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DOCUMENT REVISION

Corporate HSE shall approve any revision to this Standard.

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1. INTRODUCTION

This Standard applies to the project where a pandemic has been declared by the Canadian and US Governments, World Health Organization and/or the Canadian and State-run Centers for Disease Control and Prevention.

As information and changes occur, this document will be updated.

2. APPLICATION

This Pandemic Standard applies to work activities and personnel under the control of Graham and its subcontractors on the project.

All subcontractor Pandemic Response Plans must be aligned with this Standard to ensure integration and compliance of the project requirements. This Standard outlines the preparedness and response to a pandemic, with the intent of:

- Mitigating the impact of a pandemic event on the project operations;
- Taking responsible actions to limit the spread of a pandemic and alleviating disease, suffering and death; and
- Sustaining critical infrastructure and reducing the economic impact to operations and the communities in which we work.

This Standard covers COVID-19 but could apply to any infectious disease that has the potential to become a pandemic disease including but not limited to:
Influenza including Avian Bird Flu, Swine Flu, SARS, other Coronavirus Strains.

Subcontractors are required to verify, at the start of each shift, that their workers are fit for duty and to the best of their knowledge, free of any symptoms or restrictions associated with COVID-19 in accordance with Graham's Pandemic Standard.

3. PANDEMIC CRISIS

3.1 WHAT IS A PANDEMIC?

A pandemic is a disease outbreak that occurs over a wide geographic area, crossing international boundaries, and usually affecting a high proportion of the population.

3.2 PANDEMIC PHASES

The World Health Organization (WHO) has divided a pandemic into “Phases,” referring to an increasing risk of a pandemic occurrence. Preparedness planning responses are aligned to these phases.

WHO PANDEMIC PHASE DESCRIPTIONS AND MAIN ACTIONS BY PHASE

PHASE	DESCRIPTION	MAIN ACTIONS				
		PLANNING AND COORDINATION	SITUATION MONITORING AND ASSESSMENT	COMMUNICATIONS	REDUCING THE SPREAD OF DISEASE	CONTINUITY OF HEALTH CARE PROVISION
PHASE 1	No animal influenza virus circulating among animals have been reported to cause infection in humans.	Develop, exercise, and periodically revise national influenza pandemic prepared ness and response plans.	Develop robust national surveillance systems in collaboration with national animal health authorities, and other relevant sectors.	Complete communications planning and initiate communications activities to communicate real and potential risks.	Promote beneficial behaviours in individuals for self protection. Plan for use of pharmaceuticals and vaccines.	Prepare the health system to scale up.
PHASE 2	An animal influenza virus circulating in domesticated or wild animals is known to have caused infection in humans and is therefore considered a specific potential pandemic threat.					
PHASE 3	An animal or human-animal influenza reassortant virus has caused sporadic cases or small clusters of disease in people, but has not resulted in human-to-human transmission sufficient to sustain community-level outbreaks.					
PHASE 4	Human to human transmission of an animal or human-animal influenza reassortant virus able to sustain community-level outbreaks has been verified.	Direct and coordinate rapid pandemic containment activities in collaboration with WHO to limit or delay the spread of infection.	Increase surveillance. Monitor containment operations. Share findings with WHO and the international community.	Promote and communicate recommended interventions to prevent and reduce population and individual risk.	Implement rapid pandemic containment operations and other activities; collaborate with WHO and the international community as necessary.	Activate contingency plans.
PHASE 5	The same identified virus has caused sustained community level outbreaks in two or more countries in one WHO region.	Provide leadership and coordination to multisectoral resources to mitigate the societal and economic impacts.	Actively monitor and assess the evolving pandemic and its impacts and mitigation mea5ures.	Continue providing updates to general public and all stakeholders on the state of pandemic and measured to mitigate risk.	Implement individual, societal, and pharmaceutical measures.	Implement contingency plans for health systems at all levels.
PHASE 6	In addition to the criteria defined in Phase 5, the same virus has caused sustained community level outbreaks in at least one other country in another WHO region.					
POST PEAK PERIOD	Levels of pandemic influenza in most countries with adequate surveillance have dropped below peak levels.	Plan and coordinate for additional resources and capacities during possible future waves.	Continue surveillance to detect subsequent waves.	Regularly update the public and other stakeholders on any changes to the status of the pandemic.	Evaluate the effectiveness of the measured used to update guidelines, protocols, and algorithms.	Rest, restock resources, revise plans, and rebuild essential services.
POST PANDEMIC PERIOD	Levels of influenza activity have returned to the levels seen for seasonal influenza in most countries with adequate surveillance.	Review lessons learned and share experiences with the international community. Replenish resources.	Evaluate the pandemic characteristics and situation monitoring and assessment tools for the next pandemic and other public health emergencies.	Publicly acknowledge contributions of all communities and sectors and communicate the lessons learned ; incorporate lessons learned into communications activities and planning for the next major public health crisis.	Conduct a thorough evaluation of all interventions implemented.	Evaluate the response of the health system to the pandemic and share the lessons learned.

