

A large, irregular map of Latin America serves as the background. It is filled with various construction-related images: a worker in a yellow hard hat and safety glasses in the top left; a cluster of colorful hard hats (orange, green, blue, purple, pink, and light green) on the middle left; a construction site with rebar and workers in the center; and a close-up of a worker in a blue hard hat and orange safety vest using a hammer in the bottom right.

RECOMMENDATIONS TO PREVENT THE SPREAD OF COVID-19 IN INFRASTRUCTURE PROJECTS

June 2020



INTRODUCTION

In response to the emergency caused by COVID-19, this document offers recommendations to guide those responsible for infrastructure projects, especially those financed by the IADB, so that those projects can be resumed or maintained, without putting workers and their families, or the surrounding communities, at risk of infection.

It is not intended to replace the specific protocols that all projects must comply with according to each country's context and legislation, but to complement the efforts made by health and labor authorities, construction chambers, or by companies themselves, to manage this new disease, whose characteristics and control measures are not fully understood.

This document is part of a series of IADB publications, with recommendations for dealing with COVID-19, at the regional¹, intersectoral² and private sector³, among others.



HEALTH ASPECTS

COVID-19⁴: A respiratory infectious disease caused by a new coronavirus detected in China. The disease is currently under investigation, and according to the WHO, at the time of writing this document, the virus can spread in two ways: (i) from person to person through respiratory droplets that are produced when an infected person coughs or sneezes, and these droplets contact another person through the eyes, mouth and nose, and (ii) (ii) through contact with contaminated surfaces or objects. If a person touches a surface or object that contains the virus and then touches his or hers mouth, nose or eyes.

The most common symptoms of COVID-19 are fever, dry cough, and fatigue. Other less frequent symptoms that affect some patients are aches and pains, nasal congestion, headache, conjunctivitis, sore throat, diarrhea, loss of taste or smell, and skin rashes or color changes on the fingers or toes. These symptoms are usually mild and begin gradually. Some of the infected people only have very slight symptoms, others have no symptoms at all.

¹<https://publications.iadb.org/es/del-confinamiento-a-la-reapertura-consideraciones-estrategicas-para-el-reinicio-de-las-actividades-en-america-latina-y-el-caribe-en-el-marco-de-la-covid-19>

²<https://idbg.sharepoint.com/teams/EZ-GU-LON/GU-L1039/60%20Project%20Procurement%20of%20Goods%20and%20Services/Nota%20técnica%20de%20seguridad,%20salud%20e%20higiene%20COVID-19.pdf>

³<https://www.idbinvest.org/es/publications/guia-para-proyectos-de-infraestructura-sobre-covid-19-perfil-rapido-de-riesgo-y-marco>

⁴<https://www.who.int/es/emergencies/diseases/novel-coronavirus-2019/advice-for-public/q-a-coronaviruses>



RECOMMENDATIONS

Recommendations are divided into five sections throughout the document.

I. Preparing the construction site.

II. Execution of construction activities.

III. Prevention of infection in offices and other enclosed spaces.

IV. Follow-up and monitoring.

V. Training and communication.

I. PREPARING THE CONSTRUCTION SITE



A. ACTIVITY PLANNING AND INFECTION RISK ANALYSIS.

It is recommended to carry out a specific **plan to prevent COVID-19 at the construction site**, which contains, at a minimum, the sections in this document, and details of the activities, resources and those responsible for carrying them out, as well as the identification of the sites and implementation schedule.

Additionally, it is important that each construction site has a **risk profile** that defines its vulnerability to the threat of infection of COVID-19, in order to identify risks and adopt measures to avoid or mitigate them. It is recommended to use the methodology proposed by IADB Invest , which consists of three steps:

1. **Evaluation of management capacity:** its purpose is to determine if the project has the minimum resources and structure to timely manage the prevention and response to infection during the execution of tasks. It allows to correct deficiencies before starting or continuing.
2. **Contextual risk assessment and project risk:** it focuses on studying the environment where the project is developed, including the behavior of the pandemic in the host country, the resilience of the local health system and the level of information of the population. At the project level, the characteristics of the workforce, its labor practices, mobility and accommodation characteristics are analyzed.
3. **Determination of the risk profile of the project:** for each evaluated risk, a rating (out of three) will be given, for which the methodology will establish avoidance recommendations or mitigation measures.

