AECI's Response Plan for COVID-19 (12th revision)

12 August 2020

AECI established a Task Team in March 2020 specifically to manage the response to COVID-19. It is a pandemic having significant impact on people as well as business and economies throughout the world.

The Task Team has developed a strategy which focuses primarily on <u>preventing and minimising the spread of the virus</u> but <u>also on ensuring our business remains operational</u>. AECI manufactures numerous products which are supplied to, among other, personal healthcare, water treatment, food and beverage, agriculture and mining. It is of international importance that these and others remain functional and therefore of strategic importance that some of AECI's businesses remain operational.

The strategic intent of the Task Team is as follows:

1. To prevent or reduce, as far as possible, the infection of our employees, their families, co-workers and others who may come into contact with them
2. To reduce the risk of COVID-19 becoming a community, national or international disaster
3. To ensure prompt and adequate detection and treatment
4. To reduce the level of absenteeism, due to direct or indirect effects of COVID-19
5. To minimise the impact on operations and ensure AECI can honour contractual obligations, and that it continues to secure its revenue streams
6. To reduce the spread of COVID-19 and ultimately reduce the strain on international healthcare systems
7. To ultimately restore society back to "business as usual", and
8. To increase our readiness for future outbreaks.

This document details the latest response and requirements for Group businesses, employees, contractors, visitors and suppliers in preventing the spread of COVID-19, and reducing the impact on people, our business and that of our customers. **All previous versions of this document must be withdrawn and replaced with this one.**

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1. Context and obligations

COVID-19 is a respiratory disease caused by the SARS-CoV-2 virus. It spread from China to many other countries, impacting all aspects of life including health, travel, trade, tourism, product supply, financial markets and individual businesses.

The AECI SHEQ Policy, relevant country-specific legislation for Health and Safety and our BIGGER values impose on us an obligation to be Responsible. We must provide and maintain, as far as is reasonably practicable, a working environment that is safe and without risk to the health of our employees and others. Similarly, employees (from any business or self-employed) have an obligation to take reasonable care for the health and safety of themselves and others.

Country authorities around the world have imposed restrictions and obligations which must be honoured at all times.

2. Understanding COVID-19

2.1 How COVID-19 is spread

When someone who has COVID-19 coughs or exhales they release droplets of infected fluid. Most of these droplets fall on nearby surfaces and objects - such as desks, tables or telephones. People could catch COVID-19 by touching contaminated surfaces or objects and then touching their eyes, nose or mouth. If they are standing within one metre of a person with COVID-19, they can catch it by breathing in droplets coughed out or exhaled by the person. In other words, COVID-19 spreads in a similar way to flu. People are most contagious when they are most symptomatic (i.e. experiencing symptoms). However, they are already contagious before being symptomatic or ill (during the incubation period of the COVID-19 virus).

2.2 Symptoms of COVID-19

Symptoms typically include fever, cough (dry), sore throat, shortness of breath or difficulty breathing, redness of the eyes, loss of smell or taste, nausea, vomiting, diarrhoea and general body aches.

Many people infected with the virus show no symptoms – this is referred to as being as asymptomatic.

The majority of people infected with COVID-19 will experience mild symptoms and recover. However, some go on to experience more serious illness and may require hospital care. Risk of serious illness rises with age: people over 60 are more vulnerable as are people with weakened immune systems and those with other conditions (comorbidities) described in this document.

The incubation period for COVID-19, which is the time between exposure to the virus (becoming infected) and symptom onset, is on average 5-6 days, however can be up to 14 days. During this period, also known as the "pre-symptomatic" period, some infected persons can be contagious.

Note: a person showing any of the symptoms described above, while at home, must NOT come to work and must seek medical attention immediately. The Line Manager must also be informed as explained in Section 5 below.

3. Prevention and readiness

3.1 Personal prevention

There are very simple ways to prevent the spread of COVID-19. The low-cost measures below will help prevent the spread of infections in your workplace and homes. These are also effective in preventing other viruses such as colds, flu and stomach bugs. They will help protect your family, friends, customers, contractors and employees.

Personal hygiene: everyone needs to adopt the following behaviours
- Wash hands regularly, preferably with soap and water for at least 20 seconds – this the preferred method
- A hand sanitiser with a minimum alcohol content of 70% can be used in addition
- Avoid touching your own face
- Avoid handshakes and other physical contact. A minimum distance of 1,5m between people **must be maintained at all times, where possible**
- A mask must be worn at all times, unless you are alone in an office with the door closed
- Avoid touching surfaces and other people's phones, keyboards, equipment etc.
- Stay away from people who are coughing or sneezing.

Important: one of the most common and easily detectable symptoms is high temperature/fever. All employees are encouraged to obtain a thermometer and check their own temperatures and those of their family or household members regularly, and specifically before going to work. Should the temperature be above 37.3 deg C/99.14 degF, or if the person has any of the symptoms described above, they should not go to work but seek medical attention and inform their Line Manager immediately.

3.2 Distancing in the workplace

As a specific rule: stay at least 1,5m away from any other person in the workplace. Where closer proximity is unavoidable the duration must be kept to an absolute minimum and always less than 30 minutes.

