



FACTORS AFFECTING THE SAFETY OF CONSTRUCTION WORKERS AND EMERGENCY HEALTHCARE CLINICS

KELVIN TAN

PhD Student - FNR190506, IIC University of Technology, Cambodia

ABSTRACT

During the COVID- crisis, when migrant employees encountered widespread issues like non-payment of wages and benefits, delay in payment, or decrease in benefits, it became abundantly evident that there is an urgent necessity for an increase in the level of wage protection that is now provided to foreign workers. It should come as no surprise that measures need to be taken in order to put restrictions on the movement of people in the region who do not have proper documentation. This is because the detention centres that detained illegal workers throughout the course of the epidemic did not meet the requirements that were set forth in the regulations. It is probable that one of the most significant landmarks in this process would be the streamlining of the legal paths that employees can follow to join the nation. This would be one of the most critical milestones. The adoption of mandatory electronic pay transfers in GCC nations, as well as the imposition of minimum salaries in Malaysia and Thailand, has been beneficial to the employment of migrant workers in those countries. Both of these nations have also raised their base salary for employees. Companies are forced to pay their employees' salaries electronically through banks that have been verified as legitimate by wage protection schemes. Employees may only access their funds through these banks. As a direct consequence of this approach, workers will not get pay that is inadequate. One of the repercussions that emerged as a direct result of these funds was the establishment of a programme called the Public Health Emergency Preparedness (PHEP), which is administered by the Centres for Disease Control and Prevention (CDC).

Keywords: *Public, health, preparedness, strengthening, employability*



INTRODUCTION

Recent infectious disease outbreaks, including those caused by the coronavirus illness 2019 (COVID-19) and other emerging, re-emerging, and neglected infectious diseases, as well as bioterrorism, which threatens health security, highlight the importance and relevance of research related to pandemics. This pandemic was caused by a specific coronavirus called COVID-19. Pandemics often cross national borders, making control efforts more challenging without international cooperation. Furthermore, it is expected that international bodies would play a significant role in the preparation and response operations to the pandemic. The World Health Organisation (WHO) is the only international body with the power to create legally binding guidelines for dealing with pandemics. The World Health Organisation (WHO) provides technical support and standard recommendations (1) to help nations implement these standards, whose importance is expanding. The need to enhance national health systems is especially pressing for countries with lower incomes. This is so because solid healthcare infrastructure is the basis for effective pandemic prevention and control.

The worldwide protocol for the procedures to be implemented in the case of a pandemic is now being created, and this creation process is ongoing. The difficulty of such a system is in figuring out how to keep supranational legal authority in place while still allowing for its effective operation. During both the Ebola epidemic and the COVID19 pandemic, doubts were raised about the WHO's authority and capabilities in leading the worldwide response. The same virus, called COVID19, was responsible for each of these pandemics. These disasters have also brought attention to the issue that the World Health Organisation (WHO) lacks the resources to effectively prevent or respond to pandemics (2). Concurrently, the involvement of new, strong, and resourceful players in the battle against pandemics has increased. Some examples of these groups are the World Bank, the Bill & Melinda Gates Foundation, and Doctors Without Borders. One of the most crucial aspects of the international community's work to stop and prevent pandemics is providing aid to the world's least developed nations to help them build better healthcare infrastructure and guarantee that their populations have access to the most fundamental medical care (3). This



is a crucial part of the efforts being made by the worldwide community to halt and prevent pandemics.

It was still expected that a sizable number of key individuals would show up for work every day, even during the height of the COVID pandemic. Even though it was part of their job duties, this condition persisted. Since the outbreak of the COVID- pandemic, a vast number of vital workers, especially in the medical sector, have been working around the clock to treat sufferers. The medical community in particular has been pressed for time. In turn, this has led to a decline in general happiness and an increase in stress among important personnel.

Furthermore, in January, the World Health Organisation (WHO) acknowledged the COVID epidemic in China as a public health emergency of worldwide significance. This honour was bestowed upon China because of the crucial role it played in the pandemic's spread. Research conducted by Sohrabi et al. in suggests that nations with inadequate medical infrastructure face a greater danger from the pandemic. In addition, nearly every nation on Earth has signed on to stringent preventative measures aimed at halting the spread of COVID-. Businesses and institutions like schools and restaurants may be closed, borders may be sealed, and public meetings may be outlawed as instances of such measures. The prohibition of public assemblies is another example. It has also been noted that whole cities and areas have been evacuated in rare cases (Inoue and Todo,).

