



# COVID-19 PREPAREDNESS STANDARD

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HSE-BPS-C057-9 (VERSION 2)



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# TABLE OF CONTENTS

**WHAT IS COVID-19 (CORONAVIRUS).....4**

**SCOPE AND PURPOSE .....4**

**LEGISLATION.....5**

**COVID-19 RISK LEVELS AND CONTROLS – A PHASED APPROACH .....6**

    RISK LEVELS ..... 6

    BI-WEEKLY CASE RATIO ..... 7

**COVID-19 RISK LEVEL MATRIX .....8**

    COVID-19 BI-WEEKLY CASE RATIO RESULTS EXAMPLE ..... 9

**COVID-19 TRANSMISSION .....10**

**PRELIMINARY DOCUMENT CONSIDERATIONS .....11**

**WORLD HEALTH ORGANIZATION RECOMMENDATIONS.....12**

**ADDITIONAL BEST PRACTICES .....13**

**CORONAVIRUS SYMPTOMS.....14**

**CLOSE CONTACT AND PHYSICAL DISTANCING .....15**

**HAND HYGIENE, SURFACE CLEANING, AND TOILETRY FACILITIES.....16**

**ENGINEERING CONTROLS.....16**

**ADMINISTRATIVE CONTROLS .....17**

**PERSONAL PROTECTIVE EQUIPMENT (PPE).....18**

    GLOVES .....18

    CLOTHING.....18

    SAFETY GLASSES.....18

    FACE PROTECTION .....19

    FACE COVERINGS .....19

    FACE SHIELDS .....19

    AIR PURIFYING RESPIRATORS.....20

**CLEANING, DISINFECTING, AND SANITIZER .....20**

Uncontrolled when printed. Current revision of this document is available in Microsoft Teams/SharePoint.				
Reference(s)	HSE-POL-B008			
Revision Date	Modified By	Revision No.	Approved By	Page
May 26, 2020	Cathy Newbigging	9	Rob Coates	Page 2 of 25

**TRANSPORTATION .....21**

    DRIVING COMPANY VEHICLES .....21

    AIRLINES.....21

**SELF-MONITORING, SELF-ISOLATION, AND ISOLATION .....22**

**PREMOBILIZATION QUESTIONNAIRE .....23**

**EXPOSURE REPORTING.....24**

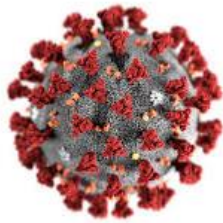
**EXPOSURE REPORTING MATRIX.....25**

<b>Uncontrolled when printed. Current revision of this document is available in Microsoft Teams/SharePoint.</b>				
<b>Reference(s)</b>	HSE-POL-B008			
<b>Revision Date</b>	<b>Modified By</b>	<b>Revision No.</b>	<b>Approved By</b>	<b>Page</b>
May 26, 2020	Cathy Newbigging	9	Rob Coates	Page 3 of 25

# WHAT IS COVID-19 (CORONAVIRUS)

Coronaviruses (CoV) are a large family of viruses that are common and are typically associated with mild illnesses, like the common cold. A novel coronavirus (nCoV) is a new strain that has not been previously identified in humans. The severe diseases have included:

- Middle East Respiratory Syndrome (MERS-CoV) (first reported in 2012, all cases have been linked to countries in or near the Arabian Peninsula)
- Severe Acute Respiratory Syndrome (SARS-CoV)



A new coronavirus was identified in China (Wuhan City) and was initially known as 2019 Novel Coronavirus (2019-nCoV). It has been now formally named COVID-19. The case was reported on December 31st, 2019, and confirmation of the coronavirus identification occurred on January 7th, 2020.

## SCOPE AND PURPOSE

This document covers the general precautions we shall take to help lower the spread of coronaviruses and protect the health and safety of our staff.

For more information refer to our Pandemic Disease Standard.

Our revised standard provides a phased approach to preparedness and control measures. Risk levels are now established. As we learn more about the virus, how to better protect the health of people, and create new control measures, stipulations may either increase or relax.

**This version is our 2<sup>nd</sup> major revision to COVID-19 Preparedness.**

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<b>Reference(s)</b>	HSE-POL-B008			
<b>Revision Date</b>	<b>Modified By</b>	<b>Revision No.</b>	<b>Approved By</b>	<b>Page</b>
May 26, 2020	Cathy Newbigging	9	Rob Coates	Page 4 of 25

## LEGISLATION

As it stands from the current revision date of this document, guidelines for protection of workers from COVID-19 in occupational health and safety organizations such as CCOHS and OHSA offer information to support the health and safety of our staff. We value this information and as such are utilizing recommendations and guidelines in an applicable manner for our operations. Nothing has been released at this time in regulations specifically to COVID-19, however we do respect the pandemic and disease control legislation already in place for the jurisdictions we perform work.

The COVID-19 outbreak information changes rapidly. Governments, OHS organizations, and companies like our own are learning and following data and news releases daily. We will continue to follow these closely and ensure our staff are made aware of updates in the form of Situation Reports (SITREPs) and other correspondence so that we can ensure compliance is maintained and revise documents including our COVID Amendment SOP document.

**All staff and business units MUST also follow the jurisdictional laws in their region. Ensure you comply to the most stringent standard between our policies and that of local government agencies.**

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<b>Reference(s)</b>	HSE-POL-B008			
<b>Revision Date</b>	<b>Modified By</b>	<b>Revision No.</b>	<b>Approved By</b>	<b>Page</b>
May 26, 2020	Cathy Newbigging	9	Rob Coates	Page 5 of 25

# COVID-19 RISK LEVELS AND CONTROLS – A PHASED APPROACH

As the risk presented by COVID-19 changes, our response must also change. At any time, each business unit may have a different risk level. The Bi-Weekly Case Ratio is useful criteria to establish the risk level. The Regional Manager may elevate beyond this guidance as they see fit. They may also reduce controls below this guidance so long as they seek HSE Director consultation.

