



# **RESILIENT URBAN SIERRA LEONE PROJECT (RUSLP)**

**(P168608)**

## **COVID-19 SPECIFIC PREVENTIVE & RESPONSE PLAN**

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## Contents

1.	BACKGROUND .....	4
1.1	Project Description .....	4
1.2	Institutional Arrangement for Project Implementation .....	5
2.	BASIC CORONA VIRUS INFORMATION.....	5
2.1	Introduction.....	5
2.2.	Corona Virus Disease Transmission .....	6
2.3	Transmission Prevention .....	6
2.4	Symptoms of Covid-19 .....	7
3	ROLES AND RESPONSIBILITIES .....	7
3.1	Responsibilities of the PMU .....	8
3.1.1	Occupational Health and Safety (OHS).....	8
3.1.2	Labor and Working Conditions.....	8
3.1.3	Worker Grievances.....	8
3.1.4	Reporting:.....	9
3.2	Employer (Contractor/Consultant) Responsibilities.....	9
3.2.1	Assessing Workforce Characteristics.....	9
3.2.2	Instituting Entry/Exit to the Work Site and Checks on Commencement of Work .....	9
3.2.3	General Hygiene .....	10
3.2.4	Cleaning and Waste Disposal .....	11
3.2.5	Adjusting Work Practices.....	11
3.2.6	Medical Services .....	12
3.2.7	Training and Communication with workers .....	12
3.2.8	Communications and Contact with the Community .....	13
3.3	Employee Responsibilities .....	13
3.3.1	Cleaning/Disinfecting Job Sites and Other Protective Measures .....	14
3.3.2	Personal Protective Equipment and Alternate Work Practice Controls.....	14
4.	GUIDANCE TO PREVENTING COVID-19 ON THE WORK PLACE.....	14
5.	OCCUPATIONAL HEALTH AND SAFETY MEASURES AS THEY RELATE TO COVID 19.....	16
5.1	Construction Hazard Assessment .....	16
5.2	Key Labor Risks .....	16
5.3	Engineering Controls .....	17
5.4	Administrative Controls.....	17

5.5	Capacity Building .....	17
5.6	Standard Operating Procedures .....	18
5.7	Safe Work Practices .....	18
5.8	Personal Protective Equipment .....	19
6.0	SURVEILLANCE AND RAPID RESPONSE .....	19
6.1	What should if any worker has had contact with a suspected or confirmed COVID-19 case. ....	19
6.2	What to do If a worker is Sick.....	19
6.3	Steps to follow if a staff member has had direct contact within the past 14 days with an individual with a confirmed case of COVID-19 but does not have it or show signs of sickness .....	20
6.4	Steps to follow if a staff who has direct contact with an infected persons has been working within a group of workers.....	20
6.5	Steps to follow if staff returns from an area with confirmed cases and exhibits signs of illness .....	20
6.6	Steps to follow if staff resides in a household with someone who has been quarantined.....	20
6.7	Steps to Follow if Staff/Consultant returns to Sierra Leone from a country with a confirmed case(s) of covid-19 .....	20
6.8	Steps to follow if there is an outbreak in the community where the subproject site is located	20
6.9	In the event of a total lock down the following will be adopted: .....	20
7.	SITE CLOSURE PLAN .....	21
	ANNEX .....	22

## 1. BACKGROUND

In recent years, Sierra Leone has suffered several natural disasters including the Ebola outbreak of 2014/2015 and the mudslide in Freetown in August 2017. The almost yearly flooding in several parts of the country result in tragic loss of lives and destruction of properties. The Government of Sierra Leone (GoSL), in its Medium-Term National Development Plan (MTNDP), committed to build institutional capacity to respond to natural disasters and strengthen the resilience of urban communities, sustain decentralization, and improve service delivery.

The World Bank is supporting the effort of the Government of Sierra Leone (GoSL) to improve disaster risk management, urban resilience and service delivery by funding the Resilient Urban Sierra Leone Project (RUSLP). The RUSLP will be implemented in Freetown, Western Area Rural District, and the six secondary cities: Bo, Makeni, Kenema, Koidu, Bonthe Municipal and Port Loko.

RUSLP will support activities that aim to build social and physical resilience through sustainable livelihoods, affordable housing and upgrading vulnerable neighbourhoods; fiscal resilience through increased capacity for revenue mobilization and strengthen disaster risk management (DRM); improve service delivery for waste management; and promote urban planning and compliance to building regulations in the selected cities. The project is linked to at least three Clusters (3, 4 and 7) of the MTNDP.

### 1.1 Project Description

The project development objective (PDO) is to improve urban management, service delivery, and disaster resilience in the Western Area and other cities and municipalities of Sierra Leone.

The PDO will be achieved through the following three components:

***Component 1: Institutional and capacity development in sustainable urban management with the following two subcomponents:***

- a. Urban planning, and spatial data infrastructure; and
- b. Own Sources Revenue Enhancement through support to upgrade the cadastral system, training of staff, and guidelines for local taxation and collection

***Component 2: Resilient Infrastructure delivery and Urban Greening***

- a. Service delivery upgrading in vulnerable neighborhoods in Freetown;
- b. Solid waste management upgrading including a new engineered landfill for the Western Area; and
- c. Market Upgrading in two cities.

***Component 3: Disaster Risk Management Capacity Development***

- a. Strengthening emergency preparedness and response systems - develop early warning systems, and capacity building support to the NDMA, SLMet, NWRMA, SLRA; and
- b. Contingent Emergency Response Component.

## 1.2 Institutional Arrangement for Project Implementation

**City Project Implementation Teams (CPITs)** - the CPIT is based in the local council thus is the first level of implementation of the project and is the first tier of monitoring of all project activities

**Project Management Unit (PMU)** – the PMU undertakes the administrative and operational activities of the project. It is supervised by the Fiscal Decentralization Division (FDD) of the Ministry of Finance (MoF). The PMU will be managed by the Project Manager, who is a full-time project staff. In addition, the PMU include an Environmental Specialist, Social Safeguards Specialist and a Community Engagement and Communications Specialist, and a Gender and Gender-based violence (GBV) Specialist.

**Project Fiduciary Management Unit (PFMU)** – the PFMU at the MoF will provide fiduciary management of the RUSLP.

**Project Technical Committee (PTC)**– the PTC will be constituted by the direct project implementing MDAs and local councils – that is, the MoF, beneficiary councils, Ministry of Local Government and Rural Development (MLGRD), and Office of National Disaster Management Agency (NDMA) to supervise the operations of the PMU. The PTC will be chaired by the Director, Fiscal Decentralization Division, or the Project Manager and meets on a quarterly basis to review project implementation. The PMU will provide secretariat services for the PTC.

**Project Steering Committee (PSC)** – a Project Steering Committee will be constituted to provide oversight in the execution of the project. It will be chaired by the office of the Financial Secretary. The PSC will have representation from all direct implementing institutions (the councils and MoF) as well as the MDAs of the relevant sectors (MLGRD, Ministry of Lands (MoL), Ministry of Environment (MoEn), NDMA, Ministry of works and Public Assets). All sectorial policy issues that create bottleneck to the progress in project implementation shall be escalated to the required sector heads through the PSC. The PSC will meet once a yearly basis or often as would be required. The PMU will provide secretariat services for the PSC.

The RUSLP will primarily provide support to strengthening local councils’ capacity for the delivery of selected devolved functions. As a result, the role of the Inter-Ministerial Committee (IMC) on Decentralization will be critical. It will serve as a coordination body to ensure that all unresolved project issues, including on decentralization are brought to the attention of the IMC for resolution/settlement in accordance with the legal framework.

