COVID-19 SAFETY PLAN

MONTNEY


ConocoPhillips Montney Operations (Field)

Approximate Area of CPC Field Operations.

ConocoPhillips Montney Operations (Office)

9619 – 112 Street, Fort St. John
STEP 1 – Workplace Assessment

Workplace Assessment

Workplace assessments are continual and take place with all personnel including supervision, workers, and HSE representatives. CPC’s defenses to mitigate COVID-19 risks are based on Public health Guidelines and input from all workers. Updates are completed as required and defenses have been implemented for the following:

- high people traffic areas and or areas where the potential for gatherings can occur
- job tasks and processes where workers may be in close contact
- equipment that may be touched frequently
- high touch surfaces such as doorknobs and light switches.

Evidence of outbreak

CPC actions will align with the level of workplace transmission risk based on the following Alert levels:

<table>
<thead>
<tr>
<th>Action Level</th>
<th>Trigger</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>Suspected outbreaks in different region of country or in another country</td>
</tr>
<tr>
<td>1</td>
<td>Weak signals in area including suspected communicable disease in local geographic area or a worker self identifies with symptoms.</td>
</tr>
<tr>
<td>2</td>
<td>Worker has suspected or lab confirmed case of communicable disease. Situation is managed without materially impacting safety or operational performance.</td>
</tr>
<tr>
<td>3</td>
<td>Outbreak confirmed by Health Authority with potential to materially impact safety or operational performance or staff confidence.</td>
</tr>
<tr>
<td>4</td>
<td>Health Authority state of emergency declared at work locations. Emergency workforce plan implemented.</td>
</tr>
</tbody>
</table>

NOTE: Actions associated to the levels are outlined in Appendix A, Communicable disease Response Actions.
STEP 2 – Implement Protocols to Reduce the risks

Elevated Measures

As signals dictate and Action Levels are reached, the following summary of measures based on action levels are implemented:

<table>
<thead>
<tr>
<th>Action Level</th>
<th>Measures</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>Follow ongoing measures Above</td>
</tr>
<tr>
<td>1</td>
<td>Follow ongoing measures Above</td>
</tr>
<tr>
<td></td>
<td>• Isolation protocols</td>
</tr>
<tr>
<td></td>
<td>• Increasing physical distancing</td>
</tr>
<tr>
<td></td>
<td>• implementing work from home or remote working</td>
</tr>
<tr>
<td></td>
<td>• Exploring alternatives to closed quarter transport</td>
</tr>
<tr>
<td></td>
<td>• Implementing mask requirements</td>
</tr>
<tr>
<td>2</td>
<td>• Implementing additional physical distancing requirements</td>
</tr>
<tr>
<td></td>
<td>• Implementing vital oxide program</td>
</tr>
<tr>
<td></td>
<td>• Following established patient assessment and release protocols</td>
</tr>
<tr>
<td></td>
<td>• Essential travel only, Essential personnel only in field.</td>
</tr>
<tr>
<td></td>
<td>• Installation of barriers to support distancing</td>
</tr>
<tr>
<td></td>
<td>• Situation specific dining hall and gym defenses</td>
</tr>
<tr>
<td>3</td>
<td>• Work from home protocols implemented</td>
</tr>
<tr>
<td></td>
<td>• Isolation protocols</td>
</tr>
<tr>
<td></td>
<td>• Assess operational impact, implement situation specific plans</td>
</tr>
<tr>
<td></td>
<td>• Close common areas</td>
</tr>
<tr>
<td></td>
<td>• Reduce dining hall and gym capacity</td>
</tr>
<tr>
<td>4</td>
<td>• Assess continued operations</td>
</tr>
<tr>
<td></td>
<td>• Request provincial/health authority support for quarantined individuals</td>
</tr>
<tr>
<td></td>
<td>• Stop work in areas below minimum staffing.</td>
</tr>
</tbody>
</table>
First Level Protection at Work sites, Offices, and transportation (Elimination)