Once the unique risk profile has been identified and construction works have begun, it is recommended that the occupational health professionals in charge carry out risk assessments regularly based on the scheduling of tasks. The purpose of this is to identify the tasks that by their nature involve a danger of infection and the control measures with which these will be addressed.

Each risk should be assessed using a matrix like the one shown in Table 1.

			CONSEQUENCE				
			INSIGNIFICANTE	MINOR	MODERATE	DANGEROUS	CATASTROPHIC
			1	2	3	4	5
PROBABILITY	FREQUENT	5	5	10	15	20	25
	LIKELY	4	4	8	12	16	20
	OCCASIONAL	3	3	6	9	12	15
	POSSIBLE	2	2	4	6	8	10
	UNLIKELY	1	1	2	3	4	5

Table 1. Risk Assessment Matrix
Source: Irish Occupational Safety and Health Authority Risk Assessment Guide

GOOD PRACTICE

The city of Boston is developing a verification list for safe works in the construction sector that allows checking that all the infection prevention measures are ready before starting. A draft of the list can be found through [this link](#).



B. PROVIDING PERSONAL PROTECTION EQUIPMENT.

It is recommended to ensure the availability of sufficient Personal Protective Equipment (PPE), including masks (see Table 2), gloves, glasses, face shields, waterproof clothing, and additional disinfectants and soap, anticipating an increase in the use of this equipment in response to COVID-19.

Table 2. Types of Masks and their Use

NAME	ILLUSTRATION	USER AND TYPE OF USE	FIT AND COMFORT	TYPE OF PROTECTION	CARE AND DISPOSAL
CLOTH MASK		For anyone in public places	Can be loose or tight	Protects others, but not the user. It is not liquid resistant	Must be washed after being used (50 washes)
SURGICAL MASK		For patients and health personnel	Loose	Protects the user and can protect others	Discard after each use
N95 OR FFP2 RESPIRATOR		For staff caring for COVID-19 patients	Tight	Protects the user and others	Ideally discard after each contact

Source: Pennsylvania Department of Health, Philippines Department of Science and Technology, and CDC-USA.

A guide on how to wear, use and dispose of masks can be found through [this link](#).

Additionally, it is recommended to have an infrared thermometer (without skin contact), to take the temperature of the workers at the beginning of the day.

It is advisable to have easily accessible portable sinks on site, at the rate of one for every 20 workers. Ideally the taps and soap dispensers should be operated with the foot or, failing that, with large levers that can be operated with the elbow. It is recommended to have paper towels to dry hands and trashcans with lids. It is also recommended that each crew leader be provided with a gel alcohol dispenser, so that each worker has access to it when needed.

A guide to building portable pedal sinks can be found through [this link](#).

It is important that all warehouses, trunks, lockers and any other place of dispatch, exchange or storage of equipment, materials or tools, are equipped with cleaning products for disinfection.

It is recommended to place posters in visible places with the following information:

- Hand washing protocol.
- Social distancing protocol.
- Sneeze and cough protocol.
- COVID-19 symptoms.
- Obligation to not report to work if the worker has symptoms.
- Obligation to contact your superior if you have symptoms or if you have been in contact with someone who has COVID-19, or suspected of being infected with an infectious disease.





C. MANAGEMENT OF SUSPICIOUS CASES.

It is recommended to consider a person as a suspect case when he or she:

- Has a temperature of 38 degrees Celsius⁶ or higher;
- Answers affirmatively to question 1 of the questionnaire described in subsection B of section II in this document;
- Answers affirmatively to question 2 of the aforementioned questionnaire and to two or more symptoms in question 3.

It is advisable to isolate suspected cases to avoid possible infection and notify the site manager to report to health authorities. It is recommended that the supervisor of the person who is a suspected case to proceed as follows:

1. Wear a face mask and a face shield
2. Give the suspect case a N95 respirator and ask them to put it on.
3. Ask the person to refrain from contact with other people until he or she is transferred to a medical center.
4. If suspicion arose after the person began

working that shift, ask him or she to name the places and people with whom he or she has had contact until that moment.

5. Order the evacuation of places where the suspect case has been, disinfect those places, and send home those with whom they have had contact, with the recommendation that they isolate themselves from their relatives until it is confirmed that they are not infected.