## 2. BASIC CORONA VIRUS INFORMATION

### 2.1 Introduction

The novel coronavirus disease (Covid-19) is an infectious disease caused by a newly discovered coronavirus. It’s a new strain that has not been previously identified in humans. People of all ages can be infected by the new virus. It’s known to cause respiratory infections ranging from the common cold to more severe diseases such as Middle East Respiratory Syndrome (MERS) and severe acute respiratory syndrome (SARS). Most people infected with the Covid-19 virus will experience mild to moderate respiratory illness and recover without requiring special treatment while older people and those with underlying medical problems like cardiovascular disease, diabetes, chronic respiratory disease and cancer are more likely to develop serious illness.

This plan is intended to provide guidance to subproject teams implementing the RUSLP in addressing key issues associated with COVID-19, to ensure strict compliance with all the preventive measures and guidance prescribed by both the World Health Organization and International Centres for Disease Control (CDC) to prevent and check the spread of the virus.

More than ever, Project Management Team will need to work with contractors/consultants and other relevant operatives to understand the activities being carried out and the risks (in relation to infection with an outbreak, pathogen, in this case COVID-19) that these activities may entail. Support will be needed in designing mitigation measures that are implementable in the context of the project. These measures will need to take into account the capacity of the contractors/consultants to implement the COVID19 Preventative and Response requirements, availability of supplies and the practical challenges of operations on-the-ground, including stakeholder engagement, supervision and monitoring. In many circumstances, communication itself may be challenging, where face-to-face meetings are restricted or prohibited and where IT solutions are limited or unreliable. This plan emphasizes the importance of careful scenario planning, clear procedures and protocols, management systems, effective communication and coordination and the need for responsiveness in a changing environment. It recommends assessing the current situation of the project, putting in place mitigation measures to avoid or minimize the transmission of COVID-19 and planning what to do if any subproject worker become infected or the work force includes workers from proximate communities affected by COVID-19. The measures to avoid or minimize will need to be implemented at the same time as dealing with sick workers and relations with the community, some of whom may also be ill or concerned about infection. Borrower should understand the obligations that contractors have under their existing contracts, require contractors to put in place appropriate organizational structures and develop procedures to address different aspects of COVID-19 considering the current vaccination programs such as COVAX and the Sierra Leone covid-19 vaccination plan

## **2.2. Corona Virus Disease Transmission**

The novel coronavirus is a respiratory virus which spreads primarily through droplets generated when an infected person coughs or sneezes. This happens most directly when someone is in close contact with an infected person (within 2 meters/6 feet). It may also occur by touching infected surfaces. When someone who has COVID-19 coughs or exhales they release droplets of infected fluid, most of these droplets fall on nearby surfaces and objects such as desks, tables or working tools. People could catch COVID-19 by touching contaminated surfaces or objects – and then touching their eyes, nose or mouth. If they are standing within one meter of a person with COVID-19 they can catch it by breathing in droplets coughed out or exhaled by them. In other words, COVID-19 spreads in a similar way to flu.

## **2.3 Transmission Prevention**

- Information on appropriate social distancing and hygiene practices, including:
  - Avoiding physical contact with others and maintaining a distance of at least 6 feet from co-workers and other individuals, whenever possible, including inside work trailers.
  - Appropriate cleaning practices (i.e., washing hands frequently with soap and water for at least 20 seconds, or, if soap and water are not immediately available, using alcohol-based hand sanitizer that contains at least 60% alcohol and rubbing hands until they are dry; sanitizing all surfaces workers will touch).
  - The proper way to cover coughs and sneezes following CDC recommendations (i.e., sneezing or coughing into a tissue or into the upper sleeve).

- Alternatives to shaking hands upon entry, and the importance of workers not touching their own faces (mouth, nose, eyes).

## **2.4 Symptoms of Covid-19**

The following are the most common symptoms of Covid-19 disease.

- Cough
- Fever (38.0 C or 100.4 F or higher)
- Difficulty breathing
- Fatigue

Other symptoms such as sore throat and gastrointestinal symptoms may also be present. These symptoms may be mild to severe. Symptoms can appear from 1 up to 14 days after exposure

### **Most common symptoms:**

- Fever, dry cough, tiredness

### **Less common symptoms:**

- aches and pains, sore throat, diarrhea, conjunctivitis, headache, loss of taste or smell  
a rash on skin, or discoloration of fingers or toes

### **Serious symptoms:**

- difficult breathing or shortness of breath
- chest pain or pressure
- loss of speech or movement

## **3 ROLES AND RESPONSIBILITIES**

The Project Management Unit (PMU) Contractors and Consultants should identify measures necessary to address the COVID-19 situation within the RUSLP context, achieving this will depend on the context of the sub project, the location, existing project resources, availability of supplies, capacity of local emergency/health services, the extent to which the virus already exist in the proposed subproject location. A systematic approach to planning, recognizing the challenges associated with rapidly changing circumstances, will help the project put in place the best measures possible to address the situation. As discussed above, measures to address COVID-19 may be presented in different ways (within the contingency emergency response or as a stand-alone project emergency and preparedness plan). Consultants/Contractors should refer to guidance issued by relevant authorities, both national and international (e.g. WHO and CDC), which is regularly updated. Addressing COVID-19 at a project site level goes beyond occupational health and safety, and is a broader project issue which will require the involvement of different members of a project management team. In many cases, the most effective approach will be to establish procedures to address the issues, and then to ensure that these procedures are implemented systematically. Where appropriate given the project context, a designated team should be established to address COVID-19 issues, including representatives from PMU, supervising consultants, contractors and sub-contractors, security and medical and OHS professionals. Procedures should be clear and straightforward, improved as

necessary, and supervised and monitored by the COVID-19 focal point(s). Procedures should be documented, distributed to all contractors/consultants and discussed at regular meetings to facilitate adaptive management.

### 3.1 Responsibilities of the PMU

The Project Management Unit (PMU) has the overall responsibility to oversee all aspects of the implementation of this plan, in particular, to ensure contractor/consultants' compliance. This plan shall form part of the documents for procurement for works/services as well as during contractor/consultant's induction. The contractor/consultant is subsequently responsible for management in accordance with the implementation arrangements which will be supervised by the Project's Management Unit team on a regular basis. Further responsibilities of the PMU include;

#### **3.1.1 Occupational Health and Safety (OHS).**

The PMU should ensure that contractors engage a minimum of one safety representative. Smaller contracts may permit the safety representative to carry out other assignments as well. The safety representative ensures the day-to-day compliance with specified safety measures and records of any incidents. Minor incidents are reported to PMU on a monthly basis, serious incidents are reported immediately.

#### **3.1.2 Labor and Working Conditions.**

The PMU should ensure contractors/consultants keep records in accordance with specifications set out in this plan. The PMU may at any time require records to ensure that labor conditions are met. The PMU will review records against actuals at a minimum on a monthly basis and can require immediate remedial actions if warranted. A summary of issues and remedial actions will be included in quarterly reports to the World Bank.

#### **3.1.3 Worker Grievances.**

PMU should work with Consultants/Contractors to prepare a worker grievance redress mechanism which responds to the minimum requirements in this plan. The PMU's Social Safeguards Specialist will review records on a monthly basis. Where worker concerns are not resolved, the requirements of the Labour Management Plan (LMP) will be used as set out in the section, but the PMU will keep abreast of resolutions and reflect in quarterly reports to the World Bank.