Minimise face-to-face meetings and close contact as far as possible
- Only hold face-to-face meetings if absolutely necessary and maintain the required distance between people;
- Do not hold meetings or gatherings in closed environments;
- Masks must be worn at all times;
- Use online meeting tools or teleconferencing as alternatives;
- Discourage all visitors, consultants and others from meeting face-to-face.

If a face-to-face meeting has to be held, the following is required:
- No person showing typical COVID-19 symptoms may enter a workplace or meeting space
- The meeting organiser or chairperson must read out the COVID-19 safety briefing
- If a person has a persistent cough, sneezing or develops symptoms while in the meeting, they must leave the venue and workplace to seek medical attention
- No shaking of hands or other physical contact
- A distance of 1,5m between people must be maintained
- Meetings should be kept as short as possible

- The number of people in the meeting must be limited to the absolute minimum
- If possible, the room should be well ventilated
- All attendees must wear a mask at all times in the meeting
- If the social distance requirement cannot be achieved, an alternative venue must be used
- No objects (e.g. laser pointers, marker pens and keyboards) should be shared. If it's unavoidable, the items must be sanitised before and after use.

3.3 Workplace readiness

All AECI businesses are required to implement these measures immediately:

1. Ensure the availability of sufficient up-to-date information on COVID-19, including country-specific data, prevention methods and AECI's expectations in relation to the pandemic
2. Visibly display, throughout the workplace, information which encourages the prevention methods and general information, especially where hand sanitisers and soaps are mounted and in bathrooms and meeting rooms
3. Use the information in toolbox talks, safety meetings and all other meetings
4. Implement measures to reduce the exposure of personnel as may be necessary and to enable social distancing or avoid over-crowding. This could include splitting teams into different venues, introducing rotation, allowing individuals to work from home, reorganising shift cycles and shift handover methods, and introducing cyclical cleaning of work areas and equipment, as an example. Where people have to work in close proximity due to the design of the workstation (e.g. a control room), then physical barriers can be installed between people
5. Ensure expectations for visitors and suppliers are known through inclusion of COVID-19 measures in workplace induction.

3.3.1 Screening at workplace entry

Each AECI site must screen all people entering the facility and provide sanitiser for their hands. Screening must include physically checking of the person's temperature as well as the completion of a checklist by the person, against the common symptoms of COVID-19. If a person is showing or declaring **any one** of the following symptoms, they should be instructed to leave the workplace immediately, seek medical attention and also inform their Line Manager:

- Fever/high temperature: above 37,3 deg C (confirmed with three measurements)
- Dry cough
- Sore throat
- Shortness of breath or difficulty breathing
- Redness of the eyes
- Loss of smell or taste
- Nausea/vomiting
- Diarrhoea
- General body aches

Additional questions to be asked during screening

1. If asymptomatic, has the person **tested positive**, within the last 10 days? **Note:** Employee may only return to work if they have been in quarantine for 10 days since the date they were tested.
2. Has the person been in **direct contact** (ref: 6.3 below) with a person who has tested positive for COVID-19? **Note**: In the event of a high risk contact, the person may only return to work if they have received a negative test result. In the event of a low risk contact and the person is asymptomatic, they may return after 7 days of quarantine.
3. Has the person been in a facility where known COVID-19 patients are treated within the last 14 days?

4. Has the person been contacted by an authority or the Company and informed that they are in the contact group of a known case in the last 14 days?
5. Has the person been referred for a COVID-19 test and is still awaiting results?

If the answer to **any** of these five questions is yes, the person is also required to leave the workplace immediately and contact their Line Manager.

In all situations described above, the employee may be asked to provide proof and the relevant leave policy will apply.

3.3.2   Workplace cleaning and decontamination

Make sure the workplace is clean and hygienic
-   Surfaces (e.g. desks and tables) and objects (e.g. telephones, keyboards) need to be wiped with disinfectant regularly. If a cleaning company is used, they must ensure this requirement is met with the right products and frequency of cleaning
-   Promote regular and thorough hand-washing by all
-   Put sanitising hand dispensers in prominent places throughout the workplace. Make sure these dispensers are refilled regularly. Preferably, they should be "touch free"
-   Consider replacing items which require a push-button or touch with a hands-free option
-   Consider modifying doors so that they can be opened by foot or other method to avoid touching of the handle or surface of the door
-   Holding onto handrails when ascending or descending stairs is still a requirement but hand sanitisers must be available at the bottom and top of stairs
-   Make sure that employees, contractors and customers have access to places where they can wash their hands with soap and water.

How long does COVID-19 survive on surfaces?

A number of studies have been conducted. The results differ for various materials (such as metal, wood, fabric and plastic) as well as environmental conditions such as temperature. The survival time for all materials can range from a few hours to a few days. For the purposes of this Plan, we are limiting survival time on surfaces to 72 hours, unless otherwise determined.

Cleaning products

Regular household disinfectants/detergents (including bleach solutions and alcohol solutions of at least 70% alcohol) are effective for hard surfaces. When items cannot be cleaned using detergents or laundered (e.g. upholstered furniture, carpets and mattresses) steam cleaning should be used. Industrial deep-cleaning or decontamination uses specialised equipment and products.