If the suspected person has mild symptoms of a cough or fever, the WHO recommends that they stay home, isolated from the rest of their family, and monitor their symptoms. If the symptoms are severe, the person should immediately go to their health insurance medical center, ideally in an ambulance, or at least in a company vehicle that ensures isolation. It is not recommended that the person commute by public transport where there is contact with other people.

It is recommended that the suspected case communicates the result of their medical assessment to their supervisor. If the doctor confirms the suspicion, the person should refrain from returning to the workplace, and follow all instructions from the medical center until they are discharged.

More information on how to safely handle the return to work of workers who were suspected or tested positive for COVID-19 can be found through [this link](#).

GOOD PRACTICE

CDC-US published orientation guides on self-isolating for people that suspect or have COVID-19 who live in small spaces or group housing. The guide for small spaces can be found through [this link](#) and the guide for group housing can be found through [this link](#).

⁶Although there is no consensus on which temperature is considered a fever, 38 degrees Celsius is the CDC-US reference temperature. However, a temperature close to 38 degrees Celsius and the presence of other symptoms should alert the interviewer to a possible suspicious case.

II. IMPLEMENTING CONSTRUCTION ACTIVITIES⁷⁸



A. TRANSFER OF WORKERS TO JOB SITES.

It is recommended that any worker with flu symptoms refrain from commuting to the job site and notify their supervisor of the reason for their absence. This recommendation also applies to older workers (defined according to the regulations of each country) and those with pre-existing medical conditions such as high blood pressure, heart or lung problems, diabetes, or cancer. According to the WHO , these groups are more likely to develop serious conditions. In any of these cases, and following the regulations of each country, it is recommended that the employer guarantee the worker's employment, remuneration, medical insurance, and other applicable benefits.

It is recommended that workers commute to the construction site, preferably in transportation provided by the contracting company, or, as a last resort, by public transport, for which the following precautions are recommended:

- Wear a face mask on before boarding the unit;
- Maintain social distancing as much as possible, which implies that, if the transport unit does

not have enough available space, take the next one. Late arrival for this reason should not be penalized;

- **Bring alcohol gel** and apply it on your hands every time you touch any surface or conduct a monetary transaction; and,
- **Avoid touching your face** before, during and after using any means of transport.

Where possible, the use of individual means of transport, such as motorcycles, bicycles, should be promoted and, where reasonable, workers should be encouraged to walk. It is important to have enough parking spaces for different modes of transport. Carpooling is not recommended.

If shared transportation is used, it is recommended that the service provider cleans and disinfects the units before and after each trip. The service provider should also make enough available units so that a distance of 1m is kept between passengers. Also, there should be alcohol gel offering when entering, trashcans should be placed with a lid and all windows must be kept open to improve air circulation. Image 1 shows the recommended distribution on buses.

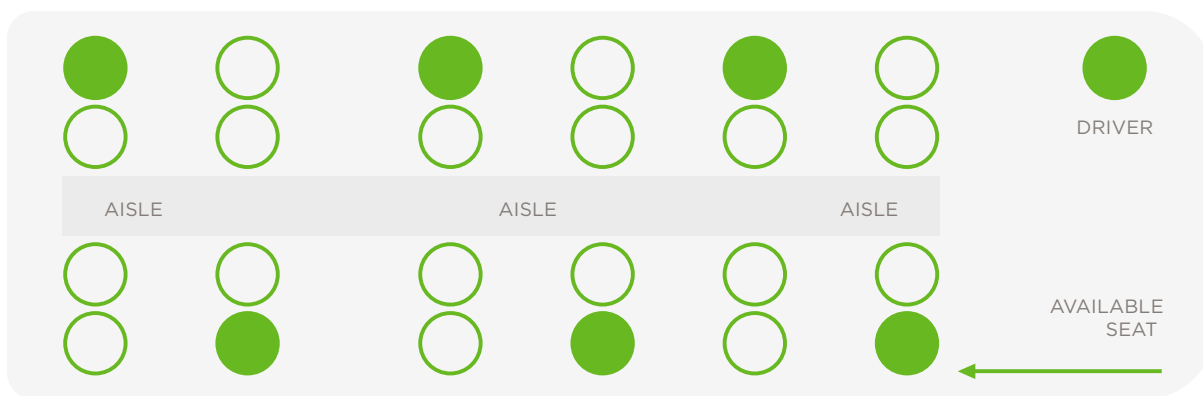
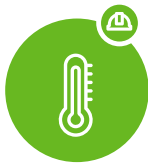