To the public's health

In the years that have passed since the terrorist attacks of September 11, 2001, the leadership, resources, and expertise that public health organisations across the country can bring to bear on the response to infectious disease emergencies and other catastrophic events have taken on an increased urgency and significance. As a result of this expanded responsibility, Congress has promised funding to support public health readiness efforts at the state and municipal levels. The Public Health Emergency Preparedness (PHEP) programme, which is currently managed by the Centres for Disease Control and Prevention (CDC), is one of the results of these appropriations. Recent epidemics of infectious diseases,



most notably the Ebola pandemic in West Africa and isolated cases in the United States (2014-15), as well as the ongoing pandemic caused by the Zika virus, have posed a threat to the health security of the nation and brought to light the necessity of continuing to invest in domestic public health preparedness and response infrastructure. This is especially true in light of recent outbreaks of the Ebola virus in West Africa and isolated cases in the United States (2014-15).

Create a fund for use in times of emergency for public health.

As soon as a situation arises that poses a threat to the public's health on a local, regional, or national scale, health officials immediately shift their attention from making preparations to carrying out emergency response activities. This is the case due to the fact that making preparations for potential catastrophes has a greater chance of preventing those problems from occurring. A number of different measures can be taken, depending on the circumstances, including swiftly vaccinating a specific population or providing them with medications, investigating and monitoring an epidemic, and disseminating risk information to the general public. Health departments have the resources necessary to do all of these things. When it comes to responding to public health emergencies, additional cash is required on top of the continuing funding that is necessary to sustain the fundamental public health infrastructure that serves as the central pillar of the programmes that make preparation possible. These monies are in addition to those that have previously been allocated for the purpose of responding to emergencies involving public health. Historically, the approval of an emergency budget by Congress has been necessary for public health authorities in order to secure funding for the response to infectious pandemics such as H1N1 and Ebola. However, the fact that the reaction is dependent on emergency funds can create significant delays in its implementation. The inability to get financing on short notice created significant roadblocks for efforts to combat the spread of the Zika virus epidemic in the United States. Patients in Florida, a state that has had a local outbreak of Zika virus infection, were forced to wait weeks for test results since there is a shortage of laboratory capacity in the state. There is evidence that the Zika virus may be transmitted locally in a number of locations, including Florida. Even if an emergency allocation has been made, it is



not anticipated that the issues caused by the sluggish reaction would be immediately resolved. This is because the difficulties were caused by the slow response.

Authorities in the healthcare industry believe that it might be a number of additional months before the federal government sends money to the states. A modern Public Health Emergency Fund is necessary for the nation's public health system in order to guarantee that it will be able to react expeditiously and successfully to any potential future health emergencies. Based on previous emergency funding, the President's Council of Advisors on Science and Technology, as well as our own conclusions and those of other expert advisory organisations, recommend allocating between one and two billion dollars for this particular reason. This is what we recommend doing. This sort of funding need to be maintained separate from any subsidies for emergency preparedness that may be obtained from the federal government. When a public health emergency is proclaimed, it should be made quickly available, and its breadth should be big enough to trigger an immediate response throughout the country to a recognised threat.

During times of epidemics, you should have a medical response team in place.

In conclusion, the Administration need to lead the construction of a deployable team that is capable of delivering clinical care surge capacity for the purpose of using during times of epidemics and catastrophes. The Ebola outbreak that occurred in West Africa made it abundantly evident that the nation does not possess the capability to promptly assist the provision of clinical care in the event of an emergency and that the nation was dependent on nongovernmental groups to carry out this essential activity for the response. A rapid deployment of healthcare providers to the site of an outbreak could, as part of a larger health response, assist in the achievement of epidemic control by treating patients (thus interrupting the transmission of the disease), training local healthcare providers on infection control measures, and capturing and disseminating relevant clinical observations and treatment protocols. The World Health Organization's Global Health Emergency Workforce might benefit from the presence of a medical response team like this both on the local and international levels. In conclusion, it is difficult to foresee with confidence the location of



the next threat to the safety of our nation's healthcare system or the nature of the threat itself. On the other hand, it is reasonable to anticipate that in the not-too-distant future, one or more occurrences that call for a reaction on the national level will take place. As a consequence of this, it ought to be the government's top responsibility to guarantee a high level of public health preparedness.