Refer to the COVID-19 Risk Matrix for details. Subsequent information is provided for each risk level.

**IMPORTANT NOTE: Regardless of the controls listed for each risk level, personnel must respect and follow the most stringent standards put in place by relevant authorities in your place(s) of work.**

Examples include:

- Federal / regional governments
- Local / municipal governments
- Regional management
- Our parent companies
- Our clients

## RISK LEVELS

The following are our 4 risk levels:

- RES-1 – VERY LOW RISK
- RES-2 – LOW RISK
- RES-3 – MEDIUM RISK
- RES-4 – HIGH RISK

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<b>Reference(s)</b>	HSE-POL-B008			
<b>Revision Date</b>	<b>Modified By</b>	<b>Revision No.</b>	<b>Approved By</b>	<b>Page</b>
May 26, 2020	Cathy Newbigging	9	Rob Coates	Page 6 of 25

## BI-WEEKLY CASE RATIO

The Bi-Weekly Case Ratio helps quantify the risk for our operations with the help of our COVID-19 Risk Level Matrix. By considering the recent new case numbers we can establish where areas have less risk and relax controls and where we must stay diligent and maintain, or in some cases, increase controls.

If your region of work is not listed in our stats release, ask HSE for assistance.

Bi-Weekly Case Ratio = (Previous 14 Day New Cases / 14) x (1,000,000 / population)

Example: Alberta, Canada on May 20, 2020.

= (823 / 14) x (1,000,000 / 4,413,146)

= **13.32**

Staff conducting these assessments must ensure information is coming from credible sources and evaluate this information critically. Some regions worldwide have not been able to conduct enough tests to confirm COVID-19 cases, meaning that the true case numbers may be higher.

Management should:

- Qualitatively evaluate access to healthcare and testing in their region where possible.
- Quantitatively determine the percent positive tests in their region as locally as possible. Generally, under 2% of tests returning positive indicates widely available testing and accurate caseload statistics. Over 10% of tests returning positive suggests that testing is not widely available and true case numbers are likely higher.

If you believe that information available for your region is not accurate, discuss this with your manager.

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<b>Reference(s)</b>	HSE-POL-B008			
<b>Revision Date</b>	<b>Modified By</b>	<b>Revision No.</b>	<b>Approved By</b>	<b>Page</b>
May 26, 2020	Cathy Newbigging	9	Rob Coates	Page 7 of 25

# COVID-19 RISK LEVEL MATRIX

CONDITIONS	RES-1 (VERY LOW RISK)	RES-2 (LOW RISK)	RES-3 (MEDIUM RISK)	RES-4 (HIGH RISK)
<b>Bi-Weekly Case Ratio</b>	<b>Less than 0.50</b>	<b>0.50 to 20.00</b>	<b>20.01 to 100.00</b>	<b>Greater than 100.00</b>
<b>Airlines</b>	Follow Transportation Section	Follow Transportation Section - Note the heightened requirements	Follow Transportation Section - Note the heightened requirements	No domestic or international flights without HSE and CEO consent.
<b>Non-essential Travel</b>	Permitted	Permitted with local management consent	Restricted - Only permitted with HSE Director and Regional Management consent	Prohibited - Consult CEO for extenuating circumstances
<b>Vehicles</b>	Follow normal driving standards	Follow the Transportation Section	Follow the Transportation Section	Follow the Transportation Section
<b>PPE in Office and Lab Environment</b>	Follow normal hygiene requirements	Glasses and face covering when in close contact – Gloves when touching common tools	Glasses and face covering in communal areas and close contact – Gloves when touching common tools	No personnel permitted in office without HSE and CEO consent
<b>PPE in Shop Environment</b>	Follow normal hygiene requirements	Glasses and face covering when in close contact – Task specific gloves are mandatory at all times	Face shield with face covering or respirator (N95 or higher) when in close contact – Task specific gloves are mandatory at all times	Full COVID-19 PPE requirements - HSE and CEO consent to work
<b>PPE in Field Environment</b>	Follow normal hygiene requirements	Glasses and face covering when in close contact – Task specific gloves are mandatory at all times	Face shield with face covering or respirator (N95 or higher) when in close contact – Task specific gloves are mandatory at all times	Full COVID-19 PPE requirements - HSE and CEO consent to work
<b>Physical Distancing</b>	Recommended as appropriate	Required	Required	Required
<b>Pre-Mob Questionnaire</b>	Not required. Follow directions on timesheets	Complete questionnaire as stipulated regionally	Complete questionnaire as stipulated regionally	Complete questionnaire as stipulated regionally
<b>Preliminary Document Considerations Section</b>	Review	Review	Review	Review
<b>WHO Section</b>	Review	Review	Review	Review
<b>Additional Best Practices Section</b>	Review	Review	Review	Review

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<b>Reference(s)</b>	HSE-POL-B008			
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Revision Date	Modified By	Revision No.	Approved By	Page
May 26, 2020	Cathy Newbigging	9	Rob Coates	Page 8 of 25