Image 1. Recommended Distribution for Buses
Source: American Public Transportation Association

⁷Similar recommendations can be found in the document "COVID-19: Prevention Measures in Works - Measures to avoid contagion and spread of the coronavirus in works"; PAHO, WHO, UNOPS, version 1, April 2020. See https://iris.paho.org/bitstream/handle/10665.2/52057/FPLPSCOV19200007_spa.pdf?sequence=1&isAllowed=y.

80 Other helpful job-related recommendations can be found by way of the Department of Labor through OSHA. See <https://www.osha.gov/Publications/OSHA3990.pdf> and <https://www.osha.gov/SLTC/covid-19/standards.html>

⁹<https://www.who.int/es/emergencies/diseases/novel-coronavirus-2019/advice-for-public/q-a-coronaviruses>.



B. ARRIVAL OF WORKERS.

Upon arrival at their workplace, it is recommended that workers wash their hands and undergo temperature taking and a brief interview about their health. One person (or more, depending on the number of workers) should be appointed to carry out the interview and take temperatures. It is recommended to carry out both processes simultaneously, and fill out the control form with the following script:

1. Have you been in contact with anyone with COVID-19 during the last two weeks?
2. Have you had any of the following symptoms in the last two weeks?
  - a. Cough.
  - b. Difficulty breathing.
3. During the past two weeks, have you had at least two of these symptoms?
  - a. Fever.
  - b. Chills.
  - c. Body tremors.
  - d. Muscle pain.
  - e. Headache.
  - f. Sore throat.
  - g. Loss of smell or taste.
4. Remember to wash your hands frequently, stay 1m away from other people (and wear a mask when you can't keep this distance), sneeze and cough covering your face with your elbow, do not share your PPE, food or water bottle, disinfect all shared tools before and after using them and report if you have any symptoms as soon as possible.

The answers should be kept in a log by the interviewer, so that the answers are recorded and can be reviewed at any time by competent authorities requesting evidence of the implementation of preventive measures for infection.





C. PROCESS AT CONSTRUCTION SITE.

During the course of construction work, it is recommended to:

- **Apply the protocol for coughing and sneezing at all times** (cover mouth and nose with a disposable handkerchief and deposit it in a trashcan with a lid immediately, or cover mouth and nose with your elbow if you do not have a handkerchief), and do not spit.
- **Conduct toolbox talks** or meetings at the beginning of each shift in open spaces where it is possible to keep at least 1m of distance between people. Ideally there will be a specific location for the meetings with floor demarcation. Take advantage of these meetings to review infection prevention measures and clarify doubts. It is recommended to hold the meetings in subgroups of maximum five people.
- **Hand washing:**
  - After blowing your nose, coughing, or sneezing.
  - Before, during and after preparing food.
  - After using the toilet.
  - After touching trash.
  - Before and after the workday (even after having washed your hands when entering the site).
  - Before and after all breaks and meal times.
  - Before and after touching shared objects.
- **Stagger the start and end times of workdays**, lunch and break times, avoid crowds and keep the distance of 1m between workers in dining areas, dressing rooms, bathrooms and rest areas.
- **Avoid working in confined spaces.** If they cannot be postponed, implement the use of masks and airtight goggles, unless, due to an oxygen-deficient atmosphere, it is necessary to provide workers with specialized equipment.
- **Avoid sharing** water bottles, communication radios, tools, machinery and equipment including PPE, lifelines, and harnesses. It is the responsibility of each worker to clean and disinfect before and after using any tool, machinery and equipment that must be shared. Tasks should be organized so that sharing objects is the last option.
- In order to facilitate the traceability of contacts in case of suspicion or confirmation of COVID-19 infection, **avoid rotating workers between different sites.**

- **Ensure that cleaning personnel frequently disinfect** high-traffic surfaces, such as sinks, shared machinery, electrical panels and water dispensers, always observing good personal protection and chemical handling practices, including the availability of safety sheets (MSDS) of any disinfectant product that has been brought to the site for these purposes.

