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# **CONSTRUCTION SAFETY, HEALTH AND WELL-BEING IN THE COVID-19 ERA**

Edited by

Patrick Manu, Clara Cheung,  
Akilu Yunusa-Kaltungo, Fidelis Emuze,  
Tarcisio Abreu Saurin and Bonaventura Hadikusumo



ROUTLEDGE



# Construction Safety, Health and Well-being in the COVID-19 Era

This edited book presents a significant and timely contribution to our understanding of a broad range of issues pertaining to COVID-19 and its relationship to occupational safety, health and well-being (OSHW) in the global construction industry.

The editors first introduce the industry and its poor OSHW history before highlighting some of the broader impacts of the pandemic on the sector. The book is then divided into two sections. Section One focuses on the management of COVID-19 transmission risk. It captures insights, practices, technologies and lessons learned in relation to what has and is being done to prevent or mitigate the risk of COVID-19 transmission among the construction workforce. *Construction Safety, Health and Well-being in the COVID-19 Era* also details case studies, lessons and best practices for managing sites and workforces when infections inevitably do occur. Section Two brings together international chapters discussing the impacts of COVID-19 on the OSHW of the construction workforce both on and off-site, as well as the management of those impacts. Furthermore, this presents implications of the pandemic (at the short-, medium- and long-term) for other performance measures of construction projects such as cost, schedule, quality and, most importantly, how the pursuit/non-pursuit of such performance measures have impacted/will impact the OSHW of construction workers and professionals in the industry.

This book addresses the gap in literature by offering global perspectives on the OSHW impacts and implications of COVID-19 in the construction industry and will help its wide readership (including construction industry organisations, professionals, researchers, government bodies/policy makers and students) to understand a broad suite of issues pertaining to COVID-19 and its relationship to OSHW in construction.

**Patrick Manu** is a professor of innovative construction and project management at the School of Architecture and Environment, University of the West of England. He is a research-active academic with an international reputation for construction safety and health research, which has underpinned exceptional contribution to knowledge transfer and external engagement in the construction industry, both in the United Kingdom and internationally. He has been involved as principal investigator (PI) and co-investigator in research projects (valued at over GBP £1.9 million) funded by several organisations. He led (as PI) an international consortium

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# Foreword

The COVID-19 pandemic changed the world, and the built environment sector was no exception. The global construction sector was forced to consider worker health, safety, and well-being and placed these human rights at the forefront at their business. Unfortunately, across the globe, construction remains one of the most dangerous and fatal occupations. The sector struggles with higher-than-average divorce and suicide rates. Mental health must remain a central focus and emerge as a deep-rooted value within the construction sector in the post-COVID era.

This book places the pandemic in context along with the key safety, health, and well-being challenges facing the global construction sector. What will we learn from this book? Well, certainly it is hoped another pandemic does not occur for this book to be directly utilised. But the pandemic forced change and was something new to manage. The construction sector became more adaptable, nimble, and innovative. The authors of these excellent chapters also bring out that adaptability and innovation through coping with the pandemic. The global perspectives included in this book provide the reader with a diverse understanding of best practices that emerged during the pandemic. The same adaptability shown throughout the pandemic and evidenced by this book should be viewed as parallel to the ever-evolving and changing technologies in the construction sector such as wearables, artificial intelligence, monitoring devices, and other rapid changes in equipment and technology. This book highlights case studies and best practices to understand and better manage change; the pandemic simply happened to be that change agent. The key learning points contained within are generalisable to future technological change, and thus I have no doubt this textbook will be impactful far into the future.

The International Council for Research and Innovation in Building and Construction (CIB) has active Working Commissions on Health, Safety and Well-being in Construction (W099) and People in Construction (W123). W099 and W123 remained quite active during the pandemic, hosting two very well-attended and interactive online international conferences. The group and its leadership were adaptive to change and disruption, setting an example for other Working Commissions within CIB. This book also sets a wonderful example of forward thinking, innovation, and creativity while sharing case studies, research, and best practices from across the globe.

I am very keen to support this publication and hope that it makes an important contribution to improving the lives of construction workers and their families across the world.