### COVID-19 BI-WEEKLY CASE RATIO RESULTS EXAMPLE

Country	State / Province	May 26	May 25	May 24	May 23	May 22	May 21
Australia		0.47	0.48	0.47	0.50	0.51	0.52
Brazil		71.85	69.47	67.43	64.39	62.41	58.85
Canada		29.20	29.66	29.89	30.01	30.25	30.95
Canada	Alberta	9.00	9.37	9.82	10.70	11.36	12.16
Canada	BC	2.36	2.31	2.46	2.46	2.53	2.68
Canada	Manitoba	0.16	0.16	0.26	0.41	0.41	0.36
Canada	New Brunswick	0.18	0.09	0.09	0.09	0.09	0.09
Canada	Newfoundland	0.00	0.00	0.00	0.00	0.00	0.00
Canada	Nova Scotia	2.41	2.34	2.34	2.78	2.92	2.85
Canada	Nunavut	0.00	0.00	0.00	0.00	0.00	0.00
Canada	NWT	0.00	0.00	0.00	0.00	0.00	0.00
Canada	Ontario	25.65	26.01	25.55	24.74	24.42	24.60
Canada	PEI	0.00	0.00	0.00	0.00	0.00	0.00
Canada	Quebec	79.25	80.44	81.91	83.26	84.42	86.65
Canada	Saskatchewan	3.69	3.99	4.11	4.65	5.02	5.50
Canada	Yukon	0.00	0.00	0.00	0.00	0.00	0.00
Chile		172.95	164.32	150.49	142.78	134.22	123.43
China		0.00	0.00	0.00	0.00	0.00	0.00
France		5.83	6.30	6.41	6.51	6.73	6.99
Italy		11.03	12.22	12.74	13.06	13.55	14.35
Mexico		20.10	19.29	18.64	17.97	17.20	16.61
Peru		125.18	119.68	114.25	110.10	108.17	109.02
Russia		63.68	64.65	65.98	67.16	67.84	68.72
United Kingdom		38.66	40.14	42.51	44.11	45.09	46.53
USA		66.38	67.41	67.23	67.32	67.92	68.61
USA	Alabama	73.50	64.97	66.78	60.69	59.53	59.27
USA	Alaska	2.14	2.04	2.04	2.43	2.53	2.24
USA	California	49.77	48.68	47.41	46.30	45.40	46.44
USA	Colorado	55.13	54.69	55.95	57.39	58.26	60.20
USA	Florida	33.58	35.31	33.38	32.91	33.32	32.01
USA	Illinois	169.42	185.59	184.17	179.35	179.17	179.90
USA	Louisiana	91.31	91.15	84.51	85.34	92.22	88.86
USA	Massachusetts	147.03	151.62	152.37	152.75	159.27	167.53
USA	New Jersey	120.06	121.15	124.86	128.04	138.00	144.73
USA	New York	78.11	79.25	81.23	84.49	88.63	92.67
USA	Ohio	47.12	46.77	47.58	46.88	47.28	48.86
USA	Pennsylvania	59.31	61.46	61.85	65.00	66.97	51.50
USA	Texas	34.44	36.31	37.11	37.95	37.58	37.77
USA	Utah	43.20	45.40	47.97	49.82	50.95	51.12
USA	Virginia	112.13	104.81	100.71	103.94	104.40	104.06
USA	Washington	25.27	25.12	25.77	25.88	25.68	25.36

\* COVID-19 New Case regional statistics were obtained from Google News publications to complete the Bi-weekly Case Ratio formula.

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Reference(s)	HSE-POL-B008			
Revision Date	Modified By	Revision No.	Approved By	Page
May 26, 2020	Cathy Newbigging	9	Rob Coates	Page 9 of 25

# COVID-19 TRANSMISSION

Coronaviruses are zoonotic, meaning they usually begin in animals. While rare, coronaviruses can evolve to infect people. In some cases, the coronavirus can evolve further and spread from person-to-person. The route of transmission is not always known, but the viruses are generally thought to spread by respiratory droplets when people are in close contact.

COVID-19 is thought to spread mainly from person-to-person, including:

- **Between people who are in close contact with one another.**
- **Through respiratory droplets produced when an infected person coughs or sneezes. These droplets can land in the mouths or noses of people who are nearby or possibly be inhaled into the lungs.**
- **It may be possible a person can get COVID-19 by touching a surface or object that has SARS-CoV-2 on it and then touching their own mouth, nose, or possibly their eyes.**

In reports from health organizations, people are thought to be most contagious when they are most symptomatic (i.e., experiencing fever, cough, and/or shortness of breath). Some spread might be possible before people show symptoms; there have been reports of this type of asymptomatic transmission with this new coronavirus.

**In reports from health organizations, people are thought to be most contagious when they are most symptomatic (i.e. - experiencing fever, cough, and/or shortness of breath). However, some spread may be possible before people show symptoms; there have been reports of this type of asymptomatic transmission with this new coronavirus.**

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<b>Reference(s)</b>	HSE-POL-B008			
<b>Revision Date</b>	<b>Modified By</b>	<b>Revision No.</b>	<b>Approved By</b>	<b>Page</b>
May 26, 2020	Cathy Newbigging	9	Rob Coates	Page 10 of 25

# PRELIMINARY DOCUMENT CONSIDERATIONS

Our focus is to avoid virus transmission by removing close contact between people whenever reasonably possible. Business units must follow these key pieces of information to maintain the health and safety of everyone:

- **Do not be complacent to our health and safety policies, standards, and procedures we already have in place.** If you find there is a situation where new hazards have arisen in your work area address them to your supervisor immediately.
- **Practice physical distancing** and stay well apart from your colleagues or complete this activity on your own, especially for risk levels RES-2 and higher. Use this thought process for other health and safety considerations.
- **Do not share tools if it can be avoided.** Keep to your work area. There should be no touching of surfaces with bare hands.
- **Hazard assessments are vital to HSE success.** Complete these once again respecting physical distancing parameters and use your own notepads, pens, and devices to prevent transmission and ensure COVID-19 toolbox talk content is covered in every discussion. Communication is so important!
- **Your attention to the last line of defense of clothing and PPE is vitally important,** to maintain compliance and ensure the health and safety of you and others.
- **Keep your hands clear from your face.** The largest transmission concern is droplets entering through eyes, nose, and mouth. Wash hands and use sanitizer.
- **Follow the amended SOP information.** SOPs may change due to the COVID-19 outbreak. Ensure you review the amendment document(s) for more information. In time, new SOPs may also be developed with COVID-19 considerations.
- **Do not come to work sick or with known COVID-19 exposure and monitor your health as much as possible.** It is important for everyone to understand reporting to work while meeting the criteria of a 0th degree or 1st degree person (from the Exposure Reporting and Matrix section) is strictly prohibited and grounds for discipline. This is a **Life-saving Rule** as it falls under the **Fit for Duty category**. Take your temperature as required to rule out feverish symptoms. Pre-access temperature checks may be conducted in some regional areas.
- **Emergency response plan procedures** are developed outside this document to address staff who may be showing symptoms. If this happens on site, **contact your supervisor immediately** for details.

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Reference(s)	HSE-POL-B008			
<b>Revision Date</b>	<b>Modified By</b>	<b>Revision No.</b>	<b>Approved By</b>	<b>Page</b>
May 26, 2020	Cathy Newbigging	9	Rob Coates	Page 11 of 25

# WORLD HEALTH ORGANIZATION RECOMMENDATIONS

Standard recommendations from the World Health Organization to the public to prevent the spread of infection include:

- **Regularly and thoroughly clean your hands** with an alcohol-based hand rub or wash them with soap and water. Why? Washing your hands with soap and water or using alcohol-based hand rub kills viruses that may be on your hands.
- **Maintain physical distancing.** Why? When someone coughs, sneezes, or speaks they spray small liquid droplets from the nose or mouth which may contain virus. If too close, you can breathe in the droplets, including the COVID-19 virus if the person is infected.
- **Avoid crowded places.** Why? People in crowds are more likely to come into contact with someone that has COVID-19 and it's more difficult to maintain physical distancing.
- **Avoid touching eyes, nose, and mouth.** Why? Hands touch many surfaces and can pick up viruses. Once contaminated, hands can transfer the virus to your eyes, nose or mouth. From there, the virus can enter your body and infect you.
- **Follow good respiratory hygiene.** This means covering your mouth and nose with a bent elbow or tissue when you cough or sneeze. Then dispose of the used tissue immediately and wash your hands. Why? Droplets spread virus. By following good respiratory hygiene, you protect the people around you from viruses such as cold, flu and COVID-19.
- **Stay home and self-isolate even with minor symptoms** such as cough, headache, mild fever, until you recover. Have someone bring you supplies. If you need to leave your house, wear a mask to avoid infecting others. Why? Avoiding contact with others will protect them from possible COVID-19 and other viruses.
- **If you have a fever, cough and difficulty breathing, seek medical attention. Call in advance if possible and follow directions of your local health authority.** Why? National and local authorities have the most up to date information on the situation in your area. Calling in advance allows your health care provider to quickly direct you to the right health facility. This will also protect you and help prevent spread of viruses and infections.
- **Keep up to date with the latest information** from trusted sources and health authorities. Why? Local and national authorities are best to advise protection methods in your area.



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<b>Reference(s)</b>	HSE-POL-B008			
<b>Revision Date</b>	<b>Modified By</b>	<b>Revision No.</b>	<b>Approved By</b>	<b>Page</b>
May 26, 2020	Cathy Newbigging	9	Rob Coates	Page 12 of 25

## ADDITIONAL BEST PRACTICES

To supplement the recommendations from the World Health Organization and our Preliminary Considerations note the follow additional items for an effective infection control plan:

**Avoid touching equipment and tools with bare hands** in RES-2 (Low Risk) conditions or higher.



**Objects are cleaned regularly that are touched frequently**, such as doorknobs, handles, railings, workstations, etc. with regular disinfectants or soap and water in RES-2 (Low Risk) conditions or higher.

Boxes of tissues are offered and encouraged for use. **Reminder, working with any cold or flu like symptoms is prohibited.**

Do not share cups, glasses, dishes, and any other personal items.



Magazines, papers, or anything shared in waiting areas or common rooms must be removed in RES-2 (Low Risk) conditions or higher.

Ventilation systems are checked to be working properly and filters are changed where required now and during recommended service intervals.

Workstations, or other areas where a person may have been suspected to have or identified to have a COVID-19 infection, are thoroughly disinfected.

**Employees may be asked by management to work from home, or to work flexible hours, so long as they are still able to complete their normal duties with a reasonable level of efficiency. Ask your manager if you are unsure.**

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<b>Reference(s)</b>	HSE-POL-B008			
<b>Revision Date</b>	<b>Modified By</b>	<b>Revision No.</b>	<b>Approved By</b>	<b>Page</b>
May 26, 2020	Cathy Newbigging	9	Rob Coates	Page 13 of 25

# CORONAVIRUS SYMPTOMS

Each coronavirus will vary in the severity of infection it causes. Common signs of infection include:

- fever
- dry cough
- tiredness

Symptoms which may be less common, however very important for detection:

- sore throat
- aches and pains
- diarrhea
- conjunctivitis
- headaches
- loss of taste or smell
- rash on skin, or discolouration of fingers or toes

Serious symptoms of infection may include:

- difficulty breathing or shortness of breath
- pneumonia
- chest pain or pressure
- kidney failure
- loss of speech or movement

To move a case from presumed to confirmed, testing kits are used. In cases where testing kits are short, clinical diagnosis may occur.