In addition to the provisions of the RUSLP GRM, specific COVID-19 provisions will also be developed where the nature of complaints may be particularly time-sensitive and sensitive in terms of confidentiality. The provisions will include addressing the:

- Lack of Personal Protective Equipment (PPE) of the right quality and enough quantity
- Absence of Protocols and non-adherence of the same
- Unreasonable overtime causing fatigue
- Forced to work under unhygienic and potentially contaminated situations without proper remedial measures

The Social Safeguards Specialist (SSS) will be responsible for monitoring and supervision of COVID-19 related issues and to coordinate training of workers in mitigating the spread of COVID-19 and shall provide real-time advice on how to deal with emerging issues and coordinate related activities. Specifically, the SSS will be responsible for:

- Monitoring, supervising, and reporting on health and safety issues relating to COVID-19
- Coordination and reporting arrangements between contractors/consultants and workers
- Arrange for raising awareness and training of workers in mitigating the spread of COVID-19

### **3.1.4 Reporting:**

The PMU shall ensure the inclusion of minor incidents (such as false alarm, employee exposure, grievances and other project related health issues) in the quarterly reports to the World Bank, however, major issues (such as large-scale transmission within a sub project, site closure if there is an outbreak in the community where the subproject site is located etc) are flagged with the World Bank immediately (that is within 24 hours).

## **3.2 Employer (Contractor/Consultant) Responsibilities**

The Consultants/Contractors responsibilities in relation to this plan are included the following headings;

### **3.2.1 Assessing Workforce Characteristics**

Most subproject activities require different expertise which will lead to the recruitment/engagement of a mix of workers (e.g. workers from the local communities; workers from a different part of the country; workers from another country). Workers will be employed under different terms and conditions and be accommodated in different ways. Assessing these different aspects of the workforce will help in identifying appropriate mitigation measures:

- The Consultant/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 (weeks on, and weeks off).
- 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. 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.
- 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.
- Workers accommodated on campsite 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.
- Consideration should be given to requiring workers lodging in the local community to move to site accommodation (subject to availability) where they would be subject to the same restrictions.
- 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.

### **3.2.2 Instituting Entry/Exit to the Work Site and Checks on Commencement of Work**

Entry/exit to the work site should be controlled and documented for both workers and other parties, including support staff and suppliers. Possible measures may include:

- 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.
- 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.
- 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.
- 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.
- Checking and recording temperatures of workers and other people entering the site or requiring self-reporting prior to or on entering the site.
- 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.
- Organize daily briefings in which workers will be reminded of self-monitoring 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.
- 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.
- 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.

### **3.2.3 General Hygiene**

Requirements on general hygiene should be communicated and monitored, to include:

- Training workers and staff on site on the signs and symptoms of COVID-19, how it is spread, how to protect themselves (including regular hand washing and social distancing) and what to do if they or other people have symptoms (mentioned in WHO COVID-19 advice for the public).
- Placing posters and signs around the site, with images and text in local languages.
- Ensuring hand washing 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 hand washing 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.
- Review worker accommodations, and assess them in light of the requirements set out in IFC/EBRD guidance on Workers' Accommodation: processes and standards, which provides valuable guidance as to good practice for accommodation.
- Setting aside part of worker accommodation for precautionary self-quarantine as well as more formal isolation of staff who may be infected.

### **3.2.4 Cleaning and Waste Disposal**

Conduct regular and thorough cleaning of all site facilities, including offices, accommodation, canteens, common spaces. Review cleaning protocols for key construction equipment (particularly if it is being operated by different workers). This should include:

- Providing cleaning staff with adequate cleaning equipment, materials and disinfectant.
- Review general cleaning systems, training cleaning staff on appropriate cleaning procedures and appropriate frequency in high use or high-risk areas.
- 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.
- 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).
- 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, WHO). If open burning and incineration of medical wastes is necessary, this should be for as limited a duration as possible. Waste should be reduced and segregated, so that only the smallest amount of waste is incinerated (as indicated in WHO interim guidance on water, sanitation and waste management for COVID-19).

### **3.2.5 Adjusting Work Practices**

Consider changes to work processes and timings to reduce or minimize contact between workers, recognizing that this is likely to impact the project schedule. Such measures could include:

- Decreasing the size of work teams.
- Limiting the number of workers on site at any one time.
- Changing to a 24-hour work rotation.
- Adapting or redesigning work processes for specific work activities and tasks to enable social distancing, and training workers on these processes.
- Continuing with the usual safety trainings, adding COVID-19 specific considerations. Training should include proper use of normal PPE. (see WHO interim guidance on rational use of personal protective equipment (PPE) for COVID-19).
- Reviewing work methods to reduce use of construction PPE, in case supplies become scarce or the PPE is needed for medical workers or cleaners. This could include, e.g. trying to reduce the need for dust masks by checking that water sprinkling systems are in good working order and are maintained or reducing the speed limit for haul trucks.
- Arranging (where possible) for work breaks to be taken in outdoor areas within the site.
- Consider changing canteen layouts and phasing meal times to allow for social distancing and phasing access to and/or temporarily restricting access to leisure facilities that may exist on site, including gyms.
- At some point, it may be necessary to review the overall work 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.

### 3.2.6 Medical Services

Consider whether existing medical services around work area are adequate, taking into account existing infrastructure (size of clinic/medical post, number of beds, isolation facilities), medical staff, equipment and supplies, procedures and training. Where these are not adequate, consider upgrading services where possible, including:

- Expanding existing medical infrastructure and preparing areas where patients can be isolated. Guidance on setting up isolation facilities (see WHO interim guidance on considerations for quarantine of individuals in the context of containment for COVID-19). 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 to be visited 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.
- Training covid-19 focal person(s), 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.
- Training medical staff in testing, if testing is available.
- Assessing the current stock of equipment, supplies on site, and obtaining additional stock, where required and possible. This could include medical PPE, such as gowns, aprons, medical masks, gloves, and eye protection. (see WHO interim guidance on rational use of personal protective equipment (PPE) for COVID-19).
- If PPE items are unavailable due to world-wide shortages, the project should agree on alternatives and try to procure them. Alternatives that may commonly be found on constructions sites include dust masks, construction gloves and eye goggles. While these items are not recommended, they should be used as a last resort if no medical PPE is available.
- Review existing methods for dealing with waste, including systems for storage and disposal (see WHO interim guidance on water, sanitation and waste management for COVID-19, and WHO guidance on safe management of wastes from health-care activities).
- A procedure should also be prepared so that project management knows what to do in the unfortunate event of COVID-19 related death on site.

### 3.2.7 Training and Communication with workers

Workers need to be provided with regular opportunities to understand their situation, and how they can best protect themselves, their families and the community. They should be made aware of the procedures that have been put in place by the project, and their own responsibilities in implementing them.

- It is important to be aware that in communities close to the site and amongst workers without access to project management, social media is likely to be a major source of information. This raises the importance of regular information and engagement with workers that emphasizes what management is doing to deal with the risks of COVID-19. Allaying fear is an important aspect of work force peace of mind and business continuity. Workers should be given an opportunity to ask questions, express their concerns, and make suggestions.

- Training of workers should be conducted regularly, providing them with a clear understanding of how they are expected to behave and carry out their work duties in the Covid-19 context.
- Training should address issues of discrimination or prejudice if a worker becomes ill and provide an understanding of the trajectory of the virus, where and when workers return to work.
- 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.
- 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.