Routine cleaning

Identifying the risk area and risk items

Cleaning of surfaces and objects, which could reasonably have been contaminated by droplets, must be done using a risk-based (probability) approach.

The guiding principle for routine cleaning of an area that is <u>operational</u> is once per shift, but the frequency and coverage must be determined using the guideline below.

The following must be taken into consideration when <u>determining the necessity and frequency</u> of routine cleaning (disinfecting):

1. **Last usage of the area** – if the area or equipment has not been used/entered for <u>four days</u> or more since the last disinfection then it will be deemed to be clean. Periodic cleaning will commence on the first day prior to usage.
2. **Frequency of usage of the area/equipment** – higher levels of usage of a piece of equipment or traffic through an area should determine frequency. For example, bathrooms, cafeterias, vending machines and items such as gloves and shoes/boots should be cleaned more often due to a higher probability of contamination.
3. **Likelihood of contamination** – areas above a height of 2m, or where it is unlikely that a droplet could have fallen, may be excluded from disinfectant cleaning.
4. **Practicality of cleaning** – areas which are impractical (e.g. large warehouse floors, outdoor floor areas, handrails and cat ladders, throughout a factory). These area should be subject to standard housekeeping regimes and only disinfected in the case of confirmed COVID-19 cases in the area. The cleaning method for this type of area would be of an industrial nature.

Items to be included in cleaning/disinfection

- <u>Indoor</u>: office/laboratory environment (e.g. door handles, handrails, bench tops, kitchen tops, tables, chairs, water coolers, coffee stations, bathrooms, floors, keyboards, telephones, printers, lab equipment etc.)
- <u>Indoor</u>: factory/industrial environments (e.g. workbenches, control rooms, keyboards, door handles, handrails, radios, change rooms, cafeterias, floors, wall, tools etc.)
- <u>Delivery or collection points as well as entry and exits</u>: delivery items, equipment, gates, doors, table tops, pens, etc.
- <u>Outdoor</u>: company vehicles, transport vehicles, fork lift trucks, trolley jacks, hi-rackers, HP cleaning equipment, etc.
- <u>Personal equipment</u>: clothing and food lockers, personal protective equipment (including shoes and dedicated tools).

Issued-based cleaning – confirmed or suspected COVID-19 case in the workplace

A focused cleaning/decontamination and, if necessary, a deep-clean of all areas described above must be undertaken in the following circumstances:

- In the event that a worker has been diagnosed with COVID-19 (Category 1) OR
- If a worker has been in direct contact with a confirmed case (Category 2) AND
- The worker has been in the workplace within the preceding 72 hours AND
- Decontamination has not taken place since discovery of the case.

The Line Manager and COVID-19 Officer or responsible person will evaluate the area and decide on the cleaning regime and coverage in each scenario.

Note: if the work area has been decontaminated then focus will be placed on the individual's personal items.

Protection for cleaning personnel

Cleaning and decontamination, either routine or specialised, must only be undertaken by competent persons. Staff conducting such cleaning must be trained in the respective techniques and hazards associated with the equipment and chemicals used, as well as COVID-19.

Contracted staff will also be subject to the respective site-specific induction requirements.

Risk assessment (cleaning or decontamination)

In the event that non-routine cleaning tasks are undertaken on site, such as deep cleaning or fogging, these will be subject to the necessary risk assessment and approval.

Examples of cleaning and decontamination in relation to COVID-19

Routine cleaning: household disinfectant which doesn't require specialised Personal Protective Equipment (PPE)

Examples: specialised methods including industrial or large-scale decontamination

3.4   Workplace risk assessment

Each AECI business has a legal obligation to protect the health and safety of employees and others associated with work. In relation to COVID-19, employers are required to:

- Conduct the required health and safety risk assessment
- Put in place the necessary measures to ensure a safe and healthy workplace, as is reasonably practicable
- Identify employees with the highest risk of contracting COVID-19 due to their inherent occupation, such as healthcare workers and others who could be exposed to transmission
- Provide to such employees the necessary education and training related to COVID-19 (as specified above)
- Provide to such employees the necessary PPE
- Inform employees with specific medical conditions and those over the age of 60 that they are deemed more vulnerable if they contract COVID-19 and implement the necessary assessments, by an Occupational Medical Practitioner (OMP) to determine fitness for duty or other arrangements during the pandemic
- Where practical, organise the workplace to enable a safe distance (minimum of 1,5m) between employees. This may require the installation of physical barriers. If this cannot be achieved then respiratory PPE must be issued as described below; and
- Other measures, as are necessary to prevent or mitigate the effects of COVID-19.

A generic risk assessment has been provided for to AECI businesses for use and amendment, if required, to suit their own business or in-country requirements.

3.5   Respiratory Personal Protective Equipment (masks)

Risk-based requirements for masks

All masks must be issued on a risk-based approach for workplace application. For example, in the management of exposure to dust or chemicals, the respective risk assessment must inform the type of mask issued (such as FFP1 or FFP2, or cartridge-type respirator). These requirements will not be impacted by COVID-19, for which a seperate risk assessment must be conducted.