**According to the CDC, symptoms of COVID-19 may appear in as few as 2 days or as long as 14 days after exposure. Some reports suggest the average ranges between 5-6 days.**

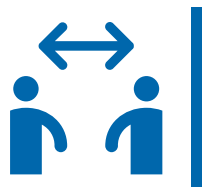
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<b>Reference(s)</b>	HSE-POL-B008			
<b>Revision Date</b>	<b>Modified By</b>	<b>Revision No.</b>	<b>Approved By</b>	<b>Page</b>
May 26, 2020	Cathy Newbigging	9	Rob Coates	Page 14 of 25

## CLOSE CONTACT AND PHYSICAL DISTANCING

For our organization to prevent the spread of infection and ensure the safety of our staff we must practice physical (social) distancing when risk levels are at RES-2 (Low Risk) or higher.

Physical distancing is a term applied by Public Health officials to stop or slow down the spread of contagious disease. Several jurisdictions have developed their own defining range.

Employees must follow the physical distancing standards in their jurisdiction. Measurements are presented by government and/or local occupational health and safety organizations - use the most stringent value posted.



- Canada – 2.0m
- United States – 1.8m (6ft)
- Australia – 1.5m
- Peru – 1.0m
- Chile – 1.0m

**Our recommendation for physical distancing is a minimum of 1.5m (5ft).**

Any contact under the distances above is considered close contact.

If there are cases where we cannot reasonably or safely complete a task because it requires close contact, additional control measures **MUST** be put in place to engage such activities. These are described later in this document.

**Close contact situations *MUST* be limited as much as reasonably possible, regardless of the controls put in place.**

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<b>Reference(s)</b>	HSE-POL-B008			
<b>Revision Date</b>	<b>Modified By</b>	<b>Revision No.</b>	<b>Approved By</b>	<b>Page</b>
May 26, 2020	Cathy Newbigging	9	Rob Coates	Page 15 of 25

# HAND HYGIENE, SURFACE CLEANING, AND TOILETRY FACILITIES

**Hand hygiene must be performed as indicated** when required. Pay particular attention during and after the removal of PPE and transitioning between work areas.

**We provide resources and a work environment that promotes personal hygiene and ask for everyone’s assistance to ensure we implement strategies.** For example, tissues, no-touch trash cans, hand soap, alcohol-based hand rubs containing at least 60 percent alcohol, disinfectants, and disposable towels for workers to clean their work surfaces, are all important items to reduce exposure.

Completing both hand washing and use of alcohol-based hand rubs is recommended whenever possible. **Workers should always wash hands when they are visibly soiled and after removing any PPE.** Hand washing stations will be placed on site wherever reasonably possible.

Handwashing signs shall be posted in restrooms and toiletry facilities. There will be efforts made to provide access to toiletry facilities for a reduced number of staff. Regardless of access numbers, these facilities can and will be safe by maintaining correct hygiene practices including wiping down surfaces with cleansers when leaving and refraining from touching surfaces where reasonably possible. If you detect any concerns with these toiletry facilities report them to your supervisor immediately. Always clean/sanitize your hands in these areas.

## ENGINEERING CONTROLS

Engineering controls involve isolating employees from work-related hazards. In workplaces where they are appropriate, these types of controls reduce exposure to hazards without relying on worker behavior and can be the most cost-effective solution to implement. Engineering controls for SARS-CoV-2 include:

- Installing high-efficiency air filters.
- Increasing ventilation rates in the work environment where applicable.
- Installing physical barriers, such as clear plastic guards.

**Our operations aim to implement engineering controls wherever reasonably possible, concentrating on focus areas where close contact situations may be necessary.**

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<b>Reference(s)</b>	HSE-POL-B008			
<b>Revision Date</b>	<b>Modified By</b>	<b>Revision No.</b>	<b>Approved By</b>	<b>Page</b>
May 26, 2020	Cathy Newbigging	9	Rob Coates	Page 16 of 25



# ADMINISTRATIVE CONTROLS

Administrative controls require action by the worker or employer. Typically, administrative controls are changes in work policy or procedures to reduce or minimize exposure to a hazard.

Examples of administrative controls we have implemented:

- Enforcing sick workers to stay at home.
- Self-monitoring and isolation measures are enforced where applicable.
- Minimizing contact among workers, clients, and customers by replacing face-to-face meetings with virtual communications and implementing telework in RES-2 (Low Risk) conditions or higher.
- When reasonably possible, keeping crew members together on projects to reduce potential exposure to others and assign local staff to projects to reduce commute time required in RES-3 (Medium Risk) situations or higher.
- Establishing alternating days or extra shifts that reduce the total number of employees in a facility at a given time, allowing them to maintain distance from one another while maintaining a full onsite work week in RES-3 (Medium Risk) conditions or higher.
- Discontinuing nonessential travel to locations with ongoing COVID-19 outbreaks where there is a Res-3 (Medium Risk) level or higher.
- Developing emergency communications plans, including a forum for answering workers' concerns and internet-based communications.
- Providing workers with up-to-date education and training on COVID-19 risk factors and protective behaviors (e.g., cough etiquette and care of PPE).
- Ensure safe lodging and food sources are available.
- Training workers who need to use protecting clothing and equipment how to put it on, use/wear it, and take it off correctly, including in the context of their current and potential duties. Training material will be available to all workers.