GOOD PRACTICE

Builder's Association, a private initiative of the construction sector in the United States, developed a video tutorial on good practices to prevent COVID-19 dedicated to people working in this sector. You can find the video through [this link](#).



D. RECEPTION OF MATERIALS.

It is recommended to clearly mark and identify the material reception areas. Only people who deliver and receive materials should have access to them.

Whenever possible, no object should be exchanged between the recipient and the carrier (i.e. documents to sign, pens, etc.). Recipients, using the appropriate PPE, should only unload deliveries, while those making the delivery should remain in the vehicle.



E. RETURNING HOME

It is recommended to raise awareness among workers so that when they return home they implement the following measures:

- **Wash your hands** before having contact with any person or object.
- **Place bags, keys or other items** that you have carried in a box or container at the entrance of the house to clean or disinfect them, as appropriate.
- **Disinfect** cell phones, glasses, watches and other personal effects with cleaning towels and disinfectant products.
- **Change shoes and outer clothing** used outside, placing it in a bag to wash it.
- **Wash clothing** worn on the job site and clean shoes.
- **Shower or wash body parts** that have been exposed during the working day.

III. PREVENTION OF INFECTION IN OFFICES AND OTHER CLOSED SPACES ON THE WORK SITE



A. ADMINISTRATIVE OFFICES.

It is recommended to distribute the offices so that the desks are at least 1.8m apart or, failing that, place acrylic partitions between them. Whenever possible, avoid having two desks facing each other. Image 2 illustrates this distribution.

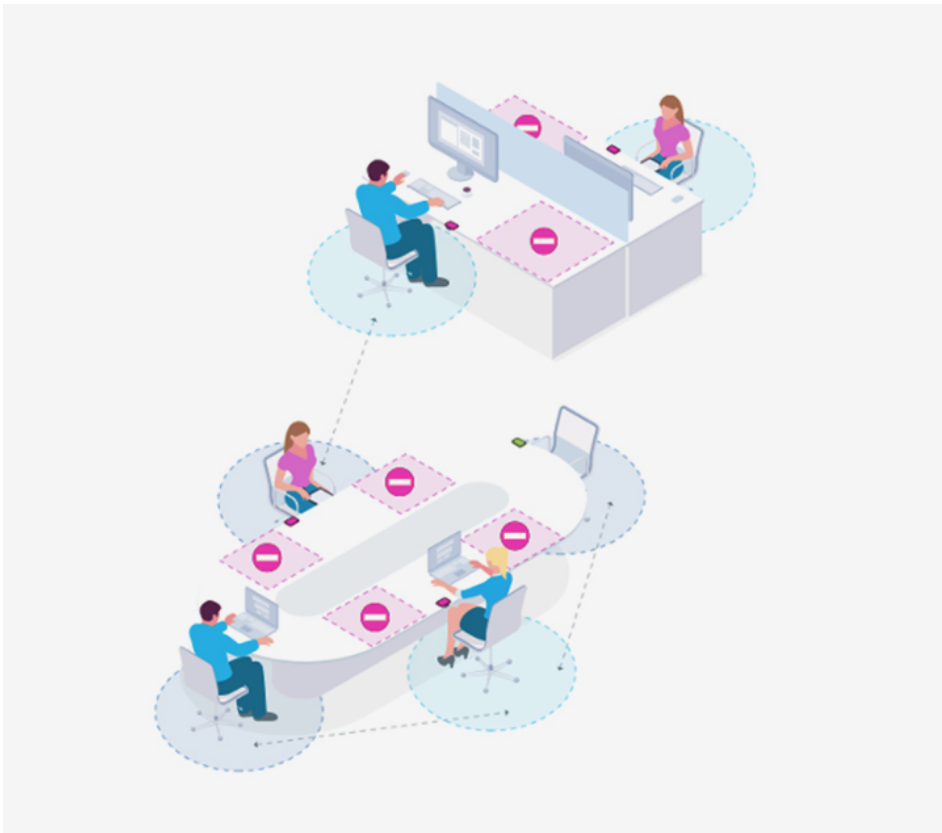


Image 2. Recommended Distribution of Office Workspaces
Source: Condeco Software: Returning to the Office

It is important to guarantee good natural ventilation in the office, ensuring a constant horizontal flow from side to side of the building through large windows.