### **3.2.8 Communications and Contact with the Community**

Relations with the community should be carefully managed, with a focus on measures that are being implemented to safeguard both workers and the community. The community may be concerned about the presence of non-local workers, or the risks posed to the community by local workers presence on the project site. The following good practice should be considered:

- Communications should be clear, regular, based on fact and designed to be easily understood by community members.
- 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; posters, pamphlets, radio, text message, electronic 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.
- 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. This should be communicated clearly, as some measures will have financial implications for the community (e.g. if workers are paying for lodging or using local facilities). The community should be made aware of the procedure for entry/exit to the site, the training being given to workers and the procedure that will be followed by the project if a worker becomes sick.
- If project representatives, contractors or workers are interacting with the community, they should practice social distancing and follow other COVID-19 guidance issued by relevant authorities, both national and international (e.g. WHO, CDC etc.).

### **3.3 Employee Responsibilities**

This Covid-19 Response Plan applies to all project workers whether full-time, part-time, temporary, seasonal or migrant workers. The plan is applicable, as per ESS2 to the RUSL project in the following manner:

- People employed or engaged directly by the project to work specifically in relation to the Project (Direct Workers);
- People employed or engaged by contractors to perform work related to the core function of the project, regardless of location (Contracted Workers);
- People employed or engaged by the project's primary suppliers (Primary Supply Workers).

These employees (as mentioned above) have the following responsibilities in line with the requirements of this prevention and response plan;

- They should become familiar with the requirements of this Plan and what is required of them.
- Practice good hygiene: wash hands with soap and water for at least 20 seconds or use 60% or more alcohol-based hand rub. Avoid touching your face, eyes, food, etc. with unwashed hands.
- Wear face coverings when mandated by state or local rule or when working in proximity of six (6) feet from other employees.

### **3.3.1 Cleaning/Disinfecting Job Sites and Other Protective Measures**

- Clean and disinfect frequently used tools and equipment on a regular basis. This includes other elements of the jobsite where possible. Employees should regularly do the same in their assigned work areas.
- Clean shared spaces such as trailers and break/lunchrooms at least once per day.
- Disinfect shared surfaces (equipment handles, machinery controls, etc.) on a regular basis.
- Avoid sharing tools with co-workers. If not, disinfect before and after each use.
- Arrange for any portable job site toilets to be cleaned at least twice per week and disinfected on the inside.
- Trash collected from the jobsite must be changed frequently by someone wearing gloves.

### **3.3.2 Personal Protective Equipment and Alternate Work Practice Controls**

- Provide and wear the proper PPE.
- Keep the dust down by using engineering and work practice controls, specifically through the use of water delivery and dust collection systems.

## **4. GUIDANCE TO PREVENTING COVID-19 ON THE WORK PLACE**

In addition to guidance by WHO (WHO interim guidance on infection prevention and control during health care when novel coronavirus (nCoV) infection is suspected), the following are the basic measures to be used to prevent COVID-19 on subproject sites:

### ➤ **Wash your Hands Frequently**

Regularly and thoroughly washing of hands with soap and water or using alcohol-based hand rub will help kill viruses that may be on your hands

### ➤ **Social Distancing**

Maintain at least 1.5-meter distance between yourself and anyone who is coughing or sneezing. Because when someone coughs or sneezes, they spray small liquid droplets from their nose or mouth which may contain virus. If you are too close, you can breathe in the droplets, including the COVID-19 virus if the person coughing has the disease.

### ➤ **Avoid Touching Eyes, Nose and Mouth**

Avoid touching eyes, nose and mouth without washing your hands first because hands touch many surfaces and can pick up viruses. Once contaminated, hands can transfer the virus to your eyes, nose or mouth. From there, the virus can enter your body and can make you sick.

### ➤ **Practice respiratory hygiene**

Make sure you, and the people around you, follow good respiratory hygiene. This means covering your mouth and nose with your bent elbow or tissue when you cough or sneeze. Then dispose of the used tissue immediately. This is because droplets spread virus. By following good respiratory hygiene, you protect the people around you from viruses such as cold, flu and COVID-19

➤ **If you Have Fever, Cough and Difficult Breathing, Seek Medical Care Early**

Stay home if you feel unwell. If you have a fever, cough and difficulty breathing, seek medical attention. Calling in advance will allow health care providers to quickly direct you to the right health facility. This will also protect you and help prevent spread of viruses and other infections.

➤ **Use of Mask**

The workers should also be taught the proper way to use the face mask.

**a. When to Use a Mask**

- If you are healthy, you only need to wear a mask if you are taking care of a person with suspected COVID-19 infection.
- Wear a mask if you are coughing or sneezing.
- Masks are effective only when used in combination with frequent hand-cleaning with alcohol-based hand rub or soap and water.
- If you wear a mask, then you must know how to use it and dispose of it properly.

**b. How to Wear Masks**

- Before putting on a mask, clean hands with alcohol-based hand rub or soap and water.
- Cover mouth and nose with mask and make sure there are no gaps between your face and the mask.
- Avoid touching the mask while using it; if you do, clean your hands with alcohol-based hand rub or soap and water.
- Replace the mask with a new one as soon as it is damp and do not re-use single-use masks.
- To remove the mask: remove it from behind (do not touch the front of mask); discard immediately in a closed bin; clean hands with alcohol-based hand rub or soap and water.

➤ **Make your Environment Safer**

- Avoid the '3Cs': spaces that are **closed**, **crowded** or involve close **contact**.
- Outbreaks have been reported in restaurants, choir practices, fitness classes, nightclubs, offices and places of worship where people have gathered, often in crowded indoor settings where they talk loudly, shout, breathe heavily or sing.
- The risks of getting COVID-19 are higher in crowded and inadequately ventilated spaces where infected people spend long periods of time together in close proximity. These environments are where the virus appears to spread by respiratory droplets or aerosols more efficiently, so taking precautions is even more important.
- **Meet people outside.** Outdoor gatherings are safer than indoor ones, particularly if indoor spaces are small and without outdoor air coming in.
- **Avoid crowded or indoor settings** but if you can't, then take precautions:

- **Open a window.** Increase the amount of ‘natural ventilation’ when indoors.

## 5. OCCUPATIONAL HEALTH AND SAFETY MEASURES AS THEY RELATE TO COVID 19

To ensure the safety and wellbeing of all the workers, the consultants/contractors should consider the implementation of the following activities;

### 5.1 Construction Hazard Assessment

Assess the hazards to which workers may be exposed; evaluate the risk of exposure; and select, implement, and ensure workers use controls to prevent exposure. The table below describes construction work tasks associated with the exposure risk levels in occupational exposure risk pyramid, which may serve as a guide to employers in this sector.

#### Construction work tasks associated with exposure risk levels

Low	Medium	High	Very high
Tasks that allow employees to remain at least 6 feet apart and involve little contact with the public, visitors, or customers.	<p>Tasks that require workers to be within 6 feet of one another.</p> <p>Tasks that require workers to be in close contact (within 6 feet) with suppliers, visitors, or members of the public.</p>	<p>Entering an indoor work site occupied by people such as other workers, customers, or residents suspected of having or known to have COVID-19, including when an occupant of the site reports signs and symptoms consistent with COVID-19.</p> <p>Note: Employers may consider delaying this work following the guidance below.</p>	<p>Category not applicable for most anticipated work tasks.</p> <p>Note: Most construction work tasks are associated with no more than high exposure risk; see the work tasks associated with lower, medium, or high risk on this chart.</p>

Conduct a job hazard analysis in relation to COVID 19 (Hazards in this case include pathogen exposure, long working hours, psychological distress, fatigue, occupational burnout, stigma, and physical and psychological violence) which can help to determine whether work activities require close contact (within 6 feet) between workers, visitors, or other members of the public. When a job hazard analysis identifies activities with higher exposure risks, and those activities are not essential, consider delaying them until they can be performed safely (e.g., when appropriate infection prevention measures, as discussed on this plan, can be implemented or once community transmission subsides).