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<b>Reference(s)</b>	HSE-POL-B008			
<b>Revision Date</b>	<b>Modified By</b>	<b>Revision No.</b>	<b>Approved By</b>	<b>Page</b>
May 26, 2020	Cathy Newbigging	9	Rob Coates	Page 17 of 25

# PERSONAL PROTECTIVE EQUIPMENT (PPE)

While engineering and administrative controls are considered more effective in minimizing exposure to COVID-19, PPE may also be needed to prevent certain exposures. While correctly using PPE can help prevent some exposures, it will not take the place of other prevention strategies.

Examples of COVID-19 PPE requirements include gloves, face shields, face masks, and respiratory protection, when appropriate. During an outbreak of an infectious disease, such as COVID-19, recommendations for PPE specific to occupations or job tasks may change depending on geographic location, updated risk assessments for workers, and information on PPE effectiveness in preventing the spread of COVID-19. We shall check websites regularly, such as OSHA and CDC, for updates on recommended PPE.

**The following sections outline the minimum requirements for PPE in RES-2 (Low Risk) conditions or higher.** Additional notes are provided for RES-3 (Medium Risk) or higher conditions:

## GLOVES



Gloves must be worn for all field and shop operations, as well as for common tools, cleaning, and disinfecting activities in all operations. Gloves do not replace the need for hand washing and sanitizing. For nitrile gloves use the don and doff techniques we have provided in training to protect yourself from transmission.

## CLOTHING



Clothing and coveralls should be replaced when entering home/rest environments from work, to reduce the potential of transmission. Establish a safe area to don and doff items. If you have incidental droplet contact from others on your clothing, replace and isolate/tag-out/bag the item to prevent the spread to other surfaces. Wash them with hot water and soap. Wash and sanitize your hands before and after replacing these clothing items and follow don and doff training techniques. Consult your regional management teams for further direction.

## SAFETY GLASSES



Like in any shop, field, or lab environment safety glasses must be worn to prevent droplet transmission into one’s eye. Regular prescription eyewear is permissible for office areas. Take your safety glasses off, grabbing the back of the arms, (the area of less potential contamination) and slide them off your face. Clean the glasses, so they are ready and safe for future use.

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<b>Reference(s)</b>	HSE-POL-B008			
<b>Revision Date</b>	<b>Modified By</b>	<b>Revision No.</b>	<b>Approved By</b>	<b>Page</b>
May 26, 2020	Cathy Newbigging	9	Rob Coates	Page 18 of 25

## FACE PROTECTION

A face protection option **MUST** be utilized if there is a need for temporary close contact with another staff member. As mentioned in the Physical Distancing section, close contact must be reduced to minimal levels as much as reasonably possible. Ensure substitution, engineering and administrative control options are exhausted. The face covering is the basic RES-2 (Low Risk) requirement. Additional controls are listed as required.

## FACE COVERINGS



Face coverings offer helpful one-way protection. Examples include gaiters, bandanas, and home-made clothing solutions. The covering prevents the spread of droplets to other people. They will however not offer protection from others as droplets that contact the material may find their way to the mouth and nose of the wearer.

NOTE: additional face protection is required for RES-3 (Medium Risk) or higher conditions for shop and field operations as listed in the following sub sections.

## FACE SHIELDS



For RES-3 (Medium Risk) or higher conditions, face shields are one of two face protection options required for field and shop staff while working in a temporary close contact situation. In RES-2 (Low Risk) conditions, don your face shield if JSA or regional requirements stipulate their use.

Face shields may be found for our operations with or without the hard hat connections. Use the appropriate style. The face shield must be full length, extending to the chin. Half visors are not permitted. While in use the face shield must fully cover the face and not be tilted on an angle or upright. The face shield will both protect you from the droplet spread that becomes airborne as well as help protect others if you incidentally sneeze or cause droplets to become airborne yourself.

Clean the face shield, inside and out, each time the face shield is utilized. If in close contact, there is incidental contact of droplets and/or they are visually detected remove yourself from the work area immediately and perform cleaning and sanitizing procedures.

We would also recommend the use of a face covering such as a bandana for added personal protection. Note: the face shield remains the primary PPE item.

<b>Uncontrolled when printed. Current revision of this document is available in Microsoft Teams/SharePoint.</b>				
<b>Reference(s)</b>	HSE-POL-B008			
<b>Revision Date</b>	<b>Modified By</b>	<b>Revision No.</b>	<b>Approved By</b>	<b>Page</b>
May 26, 2020	Cathy Newbigging	9	Rob Coates	Page 19 of 25

## AIR PURIFYING RESPIRATORS



For RES-3 (Medium Risk) or higher conditions, air purifying respirators are one of two face protection options for field and shop staff while working in a temporary close contact situation. In RES-2 (Low Risk) conditions, don your APR if JSA or regional requirements stipulate their use.

To prevent eye contact or exposure one must ensure their safety glasses are worn if utilizing the half mask style.

Disposable N95 respirator stock has recuperated in many areas and as a result these are permissible for our operations. Your manager will ensure our local health practitioners, who need them most, have the supplies they need first before making them available in your business unit.

If the air purifying respirator is selected the same usual rules apply for selection, fitting, training, inspection, use, cleaning, maintenance, and storage as appropriate. You must be clean shaven. It is important to understand the benefits and limitations of each type of respirator or mask. Respirators must be fitted to the face appropriately for a good seal to be effective. After handling a used respirator or mask, wash your hands immediately and follow our don and doff instructions.