World Health Organization

Appendix 1

If necessary, and depending upon an assessment of risk to personnel, pandemic phases may be declared by Graham prior to or after the WHO makes its formal declaration of pandemic phase escalation.

This Standard provides guidance on appropriate actions for Pandemic Phases 3, 4, 5 and 6. These actions will need to remain flexible in their execution, since the timing, geographic origin and evolution of pandemics are not predictable.

4. PANDEMIC CRISIS MANAGEMENT TEAM

Pandemics fall under the Graham Crisis Management Standard (HSE-STD-008-002).

The Executive Crisis Management Team, led by the President/CEO will:

- Act as the single point of contact for all COVID-19 related issues at the Corporate level;
- Monitor COVID-19 planning by local authorities, to include local public health measures such as travel restrictions, control of antiviral medications/vaccine, group gatherings, isolation, quarantine, or other relevant government policies;
- Evaluate the potential impact of such policies on Graham;
- Report new information regarding COVID-19 threats to Occupational Health through OH@graham.ca;
- Report any cases of pandemic disease in employees to Graham's Occupational Health through OH@graham.ca ;
- Establish and maintain contact with the Executive Crisis Management team and the projects; and
- Act as liaison with the Site Response Team.

A checklist of key actions based on WHO phase assessment is shown in Appendix 1.

The Site Response Team (SRT) may consist of the following:

- Graham's Project Director
- Graham's Project Manager(s)
- Graham's Construction Manager(s)
- Graham's HSE Manager(s)
- Graham's subcontractor management
- Graham's Medical Services Provider (as required)
- Project Accommodation/Camp Manager (as required)
- Subcontractor's Leadership (as required)
- Client Representative Leadership and Subcontractor's Leadership (as required)

The Site Response Team (SRT) will:

- Coordinate and act as liaison with Crisis Management Team (CMT) for all pandemic-related issues at the project level;
- Evaluate the potential impact of such policies on the Project, advise the Crisis Management team and report such back to subcontractors.
- Report new information regarding pandemic threats to the project;
- Report any cases of pandemic disease in employees to Graham's Occupational Health through OH@graham.ca ;
- Establish client pandemic alignment and protocols;
- Ensuring continuous contact with Clients and their subcontractors.

5. COMMUNICATION

During this pandemic, there is a great demand for accurate information. Rumors and misinformation are likely to circulate as the dynamic situation progresses. Crisis communication must be timely, coordinated, accurate and consistent.

The CMT will liaise with the projects to monitor developments, with special attention to information being provided by the World Health Organization (WHO), Centers for Disease Control and Prevention (CDC) and the Canadian Government. Public health authorities will make recommendations based on currently available information, such as isolation, quarantine, recommendations and travel restrictions.

Graham's Site Response Team will assist the CMT to monitor local information sources and reporting to the CMT on any developments.

5.1 EXTERNAL COMMUNICATION

The Site Response Team will liaise closely with the Executive Crisis Management Team regarding advice on travel restriction, isolation and control, patient treatment and care, notification and alerts. The Executive Crisis Management Team will coordinate and liaise with any authorities.

All external communications will be managed through Graham's Corporate Communications Policy.