Institutions for Isolation and Quarantine

As a result of a severe lack of available land, Singapore has made the reuse of existing structures and the optimization of space a top priority. There has been an increase in the number of COVID- infections that have been detected in accommodation for foreign workers, which makes testing, quarantine, and isolation measures more difficult. It was decided to use widespread and mass testing techniques, as well as the isolating of whole dormitories and the moving of employees presenting moderate symptoms to other, repurposed isolation facilities and accommodations. In addition, widespread and mass testing methods were implemented.

In order to assist quarantine procedures and provide housing for returning residents and visitors finishing their SHNs, more than half of Singapore's hotel rooms have been transformed into isolation and quarantine facilities. In addition to that, Singapore has swiftly transformed a number of additional buildings into quarantine zones.

As an illustration of this, some of the dormitory buildings at the National University of Singapore in Singapore have been repurposed as isolation wards. Within a day, all of the students had left their living quarters, which meant that there were now beds available for newly arriving passengers and any potential cases that required urgent detention. The Heritage Chalet in Pasir Ris, the SAF Changi Chalets, and the Home Team NS Sembawang Chalets are all examples of repurposed buildings that were formerly used as government quarantine facilities. These buildings have been converted into getaways that are appropriate for get-togethers and overnight stays with loved ones.



The mentality and approaches to pandemic preparation that were common in the years leading up to the COVID served as a source of motivation for the establishment of the NCID in September of . The NCID now has beds, although it has the capacity to care for up to patients at a time. In addition to this, it includes research activities conducted in the laboratory, in the field, and with the general public. The COVID- patient load for the nation has been managed by the NCID and the local hospital to the extent of up to % of the total.

Since , all public hospitals that provide acute care have been required to take part in countrywide simulation exercises that simulate epidemic conditions. These exercises are designed to help hospitals improve their pandemic preparedness and isolation capacities. During the COVID- pandemic, they allowed hospitals rapidly transition from "peacetime" to "outbreak" mode by lowering "business as usual" operations and boosting the capacity of beds, ventilators, personal protective equipment (PPE), medications, and other resources for COVID- testing and treatment. Regular wards were transformed into COVID- wards after the NCID's capacity was met.

OBJECTIVES OF THE STUDY

1. To study on Enhancing wage protection and improving wages
2. To study on Ensuring protection of all migrant workers

Emergency health care clinics for public preparedness

Prior to the implementation of COVID, a network of private primary care clinics, often known as PHPCs, had already been established. In the event of a public health emergency, these medical facilities may be called into action to carry out important activities such as the distribution of drugs, the administration of vaccinations, the triage of patients, and the provision of assistance to emergency rooms that are operating at capacity. During the COVID pandemic, patients were screened with the assistance of PHPCs, and those who tested positive were sent to specific hospitals for further diagnostic testing and isolation.



In addition, beginning in June, they pledged funding for a countrywide campaign that would screen for and test everyone who may have been exposed to the disease. This initiative will test for and screen for anyone who may have been exposed to the disease. They have just recently been extended an invitation to participate in the national immunization effort in some capacity. During an epidemic, PHPCs as a network are an essential component in the effort to coordinate the mobilization of additional health care resources and infrastructure. This contributes to improving the community's ability to recognize and respond appropriately to possible incidents.

Boosting wage security while also raising wages

During the COVID- crisis, migrant workers had substantial difficulties with regard to the non-payment, delay, or decrease of wage and benefit payments (ILO a). These issues have brought to light the critical requirement of bolstering existing protections for the pay of migrant workers. Another typical indicator of low salaries is a shortage of housing that is both cheap and habitable. This is because low income simply cannot cover the cost of a monthly rent payment in any region of the country.