CPC has implemented various defenses to maintain physical distancing including:

▪ assessing home office personnel and implementing work from home or remote working
▪ Fort St. John office is closed to visitors – essential personnel only permitted
▪ deliveries are accepted through contact-less methods
▪ field Locations are essential personnel only – no visitors
▪ most tasks are conducted while maintaining physical distancing. Where physical distancing is not possible, a specific hazard assessment is required with the implementation of additional defenses. (See Appendix B)
▪ alternatives to Close quarters personnel transport are implemented including options to allow for physical distancing. (See Appendix C)
▪ masks are required in all workspaces or shared work areas where physical distancing cannot be assured including kitchens, customer counters, break rooms and hallways
▪ physical distancing requirements are communicated to all personnel.

First Level Protection in Work Camps (Elimination)

CPC has provided leadership to our remote Lodging provider to ensure physical distancing is maintained including:

▪ development of specific COVID-19 safety plans for fitness and recreation rooms including trigger points for closure
▪ significantly reducing occupancy of the dining hall including reducing number of tables and implementing a single guest per table process
▪ traffic through dining room further reduced via the availability of take-out options
▪ increased cleaning and sanitation including regular application of vital oxide.


Second Level Protection (Engineering)

CPC has implemented the following engineering controls to support COVID-19 response:

▪ barriers have been installed in the lodge environment at the front desk and at the serving line in the dining hall
▪ barriers currently part of Horizon North COVID-19 response and cleaning protocols
▪ barriers installed in the Fort St. John office and permit desks at 2-10 Inga, and c-11-k facilities.

Engineering controls are implemented or reduced to adapt to changing COVID risks.
Third Level Protection (Administrative)

The following rules and guidelines support CPCs COVID-19 response:

▪ workers must practice physical distancing
▪ mask use is mandatory in all areas where physical distancing cannot be assured
▪ mask use is mandatory in all lodging environments
▪ all workers are required to participate in daily self screening and symptom monitoring
▪ touch points have been reduced or where not possible to reduce are incorporated into enhanced sanitization
▪ single use gloves are required in the dining hall and lunch line in the Lodging environment
▪ tools and equipment that may be shared with workers are sanitized after use and before use
▪ work Pods are developed and in use in the field
▪ any workers exhibiting illness are prevented access to the worksite and are referred to our medical team for further assessment
▪ mandatory participation in rapid testing and vaccination programs.

Guidelines and Rules are communicated through signage, bulletins used at daily meetings, and training that is available at www.conocophillips.ca.

Fourth Level Protection (Masks) and sanitization

ConocoPhillips understands the importance of using masks as an additional defense to protect workers from respiratory droplets. In addition to our extensive defenses to mitigate COVID risk the following is implemented:

▪ masks are required on CPC work sites where physical distancing cannot be assured
▪ mask use in vehicles where there is more than one occupant is required even with physical distancing
▪ mask use is mandatory in the lodging environment
▪ CPC COVID training includes mask use including limitations. Mask use and cleaning processes are available to workers. (See Appendix D)

ConocoPhillips has implemented the following to reduce the risk of surface transmission through effective cleaning and hygiene practices:

▪ handwashing facilities are stocked and provided for staff on location
▪ frequent handwashing is discussed at meetings in combination with posters, and training to reduce the spread of the virus
▪ communication through daily shares and daily meetings
▪ cleaning protocols are implemented. In low traffic environments such as low use offices, cleaning and sanitization of high touch areas occurs frequently and includes vital oxide application.
▪ In high traffic areas such as lodging lobby, or work permit desk, cleaning and sanitization occurs on an hourly or every 2 hours basis
**Protection during Personnel Transport**

During Personnel transport, the following defenses are be implemented:

- reduce the number of personnel travelling together
- increase the number of vehicles as necessary
- ensure distanced seating
- mask use is mandatory when more than one occupant
- increase ventilation.

