

# Construction Project Restart Strategies

## Part 1: People

According to the most recent survey done by [AGC](#), 39% of US projects currently under construction have been temporarily suspended due to the COVID-19 pandemic. As some states begin to lift “shelter in place” orders or re-evaluate which construction projects are considered “essential”, it is critical to have a plan in place to restart a construction project and bring workers back to the jobsite safely. As discussed in USI’s [Construction Site Operations and Temporary Shut Down Procedures Best Practice Guide](#), having an organized plan and systematic process will enable clarity and accountability for all parties returning to work.

### Worker Health and Wellness

As employers bring workers back to project sites, utilizing the same methods discussed in USI’s site operating best practices will help protect your employees. Your plan should be detailed and have clear processes and procedures with appropriate accountability built into the plan to ensure proper execution. OSHA’s guidance recommends reviewing and revamping your infectious disease preparedness and response plan and corresponding infection prevention measures to include social distancing, symptom checking, hygiene, decontamination procedures and training.

» Please ensure you are keeping up to date with [CDC recommendations](#).

### Recommended Measures

1. Practice social distancing by maintaining a minimum 6-foot distance from others.
2. Preclude gatherings of any size, and anytime two or more people must meet, ensure minimum 6-foot separation.
3. Provide personal protective equipment (PPE) such as gloves, goggles, face shields and face masks as appropriate for the activity being performed.
4. The owner/contractor shall designate a site specific COVID-19 Supervisor to enforce this guidance. A designated COVID-19 Supervisor shall be present on the construction site at all times during construction activities. The COVID19 Supervisor can be an on-site worker who is designated to carry this role.
5. Identify “choke points” and “high-risk areas” where workers are forced to stand together, such as hallways, hoists and elevators, break areas, and buses, and control them so social distancing is maintained.
6. Minimize interactions when picking up or delivering equipment or materials, ensure minimum 6-foot separation.

7. Stagger the trades as necessary to reduce density and maintain minimum 6-foot separation social distancing.
8. Discourage workers from using/sharing other workers' phones, desks, offices, work tools, and equipment. Require that all tools and equipment be cleaned and disinfected before and after each use.
9. Do NOT mix cleaning products that contain bleach and ammonia. Dangerous gases can be released and can cause severe lung damage. Provide sufficient ventilation (airflow) when using cleaning chemicals; protective clothing, gloves and safety goggles, when needed; labels on containers of cleaning chemicals; training on the hazards of cleaning chemicals you are using and safe work practices.
10. Post, in areas visible to all workers, required hygienic practices including not touching face with unwashed hands or with gloves; washing hands often with soap and water for at least 20 seconds; use of hand sanitizer with at least 60% alcohol, cleaning AND disinfecting frequently touched objects and surfaces such as workstations, keyboards, telephones, handrails, machines, shared tools, elevator control buttons, doorknobs and portable commodes; covering the mouth and nose when coughing or sneezing as well as other hygienic recommendations by the CDC.
11. Place wash stations or hand sanitizers in multiple locations to encourage hand hygiene.
12. Do not shake hands or make other unnecessary direct contact with other staff.
13. Do not carpool with other staff unless they are family members living within your household.
14. Disposable paper towels and similar waste must be deposited in non-touch waste bins.
15. Do not cough or sneeze into your hand; rather, direct coughs and sneezes into a cloth or tissue or, if not available, the crook of your arm at your elbow; follow established CDC guidelines.
16. Workers should change work clothes and shoes prior to leaving the jobsite or arriving at home. All clothing should not be shook out. Launder work clothes separate from other laundry.
17. Require anyone on the project to stay home if they are sick, except to get medical care.
18. Have employees inform their supervisor if they have a sick family member at home with symptoms of COVID-19 or have tested positive with COVID-19.
19. Maintain a daily attendance log of all workers and visitors. Be sure to have a documented screening process in place.
20. Hold daily pre-shift meetings and employee orientations at staggered schedules.
21. Suggest telephonic or outdoor meetings when a group must convene.
22. General contractors, prime subcontractors, and site owners also may consider sharing known or suspected cases of COVID-19 with subcontractors at every level and inspectors before they enter the site and encourage them to do the same. Contractors and necessary visitors can use this information to develop plans to segregate tasks by time or distance to prevent spread.

## Worker Training

Train all workers with reasonably anticipated occupational exposure to COVID-19 about the sources of exposure, the hazards associated with exposure, and appropriate workplace protocols in place to prevent or reduce the likelihood of exposure to the virus. Training should include information about how to isolate

individuals with suspected or confirmed COVID-19 or other infectious diseases, and how to report possible cases. Training must be offered during scheduled work times and at no cost to the employee.