6. EDUCATION

6.1 EMPLOYEE EDUCATION

Educating employees is an important part of COVID-19 pandemic preparedness. During Pandemics, information will be provided on:

- What the pandemic is?
- What are the risks?
- How can it be prevented (precautionary Measures)?
- When and what are the treatment options available?
- What are Graham and subcontractors doing?
- What contingency plans are being made?

The information program will include the following options:

- Visual aids, such as posters, to remind staff of personal hygiene and respiratory etiquette procedures;
- Written brochures, produced by WHO, and local health and other specialists;
- Weekly HSE meetings and project stand downs;
- Graham Gateway Updates;
- Project Helplines, text alerts/notifications (TBD-if applicable);
- Postings on the project SharePoint and the Wellness Hub; and
- Broadcast health alert emails to subcontractors.

Information packs will be available from the CMT and/or Site Response Team.

As the COVID-19 pandemic progresses, staff will be regularly updated, with focus on pandemic response actions. Each project member should know what is expected at each stage of the pandemic. Project policies will be reviewed regularly, updated as necessary, and communicated to employees.

7. RISK REDUCTION

7.1 PREVENTATIVE PLANS AND ACTIONS

7.1.1 AWARENESS PROGRAM

An awareness program will be implemented to raise awareness among the workers on the project. This may include posters, health bulletins and toolboxes which will convey issues such as prevention and protection methods along with early identification of symptoms. This will commence as early as reasonably possible prior to an epidemic escalating to a pandemic.

7.1.2 IMMUNIZATION

As part of our wellness planning, we will encourage Graham and subcontractors to stay up to date on all their immunizations and recommend, as we have in the past, that workers get the flu shot.

Graham will also recommend workers get the COVID-19 vaccination once it is available.

7.1.3 MONITORING

The information received from Graham's HSE Manager, and authorities shall be monitored and be triggers to activate control/corrective measures. The most important aspect is to ensure the accuracy and timing of this information, which will determine the effectiveness of the measures that needs to be implemented.

Timing:

- Any incidence of confirmed and suspected infectious disease shall be reported to Graham's Occupational Health at OH@graham.ca as soon as possible upon suspicion or confirmation of an infectious disease.

Accuracy:

- The information transmitted shall contain accurate data on the name of the case/person, company, disease contracted and other relevant and important information. The provider of the information shall be responsible for verifying that all the data supplied is accurate and factual.

8. CORRECTIVE AND CONTROL MEASURES

Prompt self-assessment of disease symptoms allows earlier segregation of those infected from the general community.

8.1 ISOLATION AND QUARANTINE/GOOD HEALTH PRACTICES

Preventing the spread of infection is a critical part of the control strategy. Infectious diseases are generally transmitted through mucus, blood, breath vapors (coughing/sneezing), saliva and sexual contact as well as contaminated surfaces, such as doorknobs, counter tops and shared equipment.

- Wash your hands frequently - Regularly and thoroughly clean your hands with an alcohol-based hand rub or wash them with soap and water.
- Maintain social distancing - Maintain at least 2 metres (6 feet) distance between yourself and anyone who is coughing or sneezing. When someone coughs or sneezes they spray small liquid droplets from their nose or mouth which may contain virus. If you are too close, you can breathe in the droplets, including the COVID-19 virus if the person coughing has been infected. Project teams will evaluate and consider alternative shifts to reduce gatherings.
- Avoid touching eyes, nose and mouth - 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 can cause infection.
- Practice respiratory hygiene - Make sure you, and the people around you, follow good respiratory hygiene. This means covering your mouth and nose with your bent elbow or tissue when you cough or sneeze. Then dispose of the used tissue immediately. Droplets spread virus. By following good respiratory hygiene, you protect the people around you from viruses such as cold, flu and COVID-19.
- If you have fever, cough and difficulty breathing, seek medical advice/care early - Stay home if you feel unwell. If you have a fever, cough and difficulty breathing, use the COVID-19 online screening tool available from your local health authority and seek medical attention and call in advance. Follow the directions of your local health authority.