**STEP 3 – Policy Development**

**Policies supporting CPC COVID response.**

CPC has implemented several policies to manage the workplace including the following:

- site access
- daily screening including rapid testing
- mandatory vaccination program
- mask distribution and use
- illness reporting
- onsite medical personnel
- responding to symptoms or illness
- COVID training (available at [www.conocophillips.ca](http://www.conocophillips.ca))
- physical distancing
- essential personnel only

**On-site Medical Personnel**

CPC in partnership with International SOS has implemented an onsite clinic staffed with advanced care paramedics supported by additional medic staff to support health and safety and COVID response activities. At Montney:

- on-site medical staff are contracted through International SOS
- on-site clinic is staffed 24 hours by staff supervised by an ACP who in turn is supervised by a medical director
- CPC corporate Doctor is relied upon
- on-site medical team is supplemented by industrial medics (PCP and/or OFA Level 3) with variable credentials which are ramped up or down depending on site activity.

Personnel arriving to Montney undergo COVID-19 screening prior to starting work or entering the lodges.
Enhanced Pre-Site Access Screening and Screening Procedure

Pre-Site Access and screening at Montney is as follows:

- supervisors communicate pre-screen requirements to all workers reporting to site and require all workers to report symptoms
- rapid testing program in in effect.

Symptomatic Workers on-site

Mandatory reporting of illness or symptoms is instituted site wide. This is no different than CPCs culture of immediate reporting of injuries, near misses, and or unsafe conditions. Reporting is summarized as follows:

- if a worker becomes symptomatic while working on site, the worker must immediately notify their supervisor and report to the medic.
- all workers within the camp facility are required to wear face coverings while in common areas.
- a worker who is symptomatic must immediately self-isolate in their current camp room and notify the Clinic to report their illness.
- if a worker has attended the medic with symptoms, the worker will be managed under ISOS symptom management protocols during assessment process.
- if possible, clinic medical staff will assess the worker over the phone to determine if the symptoms are cold and/or flu like at which time the worker will be instructed to self-isolate. If communicable disease is suspected, the worker will be tasked with completing the Close Contact Detail Log identifying all close contacts they have made within the previous 14 days.
- medical team will perform additional assessment and workers supervisor will be notified for offsite transport. In the event of delayed transport – the worker will be housed in the Montney Lodge Isolation wing and cared for by regular medical check-ins and food and water delivery service.
- clinic medical staff will notify Northern Health per established protocols.

See Appendix E.

NOTE: CPC goes over and above the provincial requirements to monitor for, and isolate communicable disease cases and close contacts of close contacts to further prevent spread.
ConocoPhillips has identified elevated risk of transmission at locations where workers gather including break rooms, lunchrooms, smoke pits, and coffee stations.

The following requirements must be implemented by work supervisors and followed by all workers:

- ensure all locations where workers gather including lunchrooms and break rooms are sufficiently sized to allow for social distancing
- implement strict protocols for wearing masks and provide facilities for hand sanitization
- implement acceptable cleaning and sanitization protocols
- during morning meetings or toolbox talks that occupy these locations, masks MUST be worn
- if gathering locations are not sufficiently sized, break and lunch times need to be staggered to prevent overcrowding and allow for social distancing.
- if these locations are used for meetings, supervisors will also plan staggered meetings to reduce capacity or hold the meetings outside while still practicing social distancing
- if workers do not follow the established restrictions, workers will be asked to take breaks by themselves or at another location
- smoke pits are required to allow for social distancing. Workers are expected to comply with established protocols or break privileges will be suspended

If staggering of meetings or breaks is not practicable, work supervisors are required to obtain larger buildings and implement the expected spacing requirements.

**NOTE:** Supervisors are expected to know the status of defenses at these locations and implement mitigations as necessary.
Isolation and Quarantine

Workers requiring isolation per Northern Health and ConocoPhillips requirements will be managed through established medical clinic processes. Workers who do not have a safe and public health acceptable location to isolate will be provided with accommodations in the Montney Lodge or equivalent for the duration of their isolation period or until a patient transport and release form is approved. Our goal is to prevent risk to the community and prevent additional strain on community resources.