## CLEANING, DISINFECTING, AND SANITIZER

In many cases, regular detergents or cleaning solutions can be used to clean the items, utensils, clothing, and more that have been in contact or potentially in contact. Items that are regularly touched such as doorknobs, handles, must be cleaned more often.

**Sanitizing** is often meant to significantly reduce, but may not kill, the occurrence and growth of bacteria, viruses, and fungi.

**Disinfecting** a surface will “kill” the microscopic organisms as claimed on the label of a product. Note - cleaning before disinfecting is most effective.

Sanitation will ensure the surface is safe for immediate physical human contact (like hand sanitizer) versus your disinfectants which are surface cleansers, such as Lysol. Both are very important and must be used in the appropriate situations. *Remember to sanitize before disinfecting.* Reduce exposure and protect yourself for these critical steps.

**In times where we find it difficult to source products such as disinfectants, we are actively finding safe alternatives. The use of chlorine solution at a safe concentration is an example. Ensure you follow established solution preparation instructions and SDS precautions.**

<b>Uncontrolled when printed. Current revision of this document is available in Microsoft Teams/SharePoint.</b>				
<b>Reference(s)</b>	HSE-POL-B008			
<b>Revision Date</b>	<b>Modified By</b>	<b>Revision No.</b>	<b>Approved By</b>	<b>Page</b>
May 26, 2020	Cathy Newbigging	9	Rob Coates	Page 20 of 25

# TRANSPORTATION

Transportation decision-making is critical when considering COVID-19. Further details may be found in our standard operating procedures while respecting information in these sub sections.

## DRIVING COMPANY VEHICLES

While driving company vehicles, at least ONE of the following controls MUST be in place while there is a RES-2 (LOW RISK) or higher condition:

- A physical transparent barrier(s) separating the driver and passenger(s).
- All personnel in the vehicle are wearing glasses and a face covering.
- Only one person per vehicle.

If the PPE option is selected, assigned seating options may be required. You will be notified regionally. Disinfecting the vehicle and hand washing/sanitizing must be completed before and after the trip.

## AIRLINES

The following are minimum expectations for airlines:

- Spaced seating must be in place (outside of family members, passengers are separated by the aisle or an empty seat) while we operate at a RES-2 (LOW RISK) level or higher.
- A policy denying passenger entry if one were to exhibit symptoms of COVID-19.
- Full grooming of the airplane every 24 hours with light grooming between flights.
- HEPA filters monitored for quality, recirculated air.
- A health questionnaire for passengers prior to boarding while conditions are RES-2 (LOW RISK) level or higher.
- Revised policy or removal of food and beverage service to reduce risk while conditions are RES-2 (LOW RISK) level or higher.
- A system in place to notify passengers if they have been seated in an area where a COVID-19 case has been confirmed.

Airline use must be approved by HSE and Management as we confirm their policies and standards meet our criteria.

Review the COVID-19 Travel Considerations SOP for more information regarding practices and procedures while on the plane and navigating the airport terminals.

<b>Uncontrolled when printed. Current revision of this document is available in Microsoft Teams/SharePoint.</b>				
<b>Reference(s)</b>	HSE-POL-B008			
<b>Revision Date</b>	<b>Modified By</b>	<b>Revision No.</b>	<b>Approved By</b>	<b>Page</b>
May 26, 2020	Cathy Newbigging	9	Rob Coates	Page 21 of 25

# SELF-MONITORING, SELF-ISOLATION, AND ISOLATION

	SELF-MONITORING	SELF-ISOLATION	ISOLATION
<b>You have:</b>	<ul style="list-style-type: none"> <li>no symptoms AND</li> <li>a history of possible exposure to the novel coronavirus that causes COVID</li> </ul>	<ul style="list-style-type: none"> <li>no symptoms AND</li> <li>a history of possible exposure to the novel coronavirus due to travel outside of Canada or close contact with a person diagnosed with COVID-19</li> </ul>	<ul style="list-style-type: none"> <li>symptoms, even if mild AND/OR</li> <li>you have been diagnosed with COVID-19 or are waiting for the results of a lab test for COVID-19 AND/OR</li> <li>as per government directive</li> </ul>
<b>This means:</b>	<ul style="list-style-type: none"> <li><b>monitor yourself</b> for 14 days for one or more symptoms of COVID-19 and take temperature twice per day. Document levels.</li> <li>go about your day but <b>avoid crowded places</b> and increase your personal space from others, whenever possible</li> <li>follow regional distancing restrictions</li> </ul>	<ul style="list-style-type: none"> <li><b>stay at home</b> and monitor yourself for symptoms, even if mild, for 14 days</li> <li><b>avoid contact with other people</b> to help prevent the spread of disease in your home and in your community in the event you become symptomatic</li> </ul>	<ul style="list-style-type: none"> <li><b>stay at home</b> until your Public Health Authority advises you are no longer at risk of spreading the virus to others</li> <li><b>avoid contact with others</b> to prevent the spread of disease at home and in your community, particularly people at high risk of severe illness outcomes such as older adults or medically vulnerable people</li> </ul>
<b>You need to do this if:</b>	<ul style="list-style-type: none"> <li>you have reason to believe you have been <b>exposed to a person</b> with COVID-19 OR</li> <li>you are in <b>close contact</b> with older adults or medically vulnerable people OR</li> <li>you have <b>been advised to self-monitor</b> for any other reason by your Public Health Authority</li> </ul>	<ul style="list-style-type: none"> <li>you have travelled <b>outside of Canada</b> within the last 14 days OR</li> <li>your Public Health Authority has identified you as a <b>close contact</b> of someone diagnosed with COVID-19</li> </ul>	<ul style="list-style-type: none"> <li>you have been diagnosed with COVID-19 OR</li> <li>you are waiting to hear the results of a laboratory test for COVID-19 OR</li> <li>you have been advised to isolate at home for any other reason by your Public Health Authority</li> </ul>
<b>If you develop symptoms:</b>	<ul style="list-style-type: none"> <li><b>isolate yourself from others immediately</b> and contact your Public Health Authority as soon as possible</li> </ul>	<ul style="list-style-type: none"> <li>even if mild, <b>stay home, avoid other people</b>, and contact your Public Health Authority as soon as possible</li> </ul>	<ul style="list-style-type: none"> <li>And they get worse, immediately contact your healthcare provider or Public Health Authority, and <b>follow their instructions</b></li> </ul>