It is recommended to hang signs on doors and information boards with the following information:

- Hand washing procedure.
- Social distancing rules.
- Sneezing and coughing protocol.
- COVID-19 symptoms.
- Obligation to not report to work if you have symptoms.
- Obligation to contact your superior if you have symptoms or if you have been in contact with people with COVID-19 or suspected of being infected with a contagious disease.



If possible, establish and mark an entrance door and an exit door, separated by at least 1.8m, and a one-way circulation flow inside the office to avoid face-to-face contacts and eliminate tactile access controls, replacing them with contactless cards.

There should be one hand-washing sink for every 20 workers, equipped with soap and disposable paper towels.

It is recommended that all workers in the administrative area undergo the same controls as other staff before starting their work. As part of administrative tasks in the offices, it is advisable to follow these instructions:

- Use **teleworking tools** as much as possible.
- Promote meetings through **teleconferences or any other technological application**. Avoid face-to-face meetings.
- Respond to providers and other people outside the workforce **by email, video calls, or any technological application** that does not require personal attendance. If not possible, establish scheduled appointments with them. Restrict the number of people inside the building, while trying to maintain a distance of 1.8m.
- **Intensify cleaning and disinfection measures**, specially on those surfaces that are frequently manipulated, such as handles, reception furniture, counters, shelves, chairs, tables, computer equipment and plotters, among others.
- Request workers to frequently **disinfect their workstation**, tools, and personal items.
- Take random **temperature measurements** throughout the day.



B. LOCKER ROOMS.

If there are locker rooms, it is important that they have enough space to keep a minimum distance of 1.8 m between people. Ideally each locker room will have an entry door and an exit door. The layout of the entry and exit doors should have a one-way flow of circulation that should ideally be maintained within the locker room, to minimize face-to-face contact between workers. The use of the locker rooms should be done in a staggered way, to avoid crowds.

Locker rooms should be equipped with trash-cans with lids to properly dispose of disposable PPE. In addition, it is important to guarantee good natural ventilation, ensuring a constant horizontal flow from side to side of the building through large windows. Installation of mechanical hand dryers is not recommended, but rather disposable paper towel dispensers.

Finally, it is good practice for each worker to have two lockers, or at least bags: one to store their work clothes (which should not leave the site) and another to store their street clothes (which should not go beyond the changing room).



C. DINING ROOMS AND COMMON AREAS.

As in the locker rooms, the dining rooms and closed common areas should have enough space to keep a minimum

of 1.8m distance between people, as well as exclusive entrance and exit doors. The proposed one-way flow should be maintained as much as possible, as well as the staging times for meals and breaks, and ventilation measures.

It is recommended to establish fixed places for the chairs in the dining rooms and common or rest areas, requesting the workers not to move them, in order to keep social distancing at all times. It is also important to mark spots on the floor to maintain distance while standing in line to receive food.

Lastly, it is important to place screens over food display cabinets to create a barrier between people serving food and workers.



D. VEHICLES AND MACHINERY.

It is recommended that all vehicles for internal use be equipped with a bottle of gel containing 70% alcohol, a bottle of a disinfectant product, and disposable paper towels, so that each person using them disinfects their hands and surfaces such as door handles, steering wheel, mirror, dashboard and gear lever before starting each trip.

It is also recommended to place internal labeling that serves as a reminder of each user's obligation to disinfect the unit before starting each use.

IV. MEASURES FOR MONITORING AND FOLLOWING UP



A. SITE MAPPING.

It is recommended that work sites keep a record of the following documentation related to cases of COVID-19 infections and other infectious diseases. This log must preserve the privacy rights of workers and not generate any type of discrimination against them.

- **Register** of possible cases.
- **Notifications of infected cases** to the health authorities, local administrations, and the IADB (in case of financing).
- **Confirmed “Discharge” certificate** for the patients under investigation that enable them to re-start work activities.
- **Construction site evidence** of compliance with the recommendations of the corresponding public health authorities in relation to reported cases.
- **Evidence of compliance with national regulations** regarding employment, remuneration, medical insurance and other benefits applicable to affected employees.
- **Record of complaints and claims** received by workers and the community and how they were handled.