Workers who are suspected or confirmed COVID positive and whose home base is on a first nations community will be strongly encouraged to isolate in the Montney Lodge to prevent risk to their community.

Isolation process is as follows:

▪ clinic medical staff will notify Northern Health per established government notification requirements.
▪ individuals requiring isolation and/or quarantine will be isolated in the established isolation wing at the Montney Lodge.
▪ the patient will be required to wear mask and gloves during transport to the isolation room.
▪ the isolation room will be utilized for the duration needed or upon completion of an approved patient release and isolation form.
▪ contract companies will ensure their communicable disease plans are being followed and support the patient’s isolation and transportation requirements.
▪ isolation rooms have individual bathrooms and will be stocked with water and extra supplies such as linens, paper products, garbage bags, and cleaning supplies.
▪ Horizon North procedures will be followed for food delivery, garbage removal and soiled linen removal.
▪ after a patient is transferred to the Isolation Wing from their original dorm room and after a patient is released from the Isolation Wing, enhanced cleaning is conducted as per Horizon North Procedures.
▪ individuals in isolation or quarantine will receive a minimum of two wellness phone calls per day from the clinic medical staff.

If symptoms worsen, the medical team will contact 911 and provide ongoing care until emergency services arrive. In the event of escalation to an immediately dangerous to life situation, the patient will be transported via the on-site ambulance by medical staff.
STEP 4 – Communication and Training

**Practices supporting communicable disease prevention**

CPC uses several communication methods ensuring relevant and current information on communicable diseases is available as follows:

- safety meeting topics
- signage and posters
- electronic signage
- lodging welcome packages and bed drops
- daily Safety Shares and Wellness Wednesday
- stand up meetings and toolbox talks
- site entry safety briefings
- weekly Business Continuity Support Team meetings as needed
- supervisor communications of expectations
- contingency plans for planning/scheduling to ensure close contacts and ill workers are able to leave the workplace immediately without compromising the safe operation of facilities
- contractor communicable disease prevention plans.

**Training**

ConocoPhillips has required all workers to participate in COVID-19 training as posted on [www.conocophillips.ca](http://www.conocophillips.ca).

STEP 5 – Monitoring and Ongoing Assessment

**Adapt and Adjust**

ConocoPhillips will adapt and adjust as circumstances or government recommendations change through:

- Direction received through the CPC Business Continuity Support Team
- Direction received through government advice and/or orders
- Changes in work activities that may dictate changes in process
- Additional defenses are implemented based on change assessment
- Completing periodic review of Contractor COVID-19 plans as part of a larger contractor management effort
- Aligning with provincial guidance to offer COVID-19 vaccination programs in the workplace.
- Encouraging workers to use the education and materials provided at work to apply these defenses at home.
Monitoring

ConocoPhillips will assess and adjust as circumstances or government recommendations change through:

▪ direction received through the CPC Business Continuity Support Team
▪ direction received through government advice and/or orders
▪ changes in work activities that may dictate changes in process
▪ additional defenses are implemented based on change assessment
▪ completing periodic review of Contractor communicable disease prevention plans as part of a larger contractor management effort
▪ aligning with provincial guidance to offer vaccination programs in the workplace.

encouraging workers to use the education and materials provided at work to apply these defenses at home.

Assessing Defenses

Assessment of compliance and effectiveness of defenses is a leadership accountability, required on an ad-hoc, daily, or weekly schedule based on site activities.

Compliance and validation of current defenses is required to maintain effectiveness and is achieved through a defense review checklist accessible via this QR code

Weekly workplace assessment are completed through a formal process involving the local work supervisor and HSE.