Michael Behm, PhD CSP  
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# 1 Construction safety, health and well-being in the COVID-19 era

## An introduction

*Patrick Manu, Clara Cheung, Akilu Yunusa-Kaltungo, Fidelis Emuze, Tarcisio Abreu Saurin, Bonaventura Hadikusumo and Saeed Reza Mohandes*

### Introduction

Globally, the construction sector accounts for a high and disproportionate number of occupational fatalities, injuries, and illnesses (International Labour Organisation, 2015; Health and Safety Executive, 2021; Eurostats, 2022). Workers in the construction industry are three to six times more likely than other workers to die from work-related accidents (International Labour Organisation, 2015). Furthermore, construction workers are more likely to suffer from an occupational illness than other workers (Health and Safety Executive, 2021). The industry is also notorious for poor workforce well-being, as evidenced by the prevalence of anxiety, stress, depression, and fatigue (Rees-Evans, 2020; RSM UK Consulting LLP, 2021). The nature of work at construction sites is physically more demanding than most other industries. The existence of a large number of workers on the work site coupled with the prevalence of hazards causes the likelihood of incident occurrence to surge. The incidents and work conditions in construction (e.g. time pressure, high level of subcontracting, job insecurity, long hours of work, long commutes, and dynamic work environment) commonly result in injuries, illnesses, deaths, and poor well-being outcomes for the workforce (Haslam, 2005; Manu et al., 2014; Rees-Evans, 2020; Tijani et al., 2021). Poor occupational safety, health, and well-being (OSHW) is a concerning issue for the workers, their families, companies, and government bodies since it has adverse impacts on the overall economic and social status of these stakeholders. Moreover, these impacts dampen the morale of the worker, which results in performing tasks inefficiently (De Prins et al., 2020). Between 2020 and 2030, globally, the construction sector's output is forecasted to increase by about USD \$4.5 trillion to reach circa USD \$15 trillion (Oxford Economics, 2021). This growth could adversely affect the OSHW of construction workers if adequate safeguards are not implemented. The gloomy outlook for construction OSHW has recently been exacerbated by the global COVID-19 pandemic.

The construction sector is highly labour-intensive and works are much more difficult to control due to the rapidly changing nature of construction sites, the multiplicity of site hazards, activities, and trades, and the transience of construction projects. Moreover, construction site operations are often undertaken by teams

of tradespeople/workers who work in close proximity to each other. There is also less mechanisation of construction activities in some countries, which implies a greater physical presence of workers on construction sites and by extension implies greater exposure of the workforce to occupational health and safety hazards. The construction workforce is thus highly susceptible to COVID-19 transmission, infection, and related deaths. For instance, in England and Wales, construction occupations were reported to be among the occupations with the highest rates of death involving COVID-19 (Office for National Statistics, 2021a). Aside from the COVID-19-related deaths associated with the construction industry, the pandemic seriously impacted the industry in several ways. For instance, the number of employment opportunities dropped seriously, which was partially because of the work interruptions induced by the limitations imposed to prevent the spread of the coronavirus. In addition, there was a lack of personal protective equipment because healthcare employees placed high demand on such equipment. The interruption of supply chains and lack of employees/workers because of quarantines caused numerous construction projects to be stopped or suspended (Rouhanizadeh et al., 2019). The Associated General Contractors of America reported that 28% of their members had to stop or postpone construction projects due to the spread of COVID-19 (Pamidimukkala and Kermanshachi, 2021). Therefore, construction is highly impacted by COVID-19 (Koh, 2020).

Despite the significant toll of the COVID-19 pandemic, there is generally a dearth of published studies relating to the OSHW impacts and implications arising from the pandemic within construction. However, there is a growing interest in this area, as shown by calls for journal special issues on COVID-19 in the construction industry. Given that the COVID-19 pandemic has impacted nations on all continents in both similar and different manners/scales, a compendium of studies that offers comprehensive global coverage of the OSHW situation induced by the pandemic in the construction industry would be very useful to multiple stakeholders. This book addresses this gap by offering global perspectives on the OSHW implications of COVID-19 in the construction industry. In this introductory chapter, the status of OSHW in the construction industry is first highlighted. Following this, the impacts of COVID-19 are elaborated on. This is followed by a discussion regarding the OSHW opportunities and challenges induced by the pandemic in the construction industry. Finally, a summary of the chapters presented in the book is provided.

### **COVID-19 impacts on industry**

COVID-19 can be transmitted among people, causing symptoms such as fever, fatigue, dry cough, and breath shortness (Shi et al., 2020). As of January 2023, it had spread to more than 200 countries and territories, with over 750 million cases and resulting in over six million COVID-19-related deaths (World Health Organisation, 2023).