Types of masks associated with COVID-19 and their application

In the context of COVID-19 the <u>primary</u> masks, for use in the workplace or in public, are N95, FFP1 and FFP2, disposable facemasks and re-usable cloth facemasks. They are designed for different applications and have different limitations, described below.

Mask type	Example	Workplace application
N95: has 95% filtration of particles including small particle aerosols and large droplets (only non-oil aerosols).		Reserved for healthcare workers or ambulance personnel.
FFP1: have a minimum of 80% filtration and maximum 22% leakage to the inside.	FFP1	Maintenance, agriculture, construction and general material handling industries with low toxicity dust areas, for protection against solid and water-based liquid aerosols. **Suitable for use by non-healthcare workers against COVID-19 but not preferred.**
FFP2: these have a minimum of 94% filtration and maximum 8% leakage to the inside.	FFP2	Mainly used in construction, agriculture, and by healthcare professionals against influenza viruses. **Suitable for use by non-healthcare workers against COVID-19 but not preferred.**
Disposable face mask: these are fluid <u>resistant</u> and intended to cover the nose and mouth.	3 Ply Face Mask	Mainly used by dentists, doctors or surgeons to minimise the incidence of cross-infection of airborne infective bacterial agents generated from the respiratory tract. **These are suitable and preferred for non-healthcare workers against COVID-19.** They are NOT suitable for protection against dust, chemicals etc.
Re-usable cloth facemasks – These are designed to cover the nose and mouth and are washable. Can be self-made or purchased. **NB:** This mask is designed to protect **others** when the wearer, who may have the virus, sneezes or coughs. This releases droplets and the mask prevents the droplets from reaching others.		Designed primarily for use in public and when using public transport. Also sufficient for employees in non-production areas such as open areas from an outer gate to the production area and administration environments such as office blocks. Not suitable for those within the production environment, required to wear a mask because of social

		distancing limitations as example.

For mitigation of COVID-19, the following staff are <u>required to wear</u> a mask in the workplace

1. All **healthcare** workers – preferred masks are N95 and FFP2
2. Any **non-healthcare** employee who may be exposed to COVID-19 as part of their **normal work (**e.g**.** security staff, front desk reception staff, warehouse staff receiving deliveries or dispatching) – disposable face mask is suitable but the FFP1 and FFP2 are also acceptable
3. Any employee in a production or manufacturing environment, who, as a result of space limitations, high occupancy or traffic in the workplace, **cannot maintain the required distance** from others (1,5 - 2m) - disposable face mask is adequate but the FFP1 and FFP2 are also acceptable
4. **All employees, when entering the workplace must be wearing a mask**. When driving or walking through the secondary, open areas or if they work in a non-manfucturing environment such as an office block, a re-usable cloth facemask is preferred. However, the FFP1 and 2 and disposalbe surgical masks are acceptable.

Who should wear a mask in <u>public</u>

- If **any country** dictates that a mask must be worn in public, this must be adhered to. AECI **supports and encourages** the wearing of masks in public by **everyone**. The mask does not have to be a specialised one. **Washable cloth masks** are preferred. These can be used in public, when using public transport or at home for somebody who is in quarantine, to protect others.

Taking care of PPE

The manufacturer's instructions must be followed for the respective masks.

Before using a mask

Note: if you are wearing spectacles and a mask, the spectacles can be prone to misting/fogging up. A simple solution to prevent this is to wash your spectacles regularly with soapy water and air dry them. You can also use an anti-fog wipe or spray.

1. Clean your hands with soap and water or hand sanitiser before touching the mask. Avoid touching the front of the mask. The front of the mask is contaminated. Only touch the ear loop.
2. Hold both of the ear loops and gently lift and remove the mask away from your face.
3. Throw the mask in the designated place. Clean your hands with soap and water or hand sanitiser.

Cleaning re-usable masks

Cloth facemasks must be washed regularly like normal laundry or according to the manufacturer's instructions. The frequency of use must influence the frequency of washing. The mask should be washed immediately when arriving home and not left with other laundry or lying around.

Disposal

All disposable masks should be disposed of in the designated bags and boxes on site, or incinerated where a permit for this exists. Masks used in the workplace must be regarded as Hazardous Medical Waste and disposed of according to in-country requirements. In the absence of a standard, masks must be disposed of in double bags (Red) and then in boxes, clearly indicated as medical waste and sealed. These boxes must only be collected or handled by competent persons.

3.6   Contractor/tenant management – access control and restrictions

In relation to contractors and tenants (site-established companies), the relevant host, property division, or in the case of a contractor the relevant contract manager, must do the following:

- Share the AECI Response Plan and all awareness material

- Ensure all expectations in terms of personal and workplace prevention methods are adhered to. The relevant employer is accountable for this
- Ensure their employees are informed of the symptoms of COVID-19 and the obligation to stay away from work and seek medical attention if they are showing symptoms
- Ensure they report any confirmed or suspected COVID-19 cases to AECI
- Meetings between any third party and AECI representatives should be discouraged
- During any period of lockdown, ensure compliance is monitored and enforced
- Ensure they meet their obligations in terms of relevant country-specific health and safety regulations as they relate to COVID-19.

4   Travel restrictions and expectations

All travel is subject to country-specific regulations and any additional measures such as screening forms, PPE, quarantine or social distancing must be adhered to.