### 5.2 Key Labor Risks

Covid-19 specific risks will relate to the activities being carried out by the workers, in the context in which the project is being conducted. The identification of the risks will assist designing appropriate mitigation measures to address those risks, including:

- conducting pre-employment health checks

- controlling entry and exit from site/workplace
- reviewing accommodation arrangements, to see if they are adequate and designed to reduce contact with the community
- reviewing contract durations, to reduce the frequency of workers entering/exiting the site
- rearranging work tasks or reducing numbers on the worksite to allow social/physical distancing, or rotating workers through a 24-hour schedule
- providing appropriate forms of personal protective equipment (PPE)
- putting in place alternatives to direct contact, like tele-medicine appointments and live stream of instructions.

Another example of potential risk is where the project activity is the treatment by health care workers of COVID-19 patients. In this case the risks could include pathogen exposure, infection and associated illness, death, illegal and untenable overtime, psychological distress, fatigue, occupational burnout, stigma and passing on infections to family and community. Section 6 illustrates such risks.

### **5.3 Engineering Controls**

In the indoor construction environment, when work is determined to be essential or emergency, and a person (e.g., co-worker, visitor, resident, subcontractor) suspected of having or known to have COVID-19 is present at the worksite in close proximity to where workers would be working:

- Use closed doors and walls, whenever feasible, as physical barriers to separate workers from any individuals experiencing signs and/or symptoms consistent with COVID-19.
- Consider erecting plastic sheeting barriers when workers need to occupy specific areas of an indoor work site where they are in close contact (less than 6 feet) with someone suspected of having or known to have COVID-19.

### **5.4 Administrative Controls**

Use administrative controls, when feasible, to reduce or eliminate the risk of exposure. Implement, and update policies to reflect:

- Standard operating procedures that follow the World Health Organization (WHO) national and local guidelines for preventing the spread of COVID-19 infection.
- Training for employees on the spread of the disease in the geographic areas in which they work.
- Screening calls when scheduling indoor construction work to assess potential exposures and circumstances in the work environment, before worker entry.

### **5.5 Capacity Building**

Consultants and contractors shall provide workers with basic training on:

- The signs and symptoms of COVID-19 and an explanation of how the disease is potentially spread, including the fact that infected people can spread the virus even if they do not have symptoms.
- All policies and procedures that are applicable to the employee's duties as they relate to potential exposures to the virus. It is helpful to provide employees with a written copy of those standard operating procedures.
- Capacity building should include, in addition to training, provision of resources, reporting, administrative measures, organizational structure (organogram).
  - The benefits of driving to work sites or parking areas individually, when possible, without passengers or carpools.

- The types, proper use, limitations, location, handling, decontamination, removal, and disposal of any PPE being used.
- The importance of staying home if they are sick.
- Wearing masks over their noses and mouths to prevent them from spreading the virus.
- The need to continue using other normal control measures, including PPE, necessary to protect workers from other job hazards associated with construction activities.
- Using internationally-approved cleaning chemicals that have label claims against the coronavirus for cleaning frequently touched surfaces like tools, handles, and machines.
- The need to report any safety and health concerns.

## **5.6 Standard Operating Procedures**

Implement standard operating procedures and employee training to ensure that, before entry into close environments or areas where construction is ongoing in occupied buildings, workers:

- Ensure that any individuals under quarantine or self-isolation (at home, dedicated room within campsite or a health facility) who have been diagnosed with COVID-19 or are experiencing its signs and/or symptoms remain physically separated from the worker (e.g., in a different room, on a different level of the home or building, or outside if weather and applicable emergency orders permit) and communicate remotely with the worker (e.g., by cell phone, using internet-based payment systems and electronic signatures to confirm that work was completed).
- Ask individuals in the workplace to wear a cloth or other face covering, if available, and to cover coughs and sneezes.
- Request that shared spaces in the construction area have good air flow, such as by turning on an air conditioner or opening windows, weather permitting, consistent with World Health's Organization's recommended precautions for people in households.

## **5.7 Safe Work Practices**

- To the extent possible, screen all visitors on all construction sites in advance of their arrival on the job site for signs and symptoms of COVID-19.
- Adopt staggered work schedules, e.g., provide alternating workdays or extra shifts, to reduce the total number of employees on a job site at any given time and to ensure physical distancing.
- Identify choke points where workers are forced to stand together, such as hallways, hoists and elevators, ingress and egress points, break areas, and buses, and implement policies to maintain social distancing.
- In elevators and personnel hoists, ensure 6 feet distance between passengers in all directions and equip operators with appropriate respiratory protection and other necessary PPE.
- Coordinate site deliveries in line with the employer's minimal contact and cleaning protocols and delivery personnel should remain in their vehicles if at all possible.
- Institute a rigorous housekeeping program to reduce dust levels on the job site.
- Keep in-person meetings (including toolbox talks and safety meetings) as short as possible, limit the number of workers in attendance, and use social distancing practices.
- Ensure clean toilet and handwashing facilities. Clean and disinfect portable job site toilets regularly.
- Fill hand sanitizer dispensers regularly.
- Disinfect frequently touched items (i.e., door pulls and toilet seats) regularly.

## 5.8 Personal Protective Equipment

Most construction workers are unlikely to need PPE beyond what they use to protect themselves during routine job tasks. Such PPE may include a hard hat, gloves, safety glasses, and a face mask. However, under the World Bank Occupational and Safety standards for construction, employers must consider whether their hazard and risk assessments, including construction site job hazard analyses, indicate a need for the use of more protective PPE.

When other control measures are not sufficient to protect workers, equip those who must enter potentially hazardous homes or occupied work sites with adequate supplies of appropriate PPE. PPE ensembles may include gloves, eye protection, and/or face shields.

In limited circumstances, including situations involving close contact (i.e., within 6 feet) with someone with suspected or confirmed COVID-19, respiratory protection may be needed and must be provided by the employer.

## 6.0 SURVEILLANCE AND RAPID RESPONSE

The following measures will be adopted for proper surveillance and response to Covid-19 on all the subproject sites.

### 6.1 What should be done to a worker that have had contact with a suspected or confirmed COVID-19 case.

If anyone on the work site has come in close contact with someone who is suspected to have COVID-19 such worker should stay at home and avoid contact with others for a period of 14 days from the last known contact with the ill person. If such a worker is living with someone who is sick with COVID-19 (and who is not hospitalized), such a worker should not come to work for a period of 14 days after the sick individual is declared free of infection, and such a worker should follow instructions for minimizing exposure outlined by the NaCoVERC.

