements are in place for the effective containment, care and treatment of workers who have contracted COVID-19. The contingency plan should also consider the response if a significant number of the workforce become ill, when it is likely that access to and from a site will be restricted to avoid spread.</p> <p>Contingencies should be developed and communicated to the workforce for:</p> <ul style="list-style-type: none"> <li>• Isolation and testing procedures for workers (and those they have been in contact with) that display symptoms;</li> </ul>

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	<ul style="list-style-type: none"> <li>Care and treatment of workers, including where and how this will be provided;</li> <li>Getting adequate supplies of water, food, medical supplies and cleaning equipment in the event of an outbreak on site, especially should access to the site become restricted or movements of supplies limited.</li> </ul> <p>Specifically, the plan should set out what will be done if someone may become ill with COVID-19 at a worksite. The plan should:</p> <ul style="list-style-type: none"> <li>Set out arrangements for putting the person in a room or area where they are isolated from others in the workplace, limiting the number of people who have contact with the person and contacting the local health authorities;</li> <li>Consider how to identify persons who may be at risk (e.g. due to a pre-existing condition such as diabetes, heart and lung disease, or as a result of older age), and support them, without inviting stigma and discrimination into your workplace; and</li> <li>Consider contingency and business continuity arrangements if there is an outbreak in a neighboring community.</li> </ul> <p>Contingency plans should consider arrangements for the storage and disposal arrangements for medical waste, which may increase in volume and which can remain infectious for several days (depending upon the material). The support that site medical staff may need, as well as arrangements for transporting (without risk of cross infection) sick workers to intensive care facilities or into the care of national healthcare facilities should be discussed and agreed.</p> <p>Contingency plans should also consider how to maintain worker and community safety on site should sites closed to comply with national or corporate policies, should work be suspended or should illness affect significant numbers of the workforce. It is important that worksite safety measures are reviewed by a safety specialist and implemented prior to work areas being stopped.</p>
Training and communication with workers	<ul style="list-style-type: none"> <li>Regular information and engagement with workers (e.g. through training, town halls, tool boxes) that emphasizes what management is doing to deal with the risks of COVID-19. Workers should be given an opportunity to ask questions, express their concerns, and make suggestions;</li> <li>Training should address issues of discrimination or prejudice if a worker becomes ill and provide an understanding of the trajectory of the virus, where workers return to work;</li> <li>Training should cover all issues that would normally be required on the work site, including use of safety procedures, use of construction PPE, occupational health and safety issues, and code of conduct, taking into account that work practices may have been adjusted;</li> <li>Communications should be clear, based on fact and designed to be easily understood by workers, for example by displaying posters on handwashing and social distancing, and what to do if a worker displays symptoms.</li> </ul>
Communication and contact with the community	<ul style="list-style-type: none"> <li>Communications should be clear, regular, based on fact and designed to be easily understood by community members;</li> <li>Communications should utilize available means. In most cases, face-to-face meetings with the community or community representatives will not be possible. Other forms of communication should be used; online platforms, social media, posters, pamphlets, radio, text messages, virtual meetings. The means used should take into account the ability of different members of the community to access them, to make sure that communication reaches these groups;</li> <li>The community should be made aware of procedures put in place at site to address issues related to COVID-19. This should include all measures being implemented to limit or prohibit contact between workers and the community. The community should be made aware of the procedure for entry/exit to the</li> </ul>

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	site, the training being given to workers and the procedure that will be followed by the project if a worker becomes sick.
Covid-19 reporting	Contractor should report an outbreak for a 'Serious' incident. The Contractor should keep the Borrower informed of any concerns or problems associated with providing care to infected workers on project sites, particularly if infection rate is approaching 50% of the workforce.