Domestic air travel which is "mission critical" can take place, subject to approval by the relevant business' Chairman or AECI Executive Committee member. The relevant Business Continuity Plan must be considered when allowing personnel from the same business or function to travel together.

4.1   International business travel by <u>employees</u>

International travel for business purposes by employees is banned until further notice. This includes travel within any continent. Mission-critical travel must be tabled for approval by a member of the AECI Executive Committee.

4.2   International business travel by <u>others</u>

International business travel to any AECI business by any person from any country is banned until further notice. Once again, if the travel is deemed mission-critical it may be approved by a member of the AECI Executive Committee.

Visitors from anywhere already showing symptoms as described above must also be prevented from travelling to and entering an AECI facility.

4.3   International personal travel

All travel bans by global authorities must be honoured by travellers. While the Company cannot impose a ban on such travel, it is strongly discouraged even to low or medium risk countries at this time. Should an employee intend to undertake international travel, they must inform their employer and obtain leave as per the Leave Policy. Should the travel be to a country deemed high risk for COVID-19, the employee will be required to quarantine on return, undertake a test for COVID-19 on Day 5 and only return to work on Day 8, subject to a negative result. The leave associated with such quarantine will be regarded as annual leave.

Attending funerals

Due to the high number of infections being traced back to funerals, they are recognised as events of higher risk and hence require additional information and controls for employees attending them. The following are required:

- The relevant company Leave Policy and category is applicable for absenteeism related to attending a funeral and leave is subject to approval
- If an employee is planning to attend a funeral or any gathering related to a funeral, the Line Manager must be provided with the exact details (e.g. dates, location and travel arrangements)
- Attendance and travelling are subject to any in-country regulations
- Employees should wear a mask at all times, sanitise their hands regularly and adhere to social distancing requirements wherever possible. Employees are strongly discouraged from any physical contact with another person
- If an employee touches any items which are shared or common at the gathering, they must wash their hands or use a sanitiser immediately afterwards
- On returning to work, the employee must monitor their symptoms carefully and comply strictly with all workplace and personal measures prescribed in this document
- If the employee comes into contact with somebody who is known to be COVID-19 positive while attending the funeral, this must be disclosed to the employer. The employee will be required to quarantine as described in this document.

5   Employee reporting requirements

Employees are **required** to contact their Line Manager, immediately, in **any** of the following situations and must **NOT** go to their workplaces:

1. If they have been referred for testing for COVID-19 and are subsequently awaiting results
2. If they have been tested positive for COVID-19 by an accredited laboratory
3. If they have been in close/direct contact with somebody who has tested positive or who is suspected of being COVID-19 positive (Ref: para 6.2 and 6.3)
4. If they have been in close/direct contact with someone who, in turn, has been in direct contact with a person who is suspected of being positive (Ref: para 6.2 – Category 3)
5. If they have been informed that they are in the Contact Group of any other person
6. If they have been directed to self-isolate or go into quarantine by an official authority, an AECI customer or a medical practitioner. Proof of this must be provided
7. If they develop COVID-19 symptoms at any time. This includes when at work, on weekends and days off; or
8. If they are screened at the entrance to the workplace and are showing symptoms.

The above list is by no means exhaustive. It is important that all employees immediately report to their Line-Manager if any of the above events apply. They must NOT come to the workplace and must comply with protocols in place.

6   Workplace preparedness and response to potential, suspected or confirmed cases

6.1   Company preparedness to mitigate potential disruption

Each AECI business must have a response plan, drawn up in consultation with AECI Group Supply Chain, to cater for possible interruption due to COVID-19 in relation to both people (employees and contractors) as well as Sales and Operations Planning, Procurement and Commercial, Manufacturing, Warehouse and Fulfilment, and Distribution.

A worst case scenario is quarantining of an entire shift, team or even business due to confirmed or suspected infections, thus requiring the operation or part thereof to be ceased. The potential secondary consequences of this could be failure to supply critical products and services to customers in sectors deemed as strategic.

The protection of all employees, contractors and visitors is a primary obligation but the continued ability to operate plants and equipment safely must be honoured as must customer supply obligations where possible. In the event that the continued supply of product or service is under threat, the relevant AECI responsible person must engage with his/her Executive Committee, Group Supply Chain and the customer to manage or mitigate the situation.

6.2   Categorisation of cases and subsequent quarantine and leave requirements (Revised 22 July 2020)

Category	Description/symptoms	Quarantine/isolation	Return to work requirements	Leave category
Category 1a	Positive COVID-19 case with **severe** symptoms	Hospitalisation under doctor's care. Complete **10 days** isolation <u>after</u> clinical stability (discharge) achieved under guidance from treating doctor	Return after 10 days, post discharge. Fitness for duty from OMP required.	Sick leave
Category 1b	Positive COVD-19 case with **mild** symptoms	Isolation at home or quarantine facility. Complete **10 days after onset of symptoms**.	Return on day 11 as long as asymptomatic.	Sick leave
Category 1c	Positive case but **asymptomatic** (no symptoms)	Isolate at home. Complete **10 days from day on which test was conducted.**	Return on day 11 as long as asymptomatic.	Sick leave
Category 2a	Direct contact – high risk: see below	Isolate at home. **Undergo test on Day 5** and return to work on Day 8, if negative.	Return to work after receiving negative result.	Sick leave
Category 2b	Direct contact – low risk: see below	Isolate at home. If asymptomatic on **Day 8** return to work. No test required	Return on day 8 as long as asymptomatic.	Sick leave
Category 3	Indirect contact with known or suspected case	None. Self-monitor own symptoms	N/A	None

Each case will be managed separately and in consultation with Group SHEQ, medical professionals and line management. The final decision to quarantine a person lies with the accountable Managing Director or Executive.