STEP 6 – Assess Risks from Resuming Operations (Restarting the Worksite)

Schedule and duration of restart

Schedule and duration of restart is depending on function and work activity but would generally be as follows:

<table>
<thead>
<tr>
<th>Work Group</th>
<th>Restart</th>
</tr>
</thead>
<tbody>
<tr>
<td>Drilling</td>
<td>Restarting drilling operations would take 72 hours.</td>
</tr>
<tr>
<td>Completions</td>
<td>Service Rigs would be restarted in 1 day</td>
</tr>
<tr>
<td></td>
<td>B-22-K well completions activities would be phased and restarted over 3-5 days</td>
</tr>
<tr>
<td>Construction</td>
<td>The project schedule would be reviewed and updated with a phased restart over a 1–2-week period.</td>
</tr>
<tr>
<td>Production</td>
<td>Plants and field operations would be restarted over 1-2 days depending on weather conditions.</td>
</tr>
<tr>
<td>Operations</td>
<td></td>
</tr>
</tbody>
</table>

This document is uncontrolled when printed.
<table>
<thead>
<tr>
<th>Workforce Mobilization</th>
<th>Workforce mobilization would be in the same form as worker demobilization as outlined above.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Screening Requirements</td>
<td>ConocoPhillips would implement a return-to-work rapid testing program as follows:</td>
</tr>
<tr>
<td></td>
<td>- Day 1 of return</td>
</tr>
<tr>
<td></td>
<td>- Day 4 of return</td>
</tr>
<tr>
<td></td>
<td>Depending on the signals identified, we are prepared to amend and adjust the program as necessary.</td>
</tr>
<tr>
<td>Management of Risk</td>
<td>ConocoPhillips will continue to take a risk-based approach to minimize impact to our people, assets, and community stakeholders. We will continue to follow public health recommendations, review, and understand the signals observed during rapid testing/screening programs, and realize the benefit of having a fully vaccinated workforce. Supervisor accountability and our communicable disease prevention plan are key defenses in helping us minimize the impact of COVID-19. Our systems and processes require us to act when single cases are identified and when workplace transmission is identified our reinforced processes allow us to contain potential broad-based impacts.</td>
</tr>
</tbody>
</table>
## APPENDIX A - CPC Phase implementation of Defenses

### COVID-19 Response Actions

**Considerations:**
- Business functions may operate at different levels
- Triggers are to be looked at as a holistic guidance rather than single bullet point triggers
- All triggers should be considered when making decisions affecting the operation

### Table: COVID-19 Response Actions

<table>
<thead>
<tr>
<th>Level 1</th>
<th>Level 2 – Current Status</th>
<th>Level 3</th>
<th>Level 4</th>
</tr>
</thead>
<tbody>
<tr>
<td>Triggers</td>
<td>Worker self identifies with symptoms</td>
<td>Worker suspected or lab confirmed</td>
<td>Outbreak confirmed by Health Authority</td>
</tr>
<tr>
<td></td>
<td>Worker arrives with symptoms or answers “Yes” to pre-screening questionnaire</td>
<td>Worker being tested under provincial protocol - Worker in isolation at camp or home</td>
<td>Isolation requirements are materially impacting safety or operational performance</td>
</tr>
<tr>
<td></td>
<td>Provincial or Health Authority Guidance</td>
<td>Isolation requirements are manageable without materially impacting safety or operational performance</td>
<td></td>
</tr>
<tr>
<td>Actions</td>
<td>Cases identified and tracked</td>
<td>Isolation/Quarantine under direction of medical personnel or Health Authority</td>
<td>Work from home protocols implemented</td>
</tr>
<tr>
<td></td>
<td>Close contact tracing implemented</td>
<td>Follow established patient assessment and release protocols</td>
<td>Isolate affected location</td>
</tr>
<tr>
<td></td>
<td>Worker self-isolating</td>
<td>Assess increased number of available medical personnel in anticipation of increased workload</td>
<td>Essential personnel staffing plans implemented</td>
</tr>
<tr>
<td></td>
<td>Pre-screening questionnaire and temperature scanning implemented</td>
<td>Workers on notice for remote work</td>
<td>Assess operational impact and adjust accordingly</td>
</tr>
<tr>
<td></td>
<td>Company gatherings rescheduled</td>
<td>Conduct non-essential activity exercise and evaluate release of non-essential individuals</td>
<td>Assess operational impact of isolated/quarantined workers on site</td>
</tr>
<tr>
<td></td>
<td>Practice Physical Distancing</td>
<td>Enhanced cleaning and sanitation protocols implemented</td>
<td>Close common areas</td>
</tr>
<tr>
<td></td>
<td>Cleaning and sanitation protocols implemented</td>
<td>Travel is restricted to activities necessary to maintain operational effectiveness that cannot be executed via virtual meetings. Examples of activities that are not necessary to maintain operational effectiveness would be things like gaining familiarity with the operation (unless a critical part of the role) or building relationships (refer to Travel Approval and Inform Table below/Visitor/vendor restrictions implemented</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Face Covering protocols implemented</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Provincial or Health Authority Guidance</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Status Reduction Triggers**