National and local authorities will have the most up to date information on the situation in your area. Calling in advance will allow 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 other infections.

The infectious stage of a disease differs between diseases; some are infectious only on the onset of the symptoms whilst others are infectious from the time the infection was contracted. These differences will influence the actions to be taken with regards to isolation and quarantine.

Symptoms for COVID-19 are similar to those for influenza or other respiratory illnesses. The most common symptoms include:

- fever
- dry cough
- extreme tiredness

Most people (about 80%) recover from this disease without needing special treatment.

However, it can cause serious illness. Those who are older, and those with other medical problems are more likely to develop serious illness, which can include:

- difficulty breathing
- pneumonia
- a risk of death in severe cases.

While we are still learning about how COVID-19 affects people, older persons and persons with pre-existing medical conditions (such as high blood pressure, heart disease, lung disease, cancer or diabetes) appear to develop serious illness more often than others.

A location that is isolated and practical to isolate a person with a suspected infection illness should be identified based on project availability.

It is unlikely that a person with suspected or confirmed infectious illness will remain in the care of the Project. In preparation leading up to an increase in alert for an infectious illness, appropriate facilities that will take a suspected patient and a mode of transportation should be identified by the Site Response Team.

Isolation:

- Refers to separating/isolating people who have contracted an infectious illness, from other people. The separation/isolation is to prevent the spread of the communicable disease. It is the separation/isolation for the period of communicability, of the infected persons from others to prevent the direct and indirect transmission of the infectious disease to susceptible people or to those who may further spread the agents to others.

Quarantine:

- Refers to separating and restricting the movement of people who have been exposed to a communicable disease or are considered to be high risk of having been exposed to an illness following screening and are not yet ill. These people are often referred to as “contacts” of the person who is known or presumed to be infected and infectious. Restricting the freedom of movement of well persons who have been exposed to a communicable disease for a time period related to the usual incubation period of the disease, in order to prevent effective contact with those not so exposed.

8.2 REDUCING EXPOSURE AND SPREAD

Currently, the focus will be on avoiding infection. Later in the pandemic, when avoiding infection is no longer possible, the emphasis shifts to minimizing the impact of the infection. As the pandemic strain becomes established and better understood, further methods of risk reduction may become evident.

8.3 SOCIAL DISTANCING

Social distancing is a public health measure that is employed to reduce the spread of a pandemic virus. It includes isolating infected people and quarantining contacts. Currently, and before the virus has spread widely, social distancing may help prevent a larger pandemic, or at least delay the spread of the disease.

Project measures that may be taken include:

- Limiting meetings to telephone/video conferencing, where possible;
- Cancelling non-essential group meetings, and trainings involving large groups;
- Staggering break and lunch times/locations;
- Separating key project team members;
- Restrictions on travel (see section 9); and
- Closure of workplaces.

8.4 WORKING FROM HOME

Graham is making available a voluntary temporary working from home option for employees to increase workplace flexibility due to the serious nature of COVID-19.

- Employees provided with an alternative work arrangement are still required to fulfill their regular job duties and responsibilities including working their job required hours, and meeting required job performance standards.
- Graham will make it a priority, where possible, to ensure remote working employees remain connected with their teams and other stakeholders and will monitor their overall productivity and engagement.

Allowance for working from home on projects will be on a case by case basis as not all positions are conducive to remote work. This would be subject to local management approval.

8.5 SELF-ASSESSMENT

Prompt self-assessment of disease symptoms allows earlier segregation of those infected from the general community. Project employees will be encouraged to monitor their own health. Self-assessment information is available on your local health authority's approved websites (see Section 14. Resources) or calling established local health authority numbers at the first sign of symptoms. Call from home before going to a health care facility, unless severely ill.

Anyone who is ill with influenza-like symptoms such as fever, cough and/or sore throat are to stay home and follow their local health authority guidelines prior to returning to work.

8.6 MEDICAL ASSESSMENT

Graham is intending to assess Graham workers using certified third-party medical provider, when possible, in alignment with client and/or regulatory requirements.

The certified tester will conduct the following:

- Review COVID-19 assessment questionnaire with the worker;
- Follow Graham's Worker Screening Protocol, where applicable.