The COVID-19 pandemic seriously affected not only the people's health status but also the global economy (International Monetary Fund, 2021). For instance,

a period of recession started in the United States in February 2020, which was termed the ‘Recession of COVID-19’ (Chodorow-Reich and Coglianesi, 2021). In April 2020, a high unemployment rate of 14.7% was recorded in the United States because of the economic downturn, which was much worse than the 3.8% rate of February 2020 (Pamidimukkala and Kermanshachi, 2021).

Like other industrial sectors, the COVID-19 pandemic significantly affected the construction industry (Alsharef et al., 2021). Apart from the risks induced by the nature of construction work, construction workers and professionals are at high risk of being infected by aerosol and droplet contamination (Zheng et al., 2021). The restrictions imposed on construction projects as a result of the pandemic negatively affected economic growth, augmented the unemployment rate, interrupted supply chains of construction materials, and interrupted many investments (Bsisu, 2020; Ogunnusi et al., 2020). For instance, in the UK the value of new construction work in 2020 recorded an over-15% drop from £119.087 billion in 2019 (Office for National Statistics, 2021b). Several stakeholders of the construction sector were impacted by the crisis of COVID-19 at a global level (Ogunnusi et al., 2020).

### **Opportunities and challenges for OSHW in construction**

Apart from the economic concerns induced by the COVID-19 pandemic, the OSHW of construction workers was also affected (Bourne et al., 2022). A number of reasons resulted in this situation, including the occurrence of health hazards to workers on remote construction sites while commuting because of overcrowding on transport and the nonexistence of risk control measures, and adverse impacts on workers’ mental health because of the augmented anxiety amongst them (Iqbal et al., 2021). The emergence of COVID-19 offers a number of both opportunities and challenges regarding the OSHW of construction workers. As regards the opportunities, the pandemic has brought about the following upsides (Dobrucali et al., 2022; Bourne et al., 2022).

- (1) The respective firms have been tilted towards the adoption of the latest technologies (e.g., sensors) to be brought into practice. The use of said technologies can benefit the concerned decision-makers by providing them with constant monitoring of the OSHW status of the ongoing projects, such as checking whether the workers have worn the required personal protective equipment (PPE) or when the respective workers come into contact with dangers, to name but a few.
- (2) The respective firms have been adopting more flexible working conditions (e.g., working from home) for the workers compared to the pre-pandemic era, thereby improving the OSHW of all the groups involved in the projects.
- (3) The respective companies have introduced more health practices for cleaning up and improving the related conditions of sites, which has made the work environment safer for the workers.
- (4) Another point is related to the new communication channels among the stakeholders involved in a project, which has been accelerated by the increased adoption of information and communication technologies during the pandemic.

Challenges to the OSHW of construction personnel arising from the pandemic include the following (Amoah and Simpeh, 2020; Sierra, 2021; Stiles et al., 2021; Yang et al., 2021):

- (1) The supply of appropriate and sufficient PPEs by contractors is one of the major impediments to achieving a safe working environment for the involved workers.
- (2) There is always a threat of adherence to compliance from the side of the concerned regulators and policymakers; during the pandemic, it was observed that some construction projects did not implement a social distancing strategy on the respective sites, thereby posing dangers to the health of all the involved crew members. This was more apparent at the beginning of the pandemic when very few rules and regulations existed, if any.
- (3) Another challenge is related to the proper sanitisation of the materials used on construction sites; if a frequent and appropriate sanitation strategy is in place, there are fewer infections spreading across the sites.
- (4) Last but not least, superstition is another stumbling block to improving the OSHW of construction projects during the pandemic. Some crew members were of the opinion that COVID-19 was for a particular group of people, and that they could not contract it if they boosted their immune systems.

Further information regarding the challenges and opportunities is covered in the subsequent chapters of this book.

### **Overview of chapters**

There are 25 chapters in the book, which have been grouped into three thematic sections. Collectively, the chapters provide insights from over 10 countries across six world regions – Africa, Asia, Australia, Europe, North America, and South America. A brief description of the chapters is presented here.

Chapter 1 is ‘Construction safety, health and well-being in the COVID-19 era: an introduction.’ In this introductory chapter, Manu et al. highlight the gap in the literature regarding the lack of a comprehensive compendium of studies about the OSHW impacts and implications arising from the COVID-19 pandemic within the construction domain. The chapter gives a high-level view of the OSHW status of the construction industry, the impacts of COVID-19 on industries, and the OSHW opportunities and challenges arising from the pandemic within the construction industry.