Both the GCC nations' and Thailand's (sea fishing) implementation of mandatory electronic pay transfers, as well as those countries' implementation of minimum salaries, have proven to be beneficial for migrant workers in those countries. Under wage protection programs, companies are forced to pay employee salaries electronically through banks that have been pre-screened for legitimacy. This prevents workers from being underpaid. All monetary transactions may now be viewed in their entirety and subjected to auditing as a result.

Improving housing

The right to housing is recognised as an essential component in the implementation of the right to a dignified standard of living, in accordance with the international law governing human rights. As was said before, the ASEAN Consensus acknowledges the right of migrant workers to live conditions that are just or acceptable to their standards. Workers from other



countries are eligible for this perk. They will unquestionably be able to seize the chance that has been presented to them.

In the Recommendation on Workers' Housing issued by the International Labour Organisation (ILO), it is stated that "it is not generally desirable that employers should provide housing for their workers directly, with the exception of cases in which circumstances necessitate that employers provide housing for their workers." To restate, employers shouldn't pay for employee housing unless it is an essential necessity to do so. According to Napier-Moore and Sheill, it is common practise in this region of the nation for businesses to take care of their workers' living arrangements as part of their employment benefits package. This is due to the fact that many migrant workers in the region would be unable to afford rental housing, particularly in metropolitan regions, if their incomes did not increase. This problem is especially prevalent in urban areas. Due to the numerous constraints that are placed on them by their employers, workers need to conduct themselves with the utmost caution in all that they do.

Assuring the security of all migrant employees

Illegal laborers have been confined in unsafe conditions during the entirety of the epidemic, despite the fact that many procedures are required to restrict the movement of people in the region without proper documentation. One of these initiatives is intended to improve the efficiency of the official channels that are responsible for the allocation of work.

On May , , in Malaysia, the United Nations published a statement warning that vulnerable groups may fall into deeper concealment and avoid getting treatment out of fear of being arrested and detained. The statement was issued in Malaysia. According to New Straits Times , this can lead to a rise in the transmission of COVID-, which in turn can have a significant influence on the health of the persons who are afflicted. For this reason, it is absolutely necessary to separate the concerns that migrants have for their health from the worry that they will be punished for breaking immigration laws.



Availability of educational opportunities for upgrading and switching careers

Because of the crises caused by COVID-, there have been significant shifts made in the ways in which we do business and gain information. The sorts of skills required in a broad range of businesses are evolving as a result of the growing number of individuals who make purchases and sales of products and services online. Following the COVID-, it is exceedingly improbable that the "new normal" will be similar in appearance to the "old normal." It is essential in this era of digital transition that migrant employees have the chance to gain new skills and adjust to the "new normal" of the workplace. This is especially important for employees who are being laid off. There is a lot of work that needs to be done to increase the access that migrant workers have to technology and to assist them in becoming savvy users who are able to make significant contributions to the digital economy.

Improving the employability of migrants is a priority.

Employability of returning migrants has been a focus of concern in a number of nations as part of the process of reintegration and their contribution to the social and economic fabric of their home cities. This is true in a number of different countries. A web-based online training system known as the OFW Reintegration via Skills and Entrepreneurship system has been established by the Department of Labour and Employment in the Philippines. This curriculum is intended to assist Filipinos who have worked overseas in finding sustainable methods to earn a livelihood once they have returned to their home country. The project was initiated by the government of the Philippines.

The Happy Return Programme is a component of the Employment Permit System that was developed by the Republic of Korea in order to assist temporary workers who had overstayed their visas in Korea with their reintegration into Korean society and to assist them in making better use of the newly acquired skills when they returned to their home countries. Both of these goals were accomplished by the Republic of Korea.

Vocational training and pre-return recruiting services are also given by the project (GFMD, ; Wickramasekara,). These services include assisting participants in their search for positions



at Korean firms that have abroad operations as well as providing assistance with the filing of insurance benefit claims. These services are available to long-term workers who are living and working abroad. After being compelled to return to Ethiopia owing to the COVID-pandemic, eight hundred and six vulnerable migrants were provided financial assistance. The aforementioned support was provided by Ethiopian authorities as part of a bigger initiative designed to facilitate the process of job placement for returning migrant workers.