Should it be determined a person is presumptive for COVID-19, either through the questionnaire and/or by demonstrating a fever, the following will occur:

- Contact local authority's health number (for all) and/or
- Contact Graham's Occupational Health at OH@graham.ca for Graham workers.

8.7 PERSONAL HYGIENE

Good personal hygiene and respiratory etiquette practices and other non-medical interventions will be the principal methods used to protect against, or at least delay, infection. As COVID-19 is new, it is not possible to fully predict how the pandemic virus will behave. It may have an infectivity period similar to current human viruses, or it may remain infectious for longer periods. Hand washing is a vital personal hygiene practice. As indirect transmission (e.g., from hand-to-hand, or hand to contaminated object and the contaminated object to hand) is an important way in which infectious diseases can be passed from person to person, project educational programs shall reiterate the need for routine and frequent hand washing. Protective gloves are not a substitute for hand washing.

Prevention

- Wash your hands often and well
- Avoid touching your face, nose, or mouth with unwashed hands
- Do not share any personal protective equipment (PPE)
- Avoid close contact with people who are sick
- Clean and disinfect surfaces that are frequently touched
- Stay at home and away from others if you are feeling ill
- When sick, cover your cough and sneezes and then wash your hands

We will continue to review office and washroom cleaning procedures and plan for updates as the pandemic changes.

General Cleaning

- Increase daily cleaning and disinfection of common areas and surfaces. Pay particular attention to doorknobs, light switches, staff rooms, desktops, washrooms and other high touch surfaces.
- Cleaning refers to the removal of visible dirt, grime and impurities. Cleaning does not kill germs but helps remove them from the surface.
- Disinfecting refers to using chemical to kill germs on surfaces. This is most effective after surfaces are cleaned. Both steps are important to reduce the spread of infection.
- Use a disinfectant that has a Drug Identification Number (DIN) and a viricidal claim. Be sure to follow the instructions on the label to disinfect effectively. Alternatively, you can prepare a bleach water solution with 100 ml of unscented household bleach per 900 ml of water.
- Be sure to use take the appropriate precautions when using chemicals for cleaning and disinfecting. Consult the products Safety Data Sheets.

8.8 SELF-CARE GUIDELINES

Especially during Pandemic Phase 6, it is likely that public medical services will be used to maximum capacity. They may be completely overwhelmed, and antiviral drugs supplies may rapidly become exhausted. The CMT will make available self-care guidelines, as developed by the WHO, authorities and International SOS, and coordinated with local medical services advisors.

9. TRAVEL RESTRICTIONS/EVACUATION

Project will comply with Graham, local or international restrictions that may be imposed. Public health agencies will issue appropriate travel advisories for workers travelling to other countries affected by the pandemic.

Projects will follow Health Canada and US Government Federal, Provincial, State and Municipal travel restrictions.

- Business essential travel will require prior manager's approval.

9.1 EVACUATION

Evacuation of project personnel to their homes, safe haven areas or to country of origin will be considered to locations where they will have more predictable and reasonable access to medical facilities.

The CMT, with assistance from each project's Site Response Team, will conduct a preliminary evaluation of all project offices, to include the following factors which will influence a decision to evacuate expatriate staff and/or dependents:

- Number of employees
- Capabilities of local/project medical providers
- Adequacy of local intensive care facilities
- Ability to provide home care for those infected
- Likelihood that essential services will continue to operate

Decisions on evacuations will **ONLY** be made by L6 Graham Leader, in the context of the actual pandemic situation. Guidelines for these decisions include:

- Evacuation to be considered if the location is declared as such.

If evacuation is not accomplished quickly, there is a growing risk that travel restrictions and quarantines that could make evacuation impractical.

10. BUSINESS CONTINUITY

As more information becomes available, business risk must be continually assessed, and business activities are to be prioritized based on needs.

Individual operations and processes required to keep the Project operating safely must be identified. Graham and contractors will strive to ensure business continuity and the maintenance of essential operations without compromising the overall safety of our employees.