6.3   Direct contact (Revised 12 August 2020)

The risk associated with each contact is dependent on four things:

1.   The **inherent risk** of the job position (I.E Reception and Security staff are at higher risk than people who are unlikely to come into contact with a COVID-19 person); and
2.   The **distance** kept between the individuals; and
3.   The **duration** of the contact; and
4.   The wearing of **masks**.

When considering contacts inside the workplace, **two** different categories, based on the above, are applicable:

High risk contact

•   Contact within 1m for more than 30 consecutive minutes, irrespective of masks being worn or not;
•   Contact within 1m for more than 15 consecutive minutes, without masks by any person.

Low risk contact

- Contact within 1m, for less than 15minutes but all parties were wearing masks.

No contact: a contact where a distance of more than 1m was maintained and all parties were wearing masks. Such a contact is not deemed to be a direct contact.

Note: See Appendix 1 for schematic version of various contact scenarios

6.4   Response to a suspected or confirmed case of COVID-19 in the workplace

6.4.1 Isolate: if a person in the workplace is suspected of COVID-19, they must be isolated in a dedicated quarantine area. The Line Manager and Human Capital Business Partner must be informed and the respective emergency procedure for a medical emergency and the COVID-19 response protocol (explained below) must be activated. This should include the transportation of the person to a medical facility or home.

6.4.2 Individual workspace cleaning: the specific area where the person was working and all places they have been and equipment they touched must be disinfected. Consider evacuating and barricading the areas to do the cleaning.

6.4.3 Identify the contact group: identify who in the workplace had **direct/close contact** with the infected person in the 24 hours prior to the person showing symptoms. These Category 2 individuals must be sub-categorised as either High or Low Risk contacts and then sent home to isolate. The operation can remain running if the required staff are present. Activate the business continuity plan if needed.

6.4.4 Workplace cleaning: the area where the close contact people were working and all common areas they have used must be disinfected. Consider evacuating and barricading the area to do the cleaning.

6.4.5 Review: Review the risk management relating to COVID-19 and decide whether work controls need to change. Keep employees up to date and informed during these times.

6.4.6 Return to work: if the person's results come back as negative for COVID-19, the person and team in quarantine may be re-assigned to work after they have been informed. For **High Risk Contacts**, they must undergo a test and may return to work provided the result is negative and they have been in quarantine for seven days. For Low Risk Contacts they may return to work on Day 8 provided they are asymptomatic.

6.5 Response to a suspected or confirmed case of COVID-19 from a person outside the workplace

If a person informs the employer from outside the workplace that he/she has been tested and is awaiting results or has been tested positive for COVID-19, items 6.4.2 – 6.4.5 above must be followed. In the event that the person's results come back as negative for COVID-19, the person and team in quarantine may be re-assigned to work after they have been informed and necessary actions taken.

6.6   Reporting of cases to the authorities

In the event that in-country regulations require the reporting of cases to the authorities by the employer, this must be done in the prescribed format. Details of the relevant person and their contact group from within the workplace may be required. If an employee is confirmed positive for COVID-19 and there is no possibility that the virus was contracted in the workplace or connected to work or a person at work, the case must only be reported to the relevant medical authority by the medical professional who confirmed the diagnosis.
If it is suspected that the employee contracted COVID-19 from an occupational exposure, the incident must be investigated and reported according to the relevant in-country legislation, following internal investigation.

When investigating the possible causal link to the workplace, the relevant Contacts (Para 6.3) and the inherent risk associated with the persons job have to be considered.

7   Quarantine and leave management

In the event that quarantine is required, due to a confirmed or suspected case of COVID-19, the following will apply: the employee must inform his/her Line Manager when going into quarantine or for treatment if admitted. All absenteeism related to quarantine or treatment will be deemed **Sick Leave**.

During quarantine the employee must do everything reasonable to prevent exposing others, including their direct family or persons in their home or quarantine location. This includes all the prevention methods described above and preferably not leaving the quarantine location.

When in quarantine

A person in quarantine should self-isolate and do the following:

- Avoid unnecessary contact with other people
- Where close contact is unavoidable, the person should wear a face mask and maintain a distance of at least 1m (preferably 2m) from others
- Wash their hands with soap and water frequently. Alcohol-based sanitisers may also be used, provided they contain at least 70% alcohol
- Clean surfaces regularly with a disinfectant
- Practice good cough and sneeze hygiene by using a tissue and then discarding it immediately in a lined dustbin or plastic bag, followed by washing hands immediately
- Avoid having visitors in their home and avoid leaving their area of isolation.

