



COVID-19 PREPAREDNESS STANDARD

HSE-BPS-C057-REV5 2020-04-01

In the event of any conflicting procedures, protocols etc between any item in this document and local regulations - the more stringent of the two will govern.

Please be advised that this document provides HSE response information to a very dynamic situation with the potential for rapidly changing regulatory controls and best practises that may vary regionally and locally - please enquire to confirm the most current version is used.



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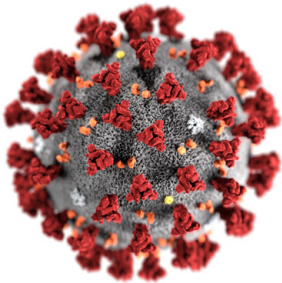
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WHAT IS COVID-19 (CORONAVIRUS)

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 regarding pandemic disease refer to our Security, Medical, and Travel Standard.

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 considering our documentation and that of local government agencies.

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 (within about 6 feet).**
- **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, but this is also not thought to be the main way the virus spreads.

PRELIMINARY DOCUMENT

CONSIDERATIONS

Our focus is to remove close contact whenever reasonably possible and avoid the spread of contamination to others. **Ensure you follow these key pieces of information to maintain the health and safety of everyone.**

- You may be subject to new controls and need to focus attention in areas for tasks that previously did not pose a health and safety risk. **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.
- Stretch and flex is an example of a control we implement to reduce the chances of injury on the job site. While group settings for stretch and flex is restricted during the times of concern for COVID-19, we must still ensure these activities happen.
- **Practice social distancing** and stay well apart from your colleagues or complete this activity on your own. 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 social 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!
- Layers work. For example, Wear nitrile gloves under your regular work gloves so that you may reduce your exposure when donning and doffing PPE and the gloves themselves. **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.** 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**.
- **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.

GENERAL BEST PRACTICES

We have an infection control plan which includes the details below. Carefully read further sections in this document for detailed information.



- **Clean hand washing products and areas** are provided.
- **Alcohol-based hand sanitizers** are offered on all jobsites and offices, particularly when regular facilities are not available (ex. Traveling in vehicles). If alcohol-based sanitizer shortages occur, we will be providing alternative measures.
- Other than office environments, **avoid touching anything with bare hands. Use nitrile gloves.**



- **Objects are cleaned regularly that are touched frequently**, such as doorknobs, handles, railings, workstations, etc. with regular disinfectants or soap and water.
- **Boxes of tissues** are offered and encouraged for use. Reminder, **working with any symptoms including a runny nose is prohibited.**
- Reminders are sent to staff to **not share cups, glasses, dishes** and any other personal items.



- Magazines, papers or **anything shared** in waiting areas or common rooms must be **removed.**
- **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 **COVID19** infection, are **thoroughly and professionally sanitized.**
- **Social distancing techniques**, such as using telephone, video conferencing, or the internet to conduct business is enforced (including within the same building).



Employees are permitted and may be asked by regional 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.

CORONAVIRUS SYMPTOMS

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

- **respiratory symptoms**
- **fever**
- **cough, with a potential loss of taste or smell**
- **shortness of breath and breathing difficulties**

In more severe cases, infection can cause:

- **pneumonia**
- **respiratory issues**
- **kidney failure**
- **and sometimes death**

2019-nCoV presents with fever and symptoms of lower respiratory illness (e.g., cough or difficulty breathing). Fever may not be present in all patients. Identification of 2019-nCoV is made through tests as well as patient history (especially recent travel). 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 5-6 days.

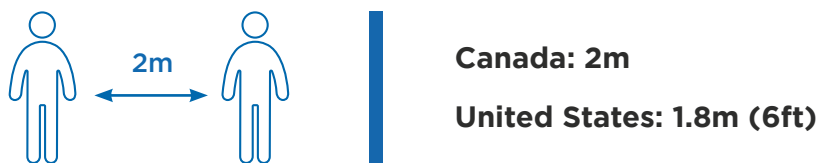
CLOSE CONTACT AND SOCIAL DISTANCING

For our organization to prevent the spread of infection and ensure the safety of our staff safe we must practice social distancing.