Expanding access to social protection for migrants and their families

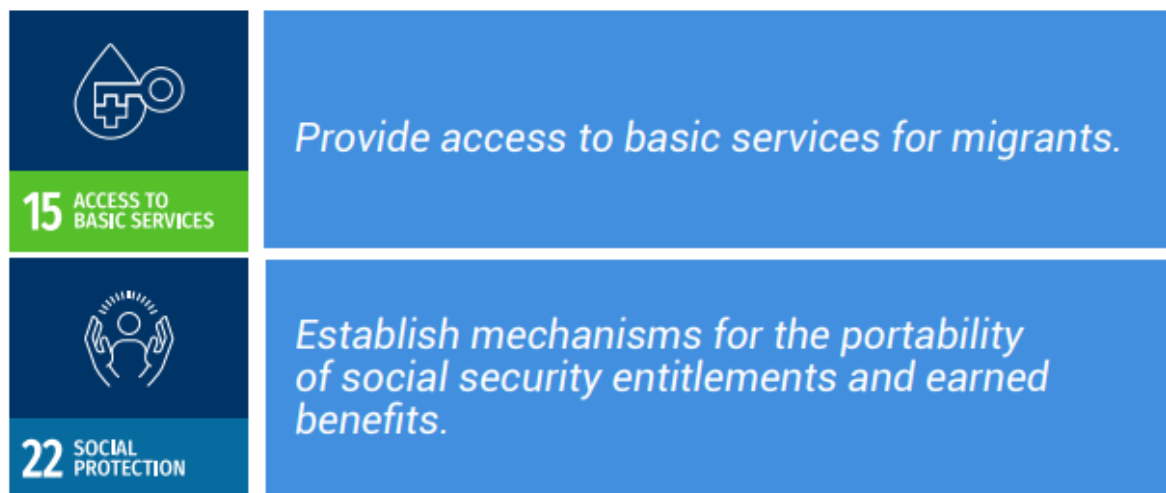


Figure of social security and basic services of migrants

Everyone should be eligible for social security and other forms of social protection, including persons who are temporarily or permanently residing in a nation other than the one in which they were born. At the most recent International Labour Conference, a resolution was approved that called for increased ease of access and portability of social security for migratory workers (ILO, aa). As a result, this problem has received fresh attention.

Industry-level Factors Affecting the Safety of Construction Workers

The principal pieces of legislation in Singapore that are applied to the regulation of safety problems on building sites are Section of the Factories Act and Sections and of the Building Operations and Work of Engineering building (BOWEC) Regulations. Both of these pieces of



legislation were enacted in . Both of these parts of the law are contained under the Building Operations and Work of Engineering Construction Act. Nevertheless, as the safety numbers continued to deteriorate, it became clear that the legislation was not having the desired effect. The Factories Act was rendered obsolete when the Workplace Safety and Health Act came into effect on March , , and its repeal took effect on that day. As a result of the new law, the regulatory structure that oversees safety is transitioning from a model that is driven by rules to one that is driven by principles.

According to statistics provided by the Ministry of Manpower in , this industry is home to a total workforce of , individuals, of which , are foreign nationals. The great majority of migrant workers reside in either purpose-built, huge dormitories or factory-converted dorms with communal kitchens, restrooms, and toilets that are open to the public (Ministry of Manpower,). These facilities are accessible to anybody who wishes to use them.

Even before the COVID- epidemic, the local construction sector had begun to place a larger emphasis on physical dangers. These risks include falling from a height or becoming involved in a vehicle accident, which combined accounted for forty percent of all deaths that occurred on the work in (Ministry of Manpower,).

Public Health Preparedness And Strengthening

The United Nations has included "building effective, accountable, and inclusive institutions at all levels" an essential aspect of the seventeenth Sustainable Development Goal in recognition of the significance of robust institutions. This acknowledgement comes as part of the seventeenth Sustainable Development Goal. "Institution" may imply anything from "humanly designed constraints that govern political, economic, and social interactions" to "simple synonym for "organisation." The term "institution" has numerous meanings, and one of those meanings is "humanly constructed limitations that regulate political, economic, and social relations." There is no one definition of the word "institution" that is accepted by everyone. However, by careful design, institutions may be constructed and improved. Building up an institution in terms of its foundation, its current state, and its future potential are all examples of what is meant by the term "institution building." Activities and



procedures geared towards the establishment of institutions have been put into effect in a diverse array of settings and domains. Establishing National Public Health Institutes (NPHIs) is one of the most important things that can be done in the field of public health. These institutes are there to provide "science-based leadership, expertise, and coordination of a country's public health activities," among other crucial tasks. Explaining public health policy and practise in terms of the scientific knowledge, data, analysis, and evidence upon which it is founded is important.