#### ***Section 1: management of COVID-19 transmission risk***

Chapter 2 is ‘The transmission of COVID-19 in construction: a systematic review of findings from statistical and modelling techniques.’ In this chapter, Cao et al. used the PRISMA way of compiling a systematic literature review to beam the searchlight on modelling techniques related to the need to limit exposure to COVID-19. The chapter outlined and explained five modelling techniques with

their corresponding features. Knowing the characteristics and strength of each technique is vital to making informed decisions that will save lives on construction sites.

Chapter 3 is 'Health and safety measures for managing the COVID-19 pandemic in the construction industry: a comparison study.' This chapter by Chan et al. used semi-structured interviews conducted with the management staff of construction projects from Nigeria and China. The study outcomes revealed that both countries had construction site health and safety control measures, including body temperature monitoring, face mask-wearing, disinfection of offices, and sanitisation of employees. However, unlike Nigeria, China complemented the aforementioned measures with sophisticated technology-based approaches like big data analysis, onsite tracer apps, and health QR codes, which aided real-time management of COVID-19 transmission on construction sites.

Chapter 4 is 'Towards improving health management of construction projects during the COVID-19 pandemic.' In this chapter, Mahdiyari et al. frame the need to limit exposure to COVID-19 on construction sites. The chapter examined COVID-19 in Hong Kong to highlight how the effects of preventative measures were handled on-site. The chapter reinforced the benefits of health measures and ranked the importance of identified measures. The implication of the shared results is that decision- or policymakers should brainstorm about the effects of preventive measures before deployment.

Chapter 5 is 'An overview on the measures taken to tackle COVID-19 impacts on Nigerian construction sites: a case study of South-South Geo-Political Zone.' In this chapter, Okorie and Anugwo investigate the measures taken to mitigate the spread of COVID-19 among construction companies in Nigeria. They conducted interviews with 24 small, medium, and large companies. While they found the implementation of measures such as wearing face masks, social distancing, and temperature reading, they also reported that workers' attitude towards the measures as well as the implementation of the measures is relatively better among the large companies than the small and medium-sized companies. This echoes the challenges faced by small and medium-sized companies in effectively managing the safety, health, and well-being of workers.

Chapter 6 is 'COVID-19 pandemic: challenges in practising new norms for construction workers.' In this chapter, Mohamed @ Arifin et al. identify the new norms and practices for construction workers in the COVID-19 pandemic, examine the challenges of using those new norms and practices, and depict ways to practise them in the Klang Valley area in Malaysia. This study concludes that following the MOH (Ministry of Health) Malaysia's SOP (Standard Operating Procedure) at construction sites enabled construction employees to normalise new norms and practices more effectively during the pandemic.

Chapter 7 is 'Health and safety in the construction industry during the COVID-19 pandemic: case study of Vietnam.' In this chapter, Pham et al. investigate measures to prevent COVID-19 infection at construction sites in Vietnam, highlighting twelve solutions such as the reduction of the number of workers during safety training and the elimination of night work shifts. Three high-level lessons learned are



also discussed: strict compliance with government policies, flexible approach in policy implementation, and strong commitments of project stakeholders. Finally, based on an industry-wide survey, the authors found that government regulations were perceived as effective in curbing the spread of COVID-19 in construction sites.

Chapter 8 is ‘Construction safety culture management during the COVID-19 pandemic.’ This chapter addresses the role of safety culture in construction sites in order to reduce infection rates. Based on interviews with experts from small, medium, and large construction sites, Chinda proposed recommendations for the management of safety culture in a pandemic context. The recommendations account for five types of safety culture enablers: leadership, policy and strategy, people, resources, and processes. Several examples related to each enabler are discussed in the chapter.

Chapter 9 is ‘Policy assessment framework to measure the efficacy of mask-wearing arrangements during the COVID-19 outbreak: case studies from Jakarta, Indonesia.’ In this chapter, Hansen et al. explore the effectiveness of mask-wearing policy implementation on two construction projects in Jakarta, Indonesia. To do so, a qualitative approach together with semi-structured interviews are adopted. From the results obtained, differences in policy implementation between the two observed case studies are noted. It is also observed that the enforcement control and strategies undertaken by contractors have an unavoidable impact on workers’ perception about the effectiveness of mask-wearing policy implementation. The findings also reveal the need to update the mask-wearing policy in both projects for future improvements.