Note: quarantine must not be confused with lockdown. The requirements for lockdown are specified in each country and must be adhered to during the prescribed period. If a person contracts the virus or has come into contact with somebody who has, and is in lockdown, they should adopt the behaviours described above.

8   Testing for COVID-19 and management of Vulnerable Staff

8.1 Testing for COVID-19

Testing facilities are following the NICD or similar international protocols whereby **only Positive Case Definitions** for suspected COVID-19 cases are tested, unless a mass screening and testing programme is in place.

COVID-19 can ONLY be confirmed through a test of the nasal cavity and throat by a registered pathology service provider.
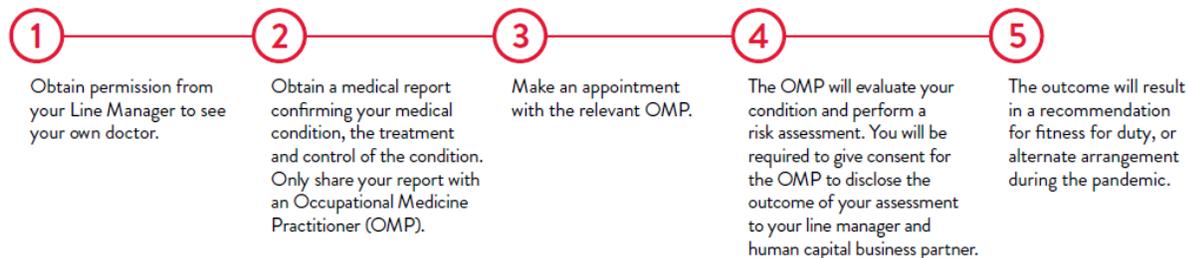
8.2 Management of Vulnerable Employees (only applicable to South Africa)

AECI has consolidated the list of conditions for the identification of vulnerable staff, following guidelines issued by the South African Department of Health on 25 May 2020.

Staff who fall into one or more of the following **five** major categories will be deemed vulnerable:

Category	Medical conditions/comorbidities
1.	60 years of age or older
2.	- One or more of the underlying commonly encountered chronic medical conditions (of any age) <u>particularly if not well controlled</u>: - chronic lung disease - moderate to severe asthma, chronic obstructive pulmonary disease (COPD), bronchiectasis, idiopathic pulmonary fibrosis, active TB and post-tuberculous lung disease (PTLD) - diabetes (poorly controlled) or with late complications - moderate/severe hypertension (poorly controlled) or with target organ damage - serious heart conditions: heart failure, coronary artery disease, cardiomyopathies, pulmonary hypertension; congenital heart disease - chronic kidney disease being treated with dialysis - chronic liver disease including cirrhosis
3.	Severe obesity (body mass index [BMI] of 40 or higher)
4.	Immunocompromised as a result of cancer treatment, bone marrow or organ transplantation, immune deficiencies, poorly controlled HIV or AIDS, prolonged use of corticosteroids and other immune weakening medications
5.	28 weeks pregnant (and especially with any of comorbidities listed above)

Our response related to employees who fall into the above categories is as follows:

①	②	③	④	⑤
Obtain permission from your Line Manager to see your own doctor.	Obtain a medical report confirming your medical condition, the treatment and control of the condition. Only share your report with an Occupational Medicine Practitioner (OMP).	Make an appointment with the relevant OMP.	The OMP will evaluate your condition and perform a risk assessment. You will be required to give consent for the OMP to disclose the outcome of your assessment to your line manager and human capital business partner.	The outcome will result in a recommendation for fitness for duty, or alternate arrangement during the pandemic.

Note: the process requires a signed letter of consent from the employee, to disclose their medical conditions, as confirmed, through a report from their own doctor to an OMP or external doctor assigned by the OMP and for the OMP to disclose the outcome of the assessment to the Line Manager or Human Capital Business Partner.

Voluntary declaration and assessment

1. Employees who identify with the categories above should obtain permission from their Line Manager to see their own doctor.
2. The treating doctor must supply them with an abridged medical report detailing their conditions and level of control over the conditions (a sick note is not required).
3. On returning, the employee must make an appointment with a Company-assigned OMP and sign a consent form. The OMP will evaluate the employee's condition and perform a personal risk assessment.
4. The outcome of the assessment will result in one of a number of possibilities, including:
   a. Return to normal on-site duties
   b. Alternative on-site duties advised/special measures required
   c. Working from home with occasional on-site duties, when required
   d. Advisory to work from home, or
   e. Exclusion from work based on risk assessment and not able to work from home.
   The outcome will be discussed with the Line Manager and Human Capital Business Partner.
5. The process can be repeated at intervals if conditions warrant.

9   Returning to work after treatment for COVID-19

All employees who underwent treatment in a hospital or other medical facility, must complete a mandatory 10 days of quarantine after discharge and will undergo medical screening by an OMP to confirm fitness for duty before returning to work.

All employees who recovered in a quarantine facility, at home or elsewhere will be required to complete the quarantine period and may return to work without undergoing a medical fitness assessment, provided they are not showing any symptoms.