### 6.2 What to do If a worker is Sick

- Primary symptoms of COVID-19 are fever, cough, sore throat, fatigue, and difficulty breathing, though patients may have varying degrees of these symptoms. While the incubation period is thought to be between 1 and 14 days, much remains unknown about the virus, including the original source and how easily it is transmitted.
- If any worker is sick with the aforementioned symptoms, they should be isolated (in a dedicated isolation facility within the campsite) or sent to the nearest health facility for advice and guidance or they should go home and self-isolate themselves.
- If any worker exhibits symptoms of acute respiratory infection, then s/he should avoid others and practice cough etiquette (maintain distance, cover coughs and sneezes with disposable tissues or flexed elbow, and wash your hands), and the affected staff should seek medical care in covid 19 dedicated facility.
- **Contact tracing** – The employer should immediately inform the National Covid 19 Response Centre if there is an outbreak in the community where the subproject site is located or a worker is infected within Covid-19 for effective contact tracing and identification of other employees that may have been exposed.

**6.3 Steps to follow if a staff member has had direct contact within the past 14 days with an individual with a confirmed case of COVID-19 but does not have it or show signs of sickness**

- The Health and Safety officer / Infection Disease Control personnel will immediately remove the exposed individual from the subproject site, encourage them to be tested and require them to work remotely, at least for a 14-day period.
- Report situation to subproject team lead
- Call the toll-free line '117' supported by National Covid-19 Emergency Response Centre, they will arrange for sample collection and transportation to the laboratory.

**6.4 Steps to follow if a staff who has direct contact with an infected persons has been working within a group of workers**

- Allow individuals working on the exposed individual's work area to work remotely for a 14-day period,
- Health and Safety officers will send a prepared and pre-approved message to staff informing them that an individual on the project has been exposed to an individual with a confirmed case of COVID-19 and describing the steps the firm is taking in response (i.e., require exposed individuals to work remotely for 14 days, evacuate area, deep clean).

**6.5 Steps to follow if staff returns from an area with confirmed cases and exhibits signs of illness**

- The individual is not to report to the site, and if they do so, they should be immediately removed from the site
- Individual required working remotely, at least for a 14-day period.
- Inform the subproject Team Lead

**6.6 Steps to follow if staff resides in a household with someone who has been quarantined**

- The individual should not report for duty, and if they do so, they should be immediately removed from the subproject site
- Individual must immediately inform the COVID-19 Response Centre of the development.

**6.7 Steps to Follow if Staff/Consultant returns to Sierra Leone from a country with a confirmed case(s) of covid-19**

All returning travelers to Sierra Leone must self-isolate by staying indoors and avoiding contact with other people. They must follow this advice even if they do not have symptoms of the virus. If anyone develops symptoms during this time, immediately contact the toll-free line "117"

**6.8 Steps to follow if there is an outbreak in the community where the subproject site is located**

All sites must close immediately while activating the closure plan.

**6.9 In the event of a total lock down the following will be adopted:**

- Site closure plan shall be activated
- All equipment must be demobilized to the nearest laydown area on each site

- All sites where construction works are ongoing shall be identified and it shall be fully cordoned with existing concrete hard barriers or perimeter cordon.
- All workers shall be removed from the sites within 12hours.
- Flash lights shall be placed on sites with noted hazard.
- All sites with high embankments shall be identified and Concrete hard barriers shall be placed within 8hours.
- All sites requiring already known Health and Safety Measures shall be put in place within 10hours
- A request for exemption for construction works shall be presented to the client and until approval is given all sites shall remain closed in compliance with the total lockdown.

## **7. SITE CLOSURE PLAN**

If it becomes uncertain that the measures put in place on all the sites will not safeguard the workers within these project areas, then the closure plan must be activated immediately (see annex)

## **ANNEX**

### **WHO Guidance**

Advice for the public

WHO advice for the public, including on social distancing, respiratory hygiene, self-quarantine, and seeking medical advice, can be consulted on this WHO website: <https://www.who.int/emergencies/diseases/novel-coronavirus-2019/advice-for-public>

### **Technical guidance**

[Infection prevention and control during health care when novel coronavirus \(nCoV\) infection is suspected](#), issued on 19<sup>th</sup> March 2019

[Coronavirus disease \(COVID-19\) outbreak: rights, roles and responsibilities of health workers, including key considerations for occupational safety and health](#), issued on 18 March 2019

[Considerations for quarantine of individuals in the context of containment for coronavirus disease \(COVID-19\)](#), issued on 19 March 2020

[Operational considerations for case management of COVID-19 in health facility and community](#), issued on 19 March 2020

[Rational use of personal protective equipment for coronavirus disease 2019 \(COVID-19\)](#), issued on 27 February 2020

[Getting your workplace ready for COVID-19](#), issued on 19 March 2020

[Water, sanitation, hygiene and waste management for COVID-19](#), issued on 19 March 2020

[Safe management of wastes from health-care activities](#) issued in 2014

[Advice on the use of masks in the community, during home care and in healthcare settings in the context of the novel coronavirus \(COVID-19\) outbreak](#), issued on March 19, 2020

### **ILO GUIDANCE**

[ILO Standards and COVID-19 FAQ](#), issued on March 23, 2020 (provides a compilation of answers to most frequently asked questions related to international labor standards and COVID-19)

### **MFI GUIDANCE**

[IDB Invest Guidance for Infrastructure Projects on COVID-19: A Rapid Risk Profile and Decision Framework](#)

[KfW DEG COVID-19 Guidance for employers, issued on 31 March 2020](#)

[CDC Group COVID-19 Guidance for Employers, issued on 23 March 2020](#)

### **SIERRA LEONE GOVERNMENT COVID -19 TIPS AND SOLUTION**

<https://mohs.gov.sl/covid-19-public-notice/>

**COVID-19 Exposure Control, Mitigation & Recovery Plan**

Date: \_\_\_\_\_  
Project Name/Location: \_\_\_\_\_  
Project General Foreman: \_\_\_\_\_  
Project Foreman: \_\_\_\_\_  
Project COVID-19 Lead: \_\_\_\_\_

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**Purpose:**

This plan addresses COVID-19 specific protocols, procedures, processes and requirements for every subproject implemented with the Resilient Urban Sierra Leone Project (RUSLP).

**Education:**

Providing site employees with education on COVID-19 is critical to the health and safety of all site employees. The COVID-19 Lead shall ensure that all existing, new and returning employees are educated on the new COVID-19 job site requirements which can be done as a site safety meeting as long as the employees are able to distance during the meeting. The site COVID-19 lead shall ensure that:

1. On site employees are educated on COVID-19 to include:
  - a. General information about COVID-19.
  - b. How COVID-19 is contracted and transmitted to other people.
  - c. How to prevent the spread of COVID-19.
  - d. Hygiene procedures specific to COVID-19.
  - e. Company policies, procedures and protocols developed in response to COVID- 19.
  - f. Public/worksite requirements regarding COVID-19.
  - g. Reporting procedures if the employee feels they are sick, have been exposed or tests positive
  
2. Education and policy documents shall be available and displayed, when able, on the jobsite to include:
  - a. Site Safety Plan
  - b. Infectious Disease Preparedness and Response Plan
  - c. COVID-19 Supervisors Kit and Binder

- d. Hand washing practices established by the CDC or WHO.
  - e. Fact sheets regarding COVID-19.
  - f. Signs and Symptom fact sheet regarding COVID-19.
3. Recordkeeping shall be completed by the supervisor. Attendance shall be communicated verbally and the supervisor shall document attendance on the roster.