Workers required to use PPE must be trained. This training includes when to use PPE; what PPE is necessary; how to properly don (put on), use, and doff (take off) PPE; how to properly dispose of or disinfect, inspect for damage, and maintain PPE; and the limitations of PPE. Applicable standards include the PPE ([29 CFR 1910.132](#)), Eye and Face Protection ([29 CFR 1910.133](#)), Hand Protection ([29 CFR 1910.138](#)), and Respiratory Protection ([29 CFR 1910.134](#)) standards.

» **Executive Order 202.16 on “Face Coverings” goes into effect April 15, 2020 at 8 p.m.** Information on the executive order can be found [here](#). Additionally, the CDC posted information on how to use, wear and make Face Coverings can be found [here](#).

OSHA offers a variety of [training videos](#) on respiratory protection.

When the potential exists for exposure to [human blood, certain body fluids, or other potentially infectious materials](#), workers must receive training required by the Bloodborne Pathogens (BBP) standard ([29 CFR 1910.1030](#)), including information about how to recognize tasks that may involve exposure and the methods, such as engineering controls, work practices, and PPE, to reduce exposure. Further information on OSHA's BBP training regulations and policies is available for employers and workers on the OSHA [Bloodborne Pathogens and Needlestick Prevention Safety and Health Topics](#) page.

OSHA's [Training and Reference Materials Library](#) contains training and reference materials developed by the OSHA Directorate of Training and Education as well as links to other related sites. The materials listed for Bloodborne Pathogens, PPE, Respiratory Protection, and SARS may provide additional material for employers to use in preparing training for their workers.

As a practical matter, employee morale may be affected by whether they understand that you, as the employer, have taken all necessary measures to keep employees safe on the job. The CDC notes that employers should anticipate fear, anxiety, rumors, and misinformation, and tailor their communications with those possible reactions in mind.

Employers should communicate with their employees to reiterate existing workplace rules, and outline any additional temporary rules, related to ensuring workplace health and safety. Employers should strongly consider preparing a written communication to employees that outline these policies and expectations to keep employees healthy and safe in connection with the COVID-19 outbreak.

As previously stated, employers are encouraged to review CDC and OSHA strategies for minimizing the potential risk of exposure to all employees. This information is updated daily and changes by the moment.

## OSHA Reporting Guidelines

Pursuant to OSHA recordkeeping requirements, codified at 29 CFR Part 1904, covered employers must record certain work-related injuries and illnesses on their OSHA 300 log. COVID-19 may constitute a recordable illness if an employee is infected as a result of performing work-related duties. However, the recording requirement is only triggered if the following conditions are present: (1) the situation involves a confirmed case of COVID-19; (2) the case is work-related, as defined by 29 CFR 1904.5; and (3) the case involves one or more of the general recording criteria laid out in 29 CFR 1904.7 (e.g., days away from work

or medical treatment beyond first aid). So, an employer's recording requirement would not necessarily be prompted where an employee exhibits symptoms consistent with COVID-19 at work but has not actually tested positive for the virus.

Where an employee has tested positive for COVID-19, the employer must evaluate whether the illness was in fact "work-related" and involves one of the recording criteria delineated under the regulations. While the latter is likely to be met in a confirmed case (as the employee will likely have been instructed to stay away from work and may potentially receive treatment beyond first aid), determining whether the illness was "work-related" can involve a more nuanced, individualized analysis. Employers are encouraged to contact counsel for assistance.

A key best practice, OSHA suggests, is training employees about their right to report issues without delay to OSHA or an appropriate agency. The agency may understand a report was filed by a disgruntled current or former employee, but OSHA must follow up on a complaint without regard to the aims of the complaining employee. **Showing the agency the employer has a training regimen that reinforces employee rights can send a positive signal to an investigator who may be unsure of the workplace culture.**

OSHA suggests an anti-retaliation program that includes five elements:

1. Committed managers who lead by example, encourage employees to report concerns and respect confidentiality;
2. A clearly communicated system for resolving employees' reported concerns;
3. A system for receiving and responding to reports of retaliation;
4. Promotion of anti-retaliation against employees and managers; and
5. Program oversight, which may include regular monitoring or audits that identify the program's strengths and weaknesses.

## Helpful Resources

To help clients navigate these challenging times USI has implemented a **STEER** (Steer Through Epidemic & Economic Recovery) **Task Force**. This cross-functional team is working to provide up-to-the-minute COVID-19 information, understand cross-industry and geography impact and evolving responses, and to develop and deliver tailored solutions to help clients **steer** through this epidemic challenge and economic recovery.

For additional resources, tools, information, and links, please visit our COVID-19 resource page: [www.usi.com/public-health-emergencies](http://www.usi.com/public-health-emergencies)



Source: [OSHA Best Practices](#)

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