Chapter 10 is ‘Construction sector in Indonesia: occupational health and safety during the outbreak of COVID-19.’ Setiawan et al. investigate the OHS of construction projects during the outbreak of COVID-19 in Indonesia using a qualitative approach. To this end, the existing regulations related to OHS during the pandemic are explored, followed by an exploration of the health protocols implemented in construction projects. It is seen that Indonesian contractors commit to implementing the guidance that regulates the implementation of health protocols in every workplace; thus, they established a procedure enabling the organisation of all the activities on construction project sites.

### ***Section 2: impact of COVID-19 on occupational safety, health and well-being (OSHW)***

Chapter 11 is ‘Individual and organisational support mechanisms to foster career resilience during the COVID-19 pandemic.’ In this chapter, Borg et al. explore the impacts of the pandemic on the well-being of project managers in the construction industry. Based on a survey with 148 project managers, the authors concluded that 61% of them reported high levels of personal resilience during the pandemic. Many attributed their personal resilience to organisational support mechanisms, such as an intensified focus on health and well-being, maintaining connections with work teams, training and development opportunities, and job security. The chapter also presents recommendations to foster personal and career resilience in construction companies.

Chapter 12 is ‘Assessing how pandemic lockdown upended construction work creed in Free State and Limpopo, South Africa.’ In this chapter, Matete and Emuze report on a qualitative inquiry into the impact of the COVID-19 pandemic lockdowns on workplace rules about the health, safety, and well-being of construction workers in South Africa. Based on interviews with 25 participants, they discuss several impacts, including: the impact on hazard identification and risk assessment; the impact on the implementation of the safety and health plan; the impact on the bi-weekly toolbox talks; the impact on safety and health induction of workers; impact on the provision and use of PPE; and impact on the provision and use of welfare facilities on site.

Chapter 13 is ‘COVID-19 pandemic: a case study of mental health of migrant construction workers at Ttdi Sentralis, Selangor, Malaysia.’ Migrant construction workers can be more prone to adverse safety, health, and well-being outcomes. Against this backdrop, in this chapter, Mohamed @ Arifin et al. investigate the effect of the COVID-19 pandemic on the mental health of migrant construction workers in Malaysia. They also investigated ways to mitigate this effect. Among the top factors that affected the mental health of migrant workers are: worrying about their financial difficulties; fear of losing job; and feeling helpless about the inability to help family during the lockdown. Suggestions to mitigate the effects of the pandemic on the mental health of migrant workers include: a good work environment that boosts work morale; provision of leaves of absence for sickness; recognition/praise by the work boss.

Chapter 14 is ‘COVID-19 and the Ghanaian construction industry: current state of impact and mitigation measures.’ In this chapter, Agyekum et al. examine the impact of the COVID-19 pandemic on Ghanaian construction with specific attention to control measures. A major impact identified in the chapter is anxiety, which underscores the importance of psychological safety in construction. The control measures deployed in Ghanaian construction helped limit the disease’s spread. Some of the measures include mandatory screening and strict hygiene protocol on site.

Chapter 15 is ‘Developing resilient construction professionals in the COVID-19 era: examining architecture students’ personality perspective.’ In this chapter, Sanh and Cakmak investigate the relationship between the personality types and resilience skills, stress factors experienced by architecture students during the pandemic, and provide recommendations on how to cope with stress and develop resilience. They found there are significant relationships between Enneagram personality types and resilience skills and stress factors experienced during the pandemic. The study also suggests the Enneagram as a practical guide to enhance and build resilience at the university level and beyond.

Chapter 16 is ‘Safety, health and wellbeing of construction workers in Nigeria – opportunities and challenges associated with the COVID-19 pandemic.’ In this chapter, Moda et al. show that the pandemic negatively affected project delivery on multiple fronts. The chapter turns readers’ attention to coping mechanisms used in Nigerian construction during the pandemic. Some of the mechanisms are useful in similar context in developing countries.

Chapter 17 is ‘Construction site management during COVID-19 in Myanmar.’ In this chapter, Paing and Hadikusumo examine the effect of COVID-19 and its regulations imposed by Myanmar government on construction project management. Based on the four case studies, they identified the different and common construction safety management approaches that could be useful for construction projects to implement in the pandemic period and beyond.