11. SUPPLY CHAIN

The COVID-19 virus spread has the potential to significantly impact the Supply Chain. The lockdown and quarantine process that the government of China and other industrialized countries, have put in place is preventing their population from going back to work impacting their major industrial zones.

Graham will evaluate the potential impact on Graham projects by confirming any Chinese, and other countries, Supply Chain risk that may exist within our projects.

We will be reviewing new or in progress project risks in terms of Supply Chain impacts as the pandemic is ongoing, and may include, but not limited to, the following:

- Mechanical & Electrical;
- Lifts & Escalators;
- Process Equipment;
- Pipes, Valves, Fittings;
- Furniture;
- Steel Trades.

12. PROJECT PROCESS

If a contractor on a project has symptoms, the Superintendent must:

a. Advise the sub/stakeholder to leave the premise/self-isolate, call the local health authorities and follow the direction from the local health authority.
b. Notify the employee's supervisor immediately.
c. Notify Graham's Occupational Health Team at OH@graham.ca and Graham Operational Business Unit Leader (VP, District Manager, Project director).
d. Reach out to the sub/stakeholder leadership who will confirm what next steps have been advised by the local health authority.
e. Must follow local health authority's advice, if the sub/stakeholder has been advised to self-isolate and return to work only when they are deemed cleared to work. The sub/stakeholder leadership must inform the superintendent that the sub/stakeholder has been deemed cleared.

If a Graham worker on a project has symptoms, the Superintendent must:

a. Advise the worker to leave the premise, self-isolate, call the local health authorities and follow the directions given by the local health authority.
b. Email Graham's Occupational Health Team at OH@graham.ca as well as any applicable Labour Advisors. The email must Include the workers first and last name, the company they work for and current contact information if available.
c. Reach out to the worker and provide Graham's Occupational Health Team at OH@graham.ca as well as any applicable Labour Advisors, updates on their fitness for work status. Once the worker is deemed cleared for work, they can return to work. Clearance for the worker to return to work will be provided to the employer from their Health Care provider when possible and/or Graham Occupational Health Team. *Please note you may not receive a doctor's note during Pandemic's/Emergencies.*

If anyone tests positive on a site:

a. The Superintendent will call and email Graham's Occupational Health Team immediately at OH@graham.ca with 911 in the email subject line.
b. The Superintendent will provide Graham's Occupational Health Team a list of individuals (including company name) that the worker has been in direct contact with.
c. Graham's Occupational Health Team and/or Graham Operational Business Unit Leader (VP, District Manager, Project director) will advise the Superintendent of those who need to self-isolate as a result of the exposure.
d. The Superintendent will adhere to all privacy protocols and wait for further direction from Graham's Occupational Health Team and/or Graham Operational Business Unit Leader (VP, District Manager, Project director).
e. Graham's Occupational Health Team will inform Graham's Operational Business Unit Leader (VP, District Manager, Project director) of a positive test. Graham Operational Business Unit Leader (VP, District Manager, Project director) will advise the Superintendent on all operational concerns.
f. Local health authorities will follow their protocol regarding collecting exposure information. Graham's Occupational Health Team will follow local health authority's recommendations.

Should someone on a work site test positive for the COVID-19, specific direction to the Superintendent and effected stakeholders will come from Graham Occupational Health or the Business Unit Leader with respect to communication.

13. REFERENCES

- NFPA 1600 – Standard on Continuity, Emergency, and Crisis Management
- CSA Z1600-2017 Z1600-17 - Emergency and Continuity Management Program

14. RESOURCES

Internal

- Graham Health and Wellness Hub

External

- World Health Organization (WHO)
- Health Canada
- United States CDC
- Canada CDC

15. RELATED DOCUMENTS

- COVID-19 Questionnaire
- COVID-19 Worker Screening Protocol
- Emergency Response Plan Standard HSE-STD-008-001
- Crisis Management Standard HSE-STD-008-002
- Crisis Management Response Form HSE-FRM-100
- Crisis Management Response Daily CMT Actions HSE-FRM-101

WORKER REVIEW SIGN-OFF

NAME	POSITION	DATE	SIGNATURE