- Vaccine implemented
- Provincial or Health Authority Guidance

- No active cases as confirmed by Health Authority
- Outbreak resolved
- Emergency declaration removed

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*Close contact is defined as being within approximately 6 feet (2 meters) of a COVID-19 case for a prolonged period of time; close contact can occur while caring for, living with, visiting, or sharing a health care waiting area or room with a COVID-19 case or having direct contact with infectious secretions of a COVID-19 case (e.g., being coughed on). [https://www.cdc.gov/coronavirus/2019-ncov/hcm/protect-infant-birth.html](https://www.cdc.gov/coronavirus/2019-ncov/hcm/protect-infant-birth.html)  
* Virtual EOC is live and operational. All incidents will be managed through teams until further notice. BCP processes for alternate EOCs will be used as needed.
APPENDIX B - Physical Distancing Requirements

Physical Distancing at ConocoPhillips

Physical distancing is intentionally increasing the physical distance between individuals to avoid spreading illness. Slowing the spread, also referred to as flattening the curve allows our healthcare system more time to prepare and readily care for patients over time.

![Graph showing impact of social distancing on healthcare system capacity](image)

Tactics:
- Wash your hands frequently – minimum 20 seconds (closer to 45 seconds to thoroughly wash your hands).
- Avoid touching your face (nose, mouth, eyes).
- Wipe down surfaces more often.
- Increase the distance between individuals to at least 2 meters (6 feet) whenever possible.
- Conduct virtual meetings and phone calls rather than in person.
- Consider video chatting with friends and family.
- Avoid directly touching objects that are frequently touched by others if you cannot wash your hands immediately after (elevator buttons, gas pumps, credit card machine screens etc.)
- Go outside daily, exercise and boost your immune system.
- Take food out rather than eating in dining facilities.

Encouraging Physical Distancing At ConocoPhillips:
- Providing regular information and signs about physical distancing.
- Spacing tables in dining facilities and encouraging take out.
- Green card/red card (x) system for dining room table to communicate sanitation
- Mandatory hand sanitizing when entering dining facilities.
- Alternative fitness options while gyms and recreational areas are closed.
- Some site staff working from home.
- Providing regular information and signs about physical distancing.
- Screening employees before and when they arrive at site.
- Monitoring critical supplies daily.
- Wiping down shared surfaces more often and reducing high touch points.
- Observe personnel for signs of cough, fever, fatigue and anxiety.
- Communicate frequently.

Your actions and support will “flatten the curve”

At ConocoPhillips, our work is never so urgent or important that we cannot take the time to do it safely and in an environmentally responsible manner.
APPENDIX C - Physical Distancing in Vehicles

Requirements for Vehicle Travel During COVID-19

Workers riding together in close contact (within 2 meters or less for 15 minutes or longer) would be designated as being in a “Work Pod”.