Further, it is important to keep a record with the updated telephone numbers of all workers and their primary contacts, as well as any relevant observations regarding pre-existing conditions of the workers that may increase their vulnerability in case of infection. A detailed description of vulnerable conditions can be found through [this link](#).



B. INSPECTIONS AND SURVEILLANCE SYSTEMS.

In addition to construction worksite routine inspections carried out by occupational health professionals, as well as the random ones carried out by the health authorities and local administrations, it is recommended that independent audits be contracted regarding compliance with each country's regulations for the control of COVID-19, and the implementation and effectiveness of measures to prevent its spread.

GOOD PRACTICE

In Argentina independent auditors have been hired in order to follow up on the application of measures against COVID-19 in financing projects with IADB.

Finally, it is recommended to the possible extent, to use devices (cameras, temperature sensors, counting sensors for people entering or leaving an area) that allow continuous and remote monitoring of compliance with sanitary measures in the different parts of the construction site.



C. ACTIONS FOR CONTINUOUS IMPROVEMENT

The following continuous improvement actions are recommended:

- Establish monitoring and evaluation mechanisms on the effectiveness of the control measures implemented.
- Keep an updated log with the information of the entire process.
- Periodically monitor and disseminate defined management indicators.

Table 3. Suggested performance indicators

MEASURES	INDICATOR	RECOMMENDED GOAL
I. CONSTRUCTION SITE PREPARATION		
Specific plan to prevent COVID-19 at the construction site	Availability of resources (financial, human, supplies, etc.) for the implementation of the plan	100%
Hand-washing station	Number of hand-washing stations with water, soap, and disposable towels available near job sites	1 for every 20 persons
Information signs	Number of information signs placed in visible locations	One on each information board, one at each hand washing station and one on each door
II. EXECUTION OF CONSTRUCTION ACTIVITIES		
Safe transportation methods	Percentage of workers who arrive onsite using in individual modes of transportation or who incorporate protective measures against COVID-19	100%
Temperature taking and interview	Percentage of workers subjected to temperature taking and interview upon entering the worksite	100%
Workers without contact with infected people	Percentage of workers on site who deny having had contact with someone with COVID-19 in the last two weeks	100%
On-site workers without symptoms	Percentage of on-site workers who deny having symptoms associated with COVID-19	100% negative responses to the three questions on the interview ¹⁰
Social distancing	Percentage of workers distanced 1.8m in offices, dining rooms, dressing rooms and common areas, and 1m in worksites	80% minimum
	Percentage of administrative workers doing telework	25% minimum
Hand-washing	Percentage of workers complying with hand washing measures	100%
Face mask use	Percentage of workers using their mask correctly when it is not possible to maintain social distance	100%
Disinfection of shared objects	Percentage of workers properly disinfecting objects before and after sharing	100%
	Vehicle log with date and time to disinfect door handles, steering wheel, mirror, dash and gear lever	One log per day with one line per trip made
Disinfection of high traffic surfaces	Log in charge of the cleaning staff with date and time of disinfection of all high traffic surfaces	One complete log per day
Isolation from the environment	Construction sites isolated from access to people who are not part of the project	100% of all sites are isolated
III. PREVENTING INFECTION IN OFFICES AND OTHER ENCLOSED SPACES		
Desk spacing	Desks are 1.8m apart	100% of all desks
Enclosed spaces ventilation	Two open windows at opposite points from each enclosed location	100% of all enclosed spaces
IV. MONITORING AND FOLLOWING UP		
External audit	External audit results	100% of measures completed, or at least 80% of compliance plus improvement plan
V. TRAINING AND COMMUNICATION		
Worker training on protective measures against COVID-19	Trained workers	100% of all workers

Source: Independent elaboration using criteria by WHO and CDC-US

¹⁰ Arrival interview (section II,E)

V. TRAINING AND COMMUNICATION



A. TRAINING.

The prevention of COVID-19 infection is directly related to the level of knowledge that workers have regarding risks. It is important that supervisors stay up-to-date on the evolution of the pandemic, the measures adopted by each national health authority and the best practices endorsed by official entities such as the WHO and the ILO.

It is important to keep workers informed as well. There should be frequent communication about required hygiene measures, especially social distancing, frequent hand washing, and the need to report suspicious symptoms or contacts as soon as possible.

Workers should be trained on how to perform their normal tasks while avoiding exposure, and also on how to protect themselves to perform tasks where exposure is unavoidable.