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<b>Reference(s)</b>	HSE-POL-B008			
<b>Revision Date</b>	<b>Modified By</b>	<b>Revision No.</b>	<b>Approved By</b>	<b>Page</b>
May 26, 2020	Cathy Newbigging	9	Rob Coates	Page 22 of 25

# PREMOBILIZATION QUESTIONNAIRE

In times of COVID-19 concerns we must have a checklist for staff to complete before they attend work. Regions must provide a similar questionnaire for their staff. Frequency is established by regions. The direction is typically based project by project:

In the past 14 days, have you had any of the following symptoms:



- Fever
- Cough
- Difficulty breathing
- Pneumonia (infection of the lungs)

In the past 14 days, have you:



- Traveled internationally
- Been in contact with a person who recently traveled internationally
- Been in contact with a person who became ill after returning from any international travel
- Been in contact with a person who was diagnosed with COVID-19
- Been in contact with any person who has an undiagnosed respiratory illness or being tested for COVID-19
- Visited a health care facility where there have been positive cases of COVID-19
- Been tested for COVID-19

**If any of the questions result in a 'yes' they are immediately asked not to report to work and follow the directions of the Exposure Reporting and Matrix section.**

<b>Uncontrolled when printed. Current revision of this document is available in Microsoft Teams/SharePoint.</b>				
<b>Reference(s)</b>	HSE-POL-B008			
<b>Revision Date</b>	<b>Modified By</b>	<b>Revision No.</b>	<b>Approved By</b>	<b>Page</b>
May 26, 2020	Cathy Newbigging	9	Rob Coates	Page 23 of 25

# EXPOSURE REPORTING

If any of the symptoms in this document are experienced, reports must be submitted into a case study tracker. If the person cannot complete the tracking information, the manager or another person may complete the form on your behalf.

Below are the listed considerations for case reporting:

- C0 - Positive lab result (Confirmed, presumptive, or diagnosed based on symptoms)
- C0 - Close contact with 0th-degree patient AND exhibiting symptoms of COVID-19
- C1 - Close contact with 0th-degree patient
- C1 - Exhibiting symptoms of COVID-19
- C1 - Have travelled internationally in the past 14 days
- R0 - Completed self-isolation period
- R0 - Negative laboratory result
- R0 - Two consecutive laboratory results

**We have developed the following matrix to help staff understand and classify what actions are required given various conditions or events that we might encounter. This matrix must be followed during this crisis.**

<b>Uncontrolled when printed. Current revision of this document is available in Microsoft Teams/SharePoint.</b>				
<b>Reference(s)</b>	HSE-POL-B008			
<b>Revision Date</b>	<b>Modified By</b>	<b>Revision No.</b>	<b>Approved By</b>	<b>Page</b>
May 26, 2020	Cathy Newbigging	9	Rob Coates	Page 24 of 25



# EXPOSURE REPORTING MATRIX

PATIENT DEGREE	EVENT / CONDITION	ACTION	COMMUNICATION	REPORTING
0th degree	Positive lab result (Confirmed or presumptive)	Self-Isolate until return of a negative lab result	History tracking of all close contacts and locations from previous 14 days or from known time of exposure	Mandatory through COVID-19 Case Tracking Form
0th degree	Close contact with 0th degree patient <b>AND</b> exhibiting symptoms of COVID-19	Self-Isolate 14 days or until the return of negative lab result	History tracking of all close contacts and locations from previous 14 days or from known time of exposure	Mandatory through COVID-19 Case Tracking Form
1st degree	Close contact <b>AND / OR</b> heightened chance of exposure through contact of shared surfaces with 0th degree patient	Self-isolate for 14 days from last event date <b>OR</b> until return of negative lab results	Notification to people who you have been in close contact with that you are self-isolating because of heightened risk of carrying COVID-19	Mandatory through COVID-19 Case Tracking Form
1st degree	Exhibiting symptoms of COVID-19	Self-isolate for 14 days from onset of symptoms <b>OR</b> until return of negative lab results	Notification to people who you have been in close contact with that you are self-isolating because of heightened risk of carrying COVID-19	Mandatory through COVID-19 Case Tracking Form
1st degree	Have travelled internationally in the past 14 days	Self-isolate until waiting period is over <b>OR</b> until return of negative lab results	Notification to people who you have been in close contact with that you are self-isolating because of heightened risk of carrying COVID-19	Mandatory through COVID-19 Case Tracking Form
2nd degree	Exposure to 1st degree patient	Self-monitor	None	None
3rd degree	Exposure to 2nd degree patient	Self-monitor	None	None

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<b>Reference(s)</b>	HSE-POL-B008			
<b>Revision Date</b>	<b>Modified By</b>	<b>Revision No.</b>	<b>Approved By</b>	<b>Page</b>
May 26, 2020	Cathy Newbigging	9	Rob Coates	Page 25 of 25