**Hazard Identification:**

The site designated COVID-19 lead will work with site employees, subcontractors and safety personnel to identify site hazards specific to COVID-19. Hazards shall be identified in the daily tailboard or Job Hazard Analysis (JHA). Hazards on subproject specific to COVID-19 are identified as following:

- 1. Employee exposure to another employee or individual on site.
- 2. Employees working in close proximity to other employees or site personnel.
- 3. Working in enclosed spaces with other employees, such as, but not limited to:
  - a. Confined spaces
  - b. Office buildings
  - c. Meeting rooms
  - d. Vehicles
  - e. Personnel lifts or buckets.
  - f. Ditches
- 4. Employees coming into contact with surfaces that another employee has touched.
- 5. Choke points on the project where employees are forced to converge for means of passage.
- 6. Common area touch points, such as handles, handrails, door knobs, tables, chairs, vehicles, working tools
- 7. Common facilities such as restrooms.

**Personal Protective Equipment:**

This project utilizes personal protective equipment (PPE) specific to COVID-19. If critical PPE is not available to employees, the jobsite shall be shut down, or distancing shall be practiced, until such time the necessary PPE becomes available. PPE that will be utilized on each subproject to help prevent the spread of COVID-19:

- 1. Gloves:
  - a. Work gloves, made of leather or fabric materials.
  - b. Nitrile type gloves
- 2. Face and Eye protection: a. ANSI approved Safety Glasses b. Full Face shield

3. Respiratory Protection: We offer many different options for face coverings:

- a. Face covering, FR approved, which covers mouth and nose.
- b. Non-FR cloth face covering
- c. N95 mask
- d. Neck gator

4. Cotton work clothing:

- a. Covering all extremities
- b. FR approved

5. Hard Hat:

**Hygiene, Cleaning and Sanitization Procedures:**

The site COVID-19 lead will ensure that employees have the means to practice hygiene in accordance with work safety directives, as well as the recommendations from the CDC and WHO. Employees shall also follow all worker/co-worker requirements for hygiene.

1. At a minimum, all employees shall wash hands:

- a. When they arrive on the jobsite.
- b. Before eating and drinking.
- c. After using the restroom facilities.
- d. After sneezing, coughing or blowing their nose.

2. Wash facilities and supplies:

- a. Ensure employees have the ability to wash hands with soap and water.
- b. Supply the employees with adequate hand sanitizer consisting of at least 60% ethanol or 70% isopropanol.
- c. If running water is not available, a water supply, such as a jug of water, shall be made available to the crew to use for hand washing.
- d. Paper towels shall be made available to employees so as they can dry hands post washing.

3. The COVID-19 lead shall ensure that site facilities are cleaned in accordance with COVID-19 cleaning protocols. This shall include:

- i. All common area touch points.
- ii. Restrooms

iii. Lunch rooms

iv. Vehicles (when traded or new arrivals)

v. Shared equipment or tools.

4. The COVID-19 lead shall ensure that disinfectants are made available to site personnel and frequently replenished.

5. If an employee reports sick, the COVID-19 lead shall ensure that the space, tools and equipment the employee was using are cleaned and sanitized.

**Distancing Criteria:**

Because COVID-19 can become airborne by coughing, sneezing or blowing your nose; and possibly even through heavy breathing while under physical stress, it is required that site employees practice, where possible, distancing behaviors to help prevent the spread of COVID-19. Employees shall practice safe distancing behaviors such as:

1. Maintain a minimum of 6 feet distance between site personnel.

2. Do not occupy a confined area with another employee such as:

a. Confined spaces

b. Vaults

c. Buckets

d. Vehicles

e. Offices

f. Meeting rooms

g. "Job Shacks"

h. Storage containers

3. Avoid areas on the jobsite which are "bottle necks" or "choke points" where two or more individuals may be forced to converge in order to pass. Allow the other employee to safely pass at a safe distance.

4. When two employees must occupy a confined space at the same time:

a. Face covering shall be used by both persons in the confined space.

b. Gloves and safety glasses shall be used by both persons in the confined.

c. If possible, the individuals shall face opposing directions and avoid touching.

5. Minimize interaction with delivery personnel.
  - a. Instruct delivery personnel to call COVID-19 lead at time of arrival.
  - b. Instruct delivery personnel where to arrive at jobsite.
  - c. Maintain 6 feet distance from delivery personnel.
  - d. Instruct delivery personnel where to leave material and equipment so as they do not expose anyone.
6. Stagger arrival times when multiple crews or subcontractors exist on one project.
7. During toolbox meetings:
  - a. Employees shall maintain 6 feet separation.
  - b. Employees do not need to attendance sign form.
  - c. Employees shall not pass attendance from person to person.
8. Do not allow employees to gather in a group of any size.
9. Do not allow meetings of any size unless employees are able to maintain 6 feet of separation.
10. Do not allow training to occur unless compliance training is mandatory or necessary to maintain safe operations, and, only allow training if employees are able to maintain 6 feet of separation from all other employees while in attendance.
11. When distancing cannot be accomplished, employees shall wear appropriate PPE, such as an FR face mask, N95 mask or an appropriate mask.

#### Sick Employee Policy:

During the threat of COVID-19, all employees shall follow the sick employee policy. The sick employee policy requires the following:

1. Employees to self-identify symptoms before and during each shift, looking for signs of cough, fever, shortness of breath, fatigue, body aches, vomiting and diarrhea, symptoms consistent with the CDC and WHO guidelines.
2. Any employee who believes they are sick, has been exposed to COVID-19, been exposed to a sick family member, or exposed to an individual who tested positive for COVID-19 shall remain home and notify their supervisor. They shall NOT report to the jobsite.
3. If an employee report being sick while on the jobsite or is notified that they were exposed to a person who tested positive, they are to be sent home immediately. The area they were working in, or the vehicle they were using, shall be shut down and disinfected immediately. Any employees working in close proximity shall also be sent home. Either the COVID-19 lead or the Safety Department will initiate the disinfecting process. Depending on the extent of the exposure, a third-party cleaning company can be used.
4. The Safety Department shall be notified immediately when an employee reports sick.

5. The sick employee shall be notified of the return-to-work policy.
6. The Safety Department and COVID-19 lead will maintain a confidential sick employee tracking report.

Project Access logs and Employee Attendance:

1. The site COVID-19 lead shall keep an attendance roster for all site employees. This can be documented on the daily timesheets.
2. The site COVID-19 lead shall keep a daily log of all site visitors. Visitors can be documented on the daily tailboard form under "visitors."
3. Employees who feel that it is unsafe to work, for any reason, may voluntarily remove themselves from the project. The COVID-19 lead shall inform the Safety Department of employees who voluntarily remove themselves from the project. The Safety Department shall:
  - a. Track all employees who voluntarily self-quarantine.
  - b. Inform these employees of benefits available to them.
  - c. Inform these employees of their ability to return to the project.

Return to Work Protocol:

If an employee was off work or removed from the project due to illness, they shall comply with the return-to-work policy before returning to the jobsite.

1. The employee shall contact the Safety Department to gain clearance to return to work following an illness, exposure or a positive COVID-19 test.
2. At minimum, the employee shall wait 72 hours after all signs and symptoms have cleared before returning to work.
3. An employee who received a test for COVID-19 may not return until test results are available.
4. An employee who is exposed to a person who is confirmed to have COVID-19 shall remain in self quarantine for 14 days, and be symptom free, before returning to work.
5. An employee exposed to sick family members or household members shall remain home, even if symptom free, until 72 hours after that person's symptoms have cleared.
6. If an employee is sick with an illness other than COVID-19 they shall remain home until the illness clears.
7. If an employee seeks medical evaluation for their illness, they must provide a doctor note which allows them to return to work.