***Section 3: implications of the COVID-19 pandemic for construction project performance***

Chapter 18 is ‘Intricacies and lifeline for the construction industry amidst the Coronavirus pandemic.’ In this chapter, Adekunle et al. conduct an investigation into the impact of the COVID-19 pandemic on the construction industry in the developing country. Based on a bibliometric analysis undertaken, four cardinal perspectives are obtained, including economic, safety, labour availability, and legal impacts. Moreover, an outlook for the construction industry in developing countries post-COVID-19 is provided via data from two African countries. The essence of information management for improving the OHSW of construction projects during the pandemic is also discussed.

Chapter 19 is ‘Assessment of COVID-19 control and prevention measures: lessons learned at construction sites.’ In this chapter, Costa and Santos develop the lessons learned at construction sites through the evaluation of COVID-19 control and prevention measures in Brazil. Based the analysis of the seven categories of COVID-19 control measures, they highlight the organisation and hygiene category as having the highest degree of implementation. Meanwhile, personal care responsibilities, creating awareness, and changing the work regime were partially implemented.

Chapter 20 is ‘COVID-19 and shock events in the AEC Sector: perspectives on mitigating measures.’ In this chapter, Musonda et al. initially examine the impacts of shock-wave events such as COVID-19 on construction projects, as well as generate lessons that could improve the resilience of construction projects against future shock-wave events. Following consultations with experts in built environment within the sub-Saharan Africa region via focus group discussions, it was identified that measures such as digital transformation, policy, standards/contract guidelines, capacity development, improved information management/awareness, health and safety, training/upskilling, employee-worker relationship, and risk identification are immensely critical.

Chapter 21 is ‘Implication of COVID-19 SOP compliance to project-based construction workers in Malaysia.’ In this chapter, Nasir and Che Ibrahim study the impact of construction workers’ compliance with health and safety (H&S) standard operating procedures (SOP) on project performance. Following conducting 25 semi-structured interviews with construction professionals from Peninsular Malaysia, Sabah, and Sarawak, it was revealed that factors such as shortage of workers, workers’ utilities and test kits, poor management, working hours restrictions

at sites, vaccination and quarantine, safety awareness, and SOP compliance were the dominant factors responsible for heightened H&S incidents during COVID-19 pandemic.

Chapter 22 is ‘Facing the impacts of COVID-19 in construction: the case of Chile.’ This chapter describes how the Chilean construction industry coped with the pandemic, both at the institutional level and at each company’s level. Based on the lessons learned, Serpell recommends the following key measures of control: industrialisation in construction to reduce the exposition of workers at the site; use of technology to supervise workers and help protect them; dissemination of good practices for handling the pandemic and application of new business models to maintain the operation; teleworking; collaboration with suppliers; and contracts with clarity regarding the consequences from a pandemic like COVID-19.

Chapter 23 is ‘Factors that led to an increase of building collapses during the COVID-19 lockdown period in the Greater Kampala Metropolitan Area, Uganda.’ In this chapter, Alinaitwe and Irumba sought to understand the influence of a 16-month COVID-19 related lockdown on increased cases of building collapses in the Greater Kampala Metropolitan Area of Uganda. The examination of five case studies revealed a multi-causal relationship whereby the majority of causes were inherent, but exacerbated by the lockdown. The most dominant factors identified include poor supervision of building works, poor monitoring of works by local authorities, lack of approved building plans, poor construction methods, and failure to conduct site investigations.

Chapter 24 is ‘A digital approach to health and safety management on-site: a silver lining of the COVID-19 pandemic.’ In this chapter, Ghadiminia and Saeidlou pursued the following three main objectives via semi-structured interviews with construction professionals in the United Kingdom: (1) investigate the limitations brought by the COVID-19 pandemic to construction site; (2) explore the digital technologies introduced to overcome the limitations; and (3) investigate the feasibility of the digital technologies in tackling health and safety on-site. While presenting findings addressing these objectives, Ghadiminia also recommended further research to identify missing links between the anticipated potentials of the technologies and the real benefits derived from a mature digitalisation of health and safety management on site.

Chapter 25 is ‘Digitalisation differently: an inclusive digital twin model for climate risk management in major projects in the post-COVID era.’ Local weather conditions such as heat can make construction workers susceptible to heat stress during work on site. Construction projects in locations with a high risk of heat stress thus need to have systems for managing heat-related weather information. In this chapter, Jia et al. draw on pre-COVID-19 site observations and literature pertaining to industry 4 technologies to propose a digital twin model for managing weather information in major projects in the post-COVID-19 era. They suggest that the model can assist contractors and frontline workers to prepare for health risks resulting from extreme or changing weather conditions.

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