Social 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.

The Group of Companies minimum standard for social distancing is 1.8m (6ft).

Regardless of the company standard, regions must follow the social distancing measurements presented by their government and/or local occupational health and safety organizations. These include:



Anything within the social distancing standard is considered close contact.

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

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

WORLD HEALTH ORGANIZATION RECOMMENDATIONS

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

- Frequently **clean hands** by using alcohol-based hand rub or soap and water.
- When **coughing and sneezing cover mouth and nose with flexed elbow or tissue** – throw tissue away immediately and wash hands.
- **Avoid close contact** with anyone who has a fever and cough.
- If you have **fever, cough and difficulty breathing, seek medical care** early and share previous travel history with your health care provider.
- When visiting live markets in areas currently experiencing cases of novel coronavirus, **avoid direct unprotected contact with live animals and surfaces that have been in contact with animals.**
- The **consumption of raw or undercooked animal products should be avoided.** Raw meat, milk or animal organs should be handled with care to avoid cross-contamination with uncooked foods, as per good food safety practices



HAND HYGIENE, SURFACE CLEANING, AND TOILETRY FACILITIES

Hand hygiene must be performed as indicated, paying particular attention during and after removal of PPE, and transitioning between work areas.

We provide resources and a work environment that promotes personal hygiene and ask for everyone's help 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.** Handwashing 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.

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.
- When reasonably possible, **keeping crew members together on projects** to reduce potential exposure to others.
- When reasonably possible, **assigning local staff to projects to reduce commute time** required.
- When reasonably possible, **reducing or eliminating air travel**. Ensure you follow direction from your regional management teams for more information.
- **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.
- **Discontinuing nonessential travel** to locations with ongoing **COVID-19 outbreaks**.
- 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.

PERSONAL PROTECTIVE EQUIPMENT (PPE)

While engineering and administrative controls are considered more effective in minimizing exposure to SARS-CoV-2, 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 recommended PPE.



Disposable Nitrile Gloves

Whenever COVID-19 is a concern for our workforce, **disposable nitrile gloves must be worn for all field and shop operations.** They must be worn underneath leather and rubber work gloves as required. **Gloves do not replace the need for hand washing and sanitizing.** Use the don and doff techniques we have provided in training to protect yourself from transmission. Consider, if nitrile gloves are required for the task, for compliance you will require two sets of nitrile gloves.



Clothing

Clothing and coveralls should be replaced immediately 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. **If a face shield is worn for protection, safety glasses are still required.** 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.

Face Protection

At this time, there are two options offered for staff to provide close contact protection. Face protection **MUST** be utilized if there is a need for temporary close contact with another staff member. As mentioned in the Social Distancing section, close contact must be reduced to minimal levels as much as reasonably possible. This control measure is only used when substitution, engineering and administrative control options are exhausted.



Face Shields

Face shields are one of two face protection options. 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 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 an item such as bandana over the face for added personal protection. Note: the face shield remains the primary PPE item.

Air purifying respirators and face masks are one of two face protection options.

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



Air Purifying Respirators and Face Masks

We are ensuring N95 and surgical mask supplies are available for the health practitioners who need them most. For any small supplies that are held in our business units these are maintained for emergency situations where someone is exhibiting symptoms and we need to get them to self-isolation or to medical services. If public stocks recuperate, we shall include N95 air purifying masks into our air purifying respirator category.

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 or 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 reduce, and 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.

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.

SELF-MONITORING, SELF-ISOLATION, AND ISOLATION

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

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.

EXPOSURE REPORTING AND MATRIX

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 event that we might encounter. This matrix must be followed during this crisis.

EXPOSURE REPORTING MATRIX

| Patient Degree | Event / Condition | Action | Communication | Reporting |
|-------------------|---|---|--|---|
| 0th degree | Positive lab result (Confirmed or presumptive) | Self-Isolate until return of two consecutive negative lab results | 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 AND 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 AND / OR heightened chance of exposure through contact of shared surfaces with 0th degree patient | Self-isolate for 14 days from last event date OR 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 OR 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 OR 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 |