Stop Work Authority:

All employees have the ability to stop work if they feel their health or safety is at jeopardy. Employees who stop work due to a safety and health concern will not be retaliated against. Employees may contact the Safety Department to report safety and health concerns by using the following methods.

**ANNEX 2 Temporary Site Closure Plan**

Date: \_\_\_\_\_

Project Name/Location: \_\_\_\_\_

Project General Foreman: \_\_\_\_\_

Project Foreman: \_\_\_\_\_

Project COVID-19 Lead: \_\_\_\_\_

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**Reasons for Closure**

Briefly describe reason(s) for temporary site closure

**Site status**

Indicate in the form of a report/checklist the pre-closure status of the subproject site. The report should also contain information relating to works that were intended to be executed had it not been for the closure, this will inform the site manager on the potential starting point when actual works resume

**Conduct a risk assessment**

Risk assessments are an essential process for ensuring the safety of any building project, but during a period where a construction site may be left vacant for longer periods of time, it pays to be prepared.

Firstly, establish if there’s any planned activity during the closure which may require workers to have access to the site. If limited access will be needed, be sure to put robust safety and security measures in place, identifying any possible risks to workers or the site during this time.

This could be providing site security with a list of who will be on site, informing all employees of specific safety and security measures they need to be aware of and any additional protocols required to ensure work can be carried out properly, such as on-site power and water supplies, equipment and safety gear.

If the site is completely shutting down over the said period, your risk assessment should include notifying when the site will be closed and reopened. The site manager should also do a site visit to identify any areas that could be a safety or security risk – this could be access points, dangerous building materials, site foundations and such

– ensuring the necessary steps are taken to minimize any potential hazards or concerns while the area isn't occupied.

### **Secure construction materials and equipment**

It's almost impossible to clear an entire construction site of construction materials mid-way through a project, but you should secure away as much as you can to avoid making your site a target for theft and vandalism. Firstly, think ahead to ordering stock, ensuring there aren't going to be excessive amounts of unused materials left unattended while work is paused for the said period.

The same goes for construction equipment, which can be expensive to replace. Where possible, take the appropriate measures to secure materials and equipment (such as tools and ladders) left on-site in locked containers or sheds, ensuring they aren't visible.

The less there is on show, the lower your chances of these materials being targeted by opportunist thieves during this quiet time. In instances where there isn't sufficient storage on location, you could also consider renting storage space nearby while the site is closed.

The outlay of renting a storage unit will be money well spent if it avoids the high cost of having to replace stolen materials and equipment, not to mention the cost of a project overrunning due to delays while you wait for replacements to arrive.

### **Security Consideration**

Take the time to fully assess the required security needed to protect your construction area during this time. This should include fitting strong locks on all doors, windows and other access points to individual buildings and the site as a whole.

In addition, keeping the area well-lit could also be an effective preventative step towards securing your site efficiently. On larger sites, you may also want to consider additional barriers to prevent trespassers gaining access, employing a security company to patrol the area around the clock or installing CCTV throughout for better visibility.

The site manager should also check the firm's insurance to make sure you're fully covered if any break-ins occur and ensure warning signs are mounted throughout the construction area. This isn't necessarily going to stop an intruder, but they're injured on site, your business and builders will be better protected by the law.

When it comes to security and safety, these extra efforts will make your construction site as safe and secure as possible, giving you greater peace of mind during this period. Factor in the elements if an unsupervised site is left exposed to the elements and the last thing any site manager wants is to return to work after the period to find all the pre-closure progress been undone by extreme weather conditions.

Where possible, ensure buildings are weather tight, properly protect pits, trenches, boarding up windows and doorways to keep out the wind and rain. In cases where construction materials are unavoidably out in the

elements, however, consider investing in durable protective packaging materials like a protective film or wrap that can be laid over concrete foundations and floors to minimise contact with moisture.

The same principles can be applied to any immovable materials – a secure tarpaulin cover will effectively provide a protective barrier against inclement weather. With the above measures in place, we hope you'll be in a better position at the time of closure, knowing that you've taken the right steps towards securing your unsupervised construction site as best you can

ANNEX 3 – NORMAL INCIDENT REPORT TEMPLATE

(To be completed by staff within 12 hours of incident/accident)

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Incident Date: \_\_\_\_\_ Incident Time: \_\_\_\_\_

Injured Person: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Numbers: \_\_\_\_\_

Male: \_\_\_\_\_ Female: \_\_\_\_\_

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Details of Incident:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Who was injured person? \_\_\_\_\_

Injury Type: \_\_\_\_\_

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Does injury require Hospital/Physician? Yes \_\_\_\_\_ No: \_\_\_\_\_

Health Facility Name: \_\_\_\_\_

Address: \_\_\_\_\_

Injured Person(s) Signature/Date: \_\_\_\_\_/\_\_\_\_\_

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Important Notes and Instructions

\_\_\_\_\_  
\_\_\_\_\_

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Prepared by: \_\_\_\_\_ Date: \_\_\_\_\_

RESILIENT URBAN SIERRA LEONE PROJECT (RUSLP)

# HEALTH AND SAFETY INCIDENT REPORT FORM

(To be filled immediately after a health - related incident in a sub project)

SUB PROJECT NAME AND LOCATION

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REPORTED BY CONTRACTOR/CONSULTANT

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PHONE EMAIL

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## INCIDENT DETAILS

LOCATION DATE OF INCIDENT TIME

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INCIDENT TYPE *select one*

<input type="checkbox"/>	ACCIDENT	<input type="checkbox"/>	DISEASE OUTBREAK	<input type="checkbox"/>	NEAR MISS
<input type="checkbox"/>	VIOLENCE	<input type="checkbox"/>	ILL HEALTH	<input type="checkbox"/>	SAFETY

INCIDENT DESCRIPTION

Report any details that may have contributed to the incident. Attach additional information as necessary.

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**OUTCOME DESCRIPTION**

Detail all harm / health effects / damage.

**CORRECTIVE MEASURES**

Describe corrective measures taken to address immediate hazards related to the incident.

**INDIVIDUAL AFFECTED**

NAME	EMPLOYEE ID	DATE OF BIRTH

POSITION job title or designation, i.e., visitor, contractor, etc.

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WORK PHONE	WORK EMAIL

PERSONAL PHONE	PERSONAL EMAIL

HOME ADDRESS

--

NAME (if individual affected is not an employee)	PHONE

ADDRESS

--

**IF MORE THAN ONE INDIVIDUAL AFFECTED LIST THEM HERE**

NAME	CONTACT INFORMATION

**IMMEDIATE ACTION REQUIRED/TAKEN**

(if first aid, fill the corresponding section, if not fill the post incident section)

	FIRST AID	ADMINISTERED BY	
	REFERRAL	CONTACT INFORMATION	
	ISOLATION	TIME OF ADMINISTRATION	

DETAILS OF FIRST AID ADMINISTERED

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**POST INCIDENT**

WHERE DID THE INDIVIDUAL AFFECTED INDIVIDUAL(S) GO NEXT? *select one*

<input type="checkbox"/>	TO THE HOSPITAL	<input type="checkbox"/>	HOME	<input type="checkbox"/>	RETURNED TO WORK	<input type="checkbox"/>	OTHER
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EXPLANATION / FURTHER DETAILS IF OTHER

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Has a any Health Facility/NACOVERC CONTACT

<input type="checkbox"/>	YES	Health Facility Contacted	
<input type="checkbox"/>	NO	CONTACT INFORMATION	
<input type="checkbox"/>		NACOVERC	

**ADDITIONAL NOTES**

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