In spite of the fact that NPHIs are supposed to be developed in line with core functions, focused on key public health functions, and containing core qualities, their actual areas of concentration and organisational structures varies from one nation to the next. In addition, the "schism" that exists between the cultures that constitute "medicine" and "public health" may cause one to doubt the goals of both of these fields. Over the course of the last several decades, funding for NPHIs has come from a wide variety of organisations and institutions, such as the World Health Organisation (WHO), the International Association of National Public Health Institutes (IANPHI), and many other philanthropies and government bodies. Because of this award, they were able to expand their operations and bring more people under their management. They were able to accomplish this through promoting global public health governance and the establishment of institutions through the provision of funds, technical assistance, and support for the development of capacities.

Established in, the International Association for National Public Health Institutes (IANPHI) is a group that encourages the growth of NPHIs by establishing recommendations for how they should operate. It is also known as the Africa Centres for Disease Control and Prevention (Africa CDC) and is a group that is known as the Africa Centres for Disease Control and Prevention (Africa CDC). This list of proposals details important public health functions, key characteristics, and ways for the growth and enhancement of such functions and characteristics. When developing new NPHI institutions and continually enhancing the capabilities of those that are already in existence, there are a number of essential considerations that need to be taken into account. These include the significance of having



ownership by the nation, having good leadership, clearly identifying the functions of the organisation, creating strategic plans, and many other related topics.

Executives and professionals working in the health care industry are aware of the significance of such components. When the ideas of system thinking are applied to the field of public health, there is a dearth of collated data on "institution building" that is successful and long-term. This is because many papers concentrate their attention just on a single aspect of the process of establishing institutions. As has been demonstrated in a number of other areas of the health sector in the past, system thinking, which is an attempt to examine problems in terms of a wider and more linked system, may be useful in identifying and addressing the complex and interdependent elements that may impact the formation of institutions. This has been shown to be the case in a number of other areas of the health sector. IANPHI is currently amending its "Framework for the Creation and Development of NPHIs" in order to integrate the newly developed Strategy and the corresponding Action Plan for carrying out the Strategy's intended implementation. The Robert Koch Institute and the Norwegian Institute of Public Health have been assigned with the responsibility of revising the Framework by the Executive Board of the IANPHI. These organisations have the goal of basing their strategy on an in-depth review of the knowledge that is currently available regarding how to go about the process of creating institutions for public health.

This systematic review not only makes available information to a large audience that is involved in the process of public health institution creation, but it also makes IANPHI's own work in this field easier and provides support for them. In this article, we take a look at some of the most recent approaches, conceptual frameworks, and evaluations that may be used to enhance public and medical institutions. In addition, we emphasise some proposals for the establishment of institutions in NPHIs, as well as some best practises for the establishment of institutions in the context of development cooperation.



CONCLUSION

Because it adheres to these three fundamental ideas, the new legislation constitutes a shift from the practises that have been followed in the past. These principles are: lowering risk at its source; holding industry more accountable for safety and health results; and implementing stiffer fines for inadequate safety management. A risk-free working environment must be maintained at all times, as required by the recently enacted legislation, by all parties engaged in the value chain of the construction sector. In terms of self-regulation and the formulation of internal S&H standards and practises, extra responsibilities have been placed on businesses as a result of the new law. In addition to this, a higher level of self-control is required. Recent coordinated efforts to fight the COVID-virus may represent the first implementation of a pandemic preparedness strategy. Recent collaboration has helped bring these separate programmes under one umbrella. This study intends to fill this gap by addressing the deficiencies of existing legislation in light of the problems experienced by migrant workforces in light of the challenges encountered by migratory workforces. In light of these findings, constraints will be identified, and a conceptual "best practises" framework will be proposed. This will be done to ensure that workers can do their jobs safely under COVID conditions, meet the needs of the migrant worker community, and make the construction industry more resistant to any future pandemic outbreaks.

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