Work Pods can be thought of like a family unit, this work pod will ensure close contact only occurs within a select small group. Designating employees to the same small working group or work pod can help reduce the risk of COVID-19 spreading to employees. (If one worker was to become ill displaying cold &/or flu like symptoms, there is a high potential that the remaining members of the pod would be isolated as close contacts along with the ill worker.)

- Masks are to be worn at all times when sharing transportation.
- Workers that are sitting within 2 meters from other riders in the same vehicle for more than 15 minutes would be considered “close contacts” and may need to be isolated along with anyone in the vehicle that presents with COVID symptoms until that person can be tested and cleared.
- Wherever possible, create “work pods” for crews that work together and ensure that they extend the pod concept to their transportation as well.
- At the start of each working day and throughout the day, drivers clean and disinfect frequently touched surfaces in the vehicles using an alcohol-based cleaner or disinfecting wipes/spray and paper towel.
- When at all possible, vehicle seating arrangements should be configured to maximize distancing during travel.

At ConocoPhillips, our work is never so urgent or important that we cannot take the time to do it safely and in an environmentally responsible manner.

Truck or Car – 4 passengers with console or seat between them

SUV – 6 passengers with console or seat between them

11 Passenger Van – 8 passengers with console or seat between them

Bus – 1 passenger in every other seat sitting in zig-zag pattern
APPENDIX D - Montney Cloth Mask Requirements

## COVID-19 Worker Cloth Face Coverings/Masks

**Purpose:** The US Centers for Disease Control and Alberta Health Services recommend wearing a cloth face covering/mask in order to slow the spread of COVID-19. To improve the safety of our workers, their families and the community, ConocoPhillips sites will now be following these recommendations. While face coverings/masks are not the primary means of protection for the wearer, they may prevent the spread of the virus from those who are asymptomatic as they will limit infection through respiratory droplets when someone speaks, coughs, or sneezes. Face coverings/masks do not replace physical distancing as the primary means of protection and are not considered a respirator.

### Face Coverings / Masks are Required

Face coverings/masks are required on ConocoPhillips locations when physical distancing cannot be controlled, and workers will be less than 2 metres (6 feet) from each other for 15 minutes or greater including:

- All common areas in camps except when seated in the dining hall to eat.
- Close proximity work such as working on the same piece of equipment.
- Vehicle travel involving more than one person regardless of the duration including trucks, shuttles, and buses.
- Meeting rooms and/or common areas that cannot be arranged so that physical distancing can be controlled.
- When face coverings/masks are identified as a defense against COVID-19 transmission in other situations by conducting a risk assessment/FLHA.

Wearing a face covering/mask is recommended during air travel and while in airports.

Exceptions to this include:

- Housekeeping and security staff in the normal course of their duties/rounds when physical distancing is maintained.
- Staff protected by other physical shielding at their workstations.

### Wearing Face Coverings/Masks

When wearing face coverings/masks:

- When possible, wash/sanitize your hands before putting face coverings/masks on to ensure you do not spread contamination to yourself.
- Minimize moving or adjusting the face coverings/masks.
- Place worn face coverings/masks immediately in the USED face covering/mask bag and seal it.

### Maintaining Face Coverings/Masks

Perform the following when maintaining face coverings/masks:

- Do not loan your face covering/mask to anyone.
- Face coverings/masks must be washed daily with soap if used. A sink or washing machine will suffice. Hang or machine dry.
- Two bags will be provided: one bag for CLEAN and one bag for USED to store face coverings/masks.
Precautions

Consider the following precautions when wearing face coverings/masks:

- Face coverings/masks that become soiled during use in plant or field locations should not be worn in the camps or in lunch areas for hygienic reasons.
- Face coverings/masks that become contaminated with hazardous chemicals must be changed immediately with a clean face covering and discarded.
- Face coverings/masks may cause fogging of safety glasses. Treat safety glasses with an anti-fog cleaner or remove yourself from the area to defog your safety glasses.
- Face coverings/masks are not fire retardant. Ensure defenses are implemented as determined during risk assessment/FLHA process.