Training is also important in managing the stress and anxiety that the uncertainty surrounding the pandemic can generate. The more informed workers are, the better they can manage expectations and gauge the impact of the pandemic in their lives. Transparency and an atmosphere of trust and optimism in the workplace are vital for good mental health.



B. COMMUNITY COMMUNICATION AND DISSEMINATION.

Implementing parties, contractors, public health authorities and other related stakeholders, need to coordinate awareness campaigns for workers and communities on the preventive measures that must be implemented at the community level to prevent the spread of infectious diseases in the area.

The communication plan to neighboring communities should serve to keep them informed and to diminish fears of infection through the works in progress. It is recommended that the plan include at least the following aspects:

- **Necessary resources** for its implementation.
- **Information** on local, municipal and national plans and protocols during the pandemic.
- **Designation of staff** responsible for coordinating communications.
- **Determine the specific messages** according to the audience, such as nearby communities, health professionals, indigenous communities, businesses, workers, etc.
- **Identify communication channels** and determine the channels for disseminating information.

- Keep in mind the **use of television**, radio (municipal, community), networks and social platforms to share messages, such as web pages, social networks and others.
- **Emphasize the security measures that are being taken by workers**, hospital personnel and implementing units to guarantee the safety of the community.
- **Emphasize the security measures that the community** must take to ensure their own security against the virus.
- **Ensure that vulnerable populations** are aware of the communication resources provided by the project.
- **Rely on the support of community leaders**, community and religious organizations, pharmacists, parents' associations, teachers, and other intermediaries. Participation from these sources is the first step in creating viable and sustainable communication coalitions and partnerships.
- **Prepare to quickly identify and respond** to new public concerns about the interventions or risks posed by the pandemic. Communications about unforeseen complications should be timely and continuous.
- **Establish a complaints mechanism** without it promoting the spread of the virus, and prepare regular updates for the community.



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REFERENCES

American Public Transportation Association [Public Transit Response to Coronavirus or COVID-19](#)

BBC: [How offices will change after coronavirus](#)

IADB: [Del confinamiento a la reapertura: consideraciones estratégicas para el reinicio de las actividades en América Latina y el Caribe en el marco de la COVID-19](#)

IADB Invest: [Guía para proyectos de infraestructura sobre COVID-19](#)

Cámara Colombiana de la Construcción: [Guía del Plan de Aplicación del Protocolo de Seguridad en la Obra - PAPSO](#)

Cámara Costarricense de la Construcción: [Protocolo de atención ante el COVID-19](#)

CDC: [Lineamientos para trabajadores de infraestructura crítica con posible exposición a una persona sospechosa o confirmada COVID-19](#)

CDC: [Personas con mayor riesgo de enfermarse gravemente](#)

Condeco Software: [Regresando a la oficina](#)

Government of the Isle of Man Document: [Lineamientos para sitios de construcción](#)

HandsHQ: [Herramienta de evaluación de riesgos COVID-19 en el sector construcción](#)

HSE-Irlanda: [Guía de evaluación de riesgos ocupacionales](#)

Ministerio de Economía, Industria y Comercio de Costa Rica: [Lineamientos de Continuidad del Negocio – COVID-19](#)

OSHA-EEUU: [Lineamientos para la fuerza laboral en construcción](#)

Ministerio de Salud de Costa Rica: [Lineamientos generales para el sector de la construcción debido a la alerta sanitaria por Coronavirus \(COVID-19\)](#)

Ministerio de Trabajo y Seguridad Social de Costa Rica: [Documentos de interés en materia laboral en la circunstancia especial por COVID-19](#)

OIT: [Lista de verificación para la prevención y mitigación de COVID-19 en centros de trabajo](#)

OMS: [Cuándo y cómo usar una mascarilla](#)

OMS: [Guía técnica de nomenclatura COVID-19](#)

OSHA-EEUU: [Guía sobre la preparación del entorno laboral para el COVID-19](#)

OSHA-UE: COVID-19: [lineamientos para centros de trabajo](#)

OPS/OMS/UNOPS: COVID-19: [medidas de prevención en obras](#)

This document can be regularly reviewed to incorporate updates of good practices with regards to the evolution of COVID-19 and other infectious diseases, as well as to be consistent with other IADB documents

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