**WARNING:** Face coverings must not be worn to protect from chemical substances (e.g. H2S, Benzene) or as emergency escape equipment. Do not wear face coverings under other face coverings such as 3M or full-face respirators or SCBA/SABA respirators.

How to Wear Face Coverings/Masks

![Face Covering Diagram]
APPENDIX E – Medic Process Flow

On-site

1. Clinic ACP will follow up with worker daily until their departure from site.
2. RTHC will notify HSE Dr & Ops Services lead on decision.
3. HSE Dr. contacts HSE Ops Mgr and Production Ops Mgr and notifies them of decision.
4. ACP contacts Horizon North to provide meal and laundry service as outlined in their pandemic plan.

Worker is offered isolation in cabin, will worker be isolated on site?

YES

NO

Worker to leave site

Off-site

1. Clinic ACP will follow up with worker daily following their departure from site until isolation period is complete.
2. HSE Dr. contacts Production Operations Manager (or equivalent) and notifies them of decision.
3. Notify Ops Services lead when area is ready for cabin-to-cabin transport.

1. If worker symptoms require transportation to the hospital, hospital staff will complete further assessment and direct worker’s care management.
2. HSE Lead contacts HSE Dr and Area Supervisor (EMT, Ops, WH&S) to notify them of the decision for worker transport.
3. ACP completes isolation: Patient Ablaze from Site form and confirms journey management and social distancing during transport.
Isolation Patient Release Plan

Outline plan to have transportation provided to the patient including mode of transportation, unique travel logistics, security escort details, journey management including travel restrictions, COVID safe travel instructions (e.g. minimize interactions during travel, etc.) and travel destination.

*To ensure patient confidentiality, please do not include any personal or medical information regarding the patient. (e.g. Patient name, room numbers, contact information, etc.)*

Date and Time release plan to be executed:

<table>
<thead>
<tr>
<th>Date</th>
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<tbody>
<tr>
<td>Time</td>
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</table>

Approvals

<table>
<thead>
<tr>
<th>Position</th>
<th>Signature and Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>HS Lead / Coordinator</td>
<td></td>
</tr>
<tr>
<td>Montney ACP</td>
<td></td>
</tr>
<tr>
<td>ConocoPhillips Work Supervisor</td>
<td></td>
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<tr>
<td>Security Lead</td>
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<td>(upon completion of plan)</td>
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APPENDIX F – Lodging Defenses

ConocoPhillips Canada Camps

Working Safely During COVID-19

As part of the global effort to stop the spread of COVID-19, we are taking the following steps at our Surmont and Montney camps to help keep our staff safe and healthy. Thank you for practicing physical distancing and following both company and public health guidelines during this difficult time.

DISTANCE MANAGEMENT
Lines on the floor in front of the Reception Desk and in the food service area to keep guests six feet apart.

TABLE MANAGEMENT
Tables in the dining room are limited to two guests seated opposite each other. Guests are to only sit at tables that are green marked “sanitized”. After dining, the guests flip the sign showing the cleaners which tables need re-sanitization, marked with a red X.

TRAFFIC FLOW
The one-way traffic through the dining room entrances reduce the number of guests who pass by each other.

HAND SANITIZERS
Hand sanitizer pumps were posted at the dining room and dorm entrances. Security is stationed at the dining room entrance during meal times to ensure compliance.

FOOD SERVICE
Fruits and veggies in the bag up are now pre portioned by catering staff. This eliminates mass usage of self-serve tongs.

COMMON AREA CLOSURES
Common areas such as the fitness facility and the recreation room are now closed.

Additional health and safety measures implemented to protect our field workers.

- Practicing good operational / social distancing
- Additional contract medical staff hired at both Surmont and Montney
- Procurement of additional PPE in the form of masks, gloves and disinfectant tools
- Cross training Operations employees in health safety while we operate at lower production levels in Surmont