All employees must adhere to the following on return:

- Wear a **mask** as described in this document
- Undergo **induction** specific to COVID-19 requirements in the workplace if they haven't done so already
- Adhere to **social distancing, personal hygiene** and all other requirements
- Continue **self-monitoring** for symptoms, and seek medical re-evaluation if respiratory symptoms recur or worsen.

10   Arrangements during lockdown

AECI is committed to all global efforts to "flatten the curve" and will abide by all expectations imposed by the relevant authorities in each country. This includes all personal requirements in relation to lockdown (confinement) as well as any limitations placed on our operations. Where AECI can meet the requirements or is expected to operate as a supplier of essential products or services, it will endeavour to do so and mitigate as far as reasonably practical the spread of COVID-19.

11   Monitoring compliance in the workplace

Compliance with AECI's COVID-19 requirements will be monitored by the respective SHE Managers/Practitioners and Line Managers. If required, these individuals will be appointed in writing as Compliance Managers or Officers. Monitoring will include formal inspections using checklists, as required, as well as through walkabouts and engagement employees.

Non-compliance must be reported and corrected immediately. The effectiveness of the cleaning regimes must also be evaluated on an ongoing basis and adjusted if needed.

12   AECI COVID-19 Task Team contact details

In the event that you have questions which cannot be answered through this document or your SHE Manager, you may direct an email to covid19.faq@aeciworld.com (preferred email). The previously published covid-19_faq@aeciworld.com also remains active.

Neil Franklin   **Mark Dytor**
Group Safety, Health and Environment Manager   Chief Executive
Neil.franklin@aeciworld.com

APPENDIX 1 CONTACT SCENARIOS

1 SCENARIO ONE
SYMPTOMATIC

WHAT DO I DO?
IF I EXPERIENCE ONE OR MORE OF THE COVID-19 SYMPTOMS

HIGH TEMPERATURE OR FEVER — **DRY COUGH** — **SORE THROAT** — **SEVERE MUSCULAR AND GENERALISED BODY PAINS**

REDNESS OF THE EYES — **LOSS OF SMELL OR TASTE** — **NAUSEA, VOMITING OR DIARRHOEA** — **SHORT OF BREATH OR DIFFICULTY BREATHING**

WHEN I AM AT HOME

IMMEDIATELY
Inform your line manager

DO NOT
Come to work

SEEK
Medical attention

WHEN I AM AT WORK

IMMEDIATELY
Inform your line manager and HCBP

ISOLATE
In your business dedicated quarantine room

YOU WILL BE
Trasported to a testing facility or your home

TAKE A TEST

RESULT: POSITIVE +

SEVERE SYMPTOMS (Hospitalised)
Following discharge from hospital, a further 10 days of isolation must be completed and the company OMP must be consulted to assess fitness for duty.

Sick leave applies

MILD SYMPTOMS
Return to work on day 11 as long as asymptomatic. Quarantine time starts on the day you start experiencing symptoms.

Sick leave applies

RESULT: NEGATIVE ⊖
You and any team members that have been quarantined as a result of your test, may return to work

WHAT DO I DO?
IF I TEST POSITIVE BUT HAVE NO SYMPTOMS?

Isolate at home

Return to work on day 11
(as long as you have no symptoms)

Quarantine time starts on the day of test

Sick leave applies

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2 SCENARIO TWO
DIRECT CONTACT: ASYMPTOMATIC (NO SYMPTOMS)

WHAT DO I DO?
IF I HAVE BEEN IN DIRECT CONTACT WITH A POSITIVE CASE BUT I AM NOT EXPERIENCING ANY SYMPTOMS?

DIRECT CONTACT
CATEGORY 2

› Face-to-face contact, within 1m;
› Providing direct care for a COVID-19 patient without using proper personal protective equipment;
› Living in the same closed environment as a COVID-19 patient unless isolation is maintained;
› Travelling in close proximity (less than 1m separation) with a COVID-19 patient in any kind of conveyance.

HIGH RISK

Contact within 1m for more than 30 consecutive minutes, irrespective of masks being worn or not

Contact within 1m for more than 15 consecutive minutes, without masks by any person

ISOLATE AT HOME

UNDERGO TEST ON DAY 5

RESULT: POSITIVE +
Return on day 11 as long as asymptomatic – starting day of test

WHAT LEAVE DO I APPLY FOR?
SICK LEAVE APPLIES FOR THE DAYS SPENT IN ISOLATION AND QUARANTINE

RESULT: NEGATIVE ⊖
You may immediately return to work

WHAT LEAVE DO I APPLY FOR?
SICK LEAVE APPLIES FOR THE DAYS SPENT IN ISOLATION

LOW RISK

Contact within 1m, for less than 15 minutes but all parties were wearing masks.

ISOLATE AT HOME

IF YOU ARE ASYMPTOMATIC
On day 8 you can return to work

WHAT LEAVE DO I APPLY FOR?
SICK LEAVE APPLIES FOR THE DAYS SPENT IN ISOLATION

IF YOU ARE SYMPTOMATIC
If you start to experience symptoms, scenario 1 applies

③ SCENARIO THREE
INDIRECT CONTACT: ASYMPTOMATIC (NO SYMPTOMS)

WHAT DO I DO ?

IF I HAVE BEEN IN INDIRECT CONTACT WITH A POSITIVE CASE BUT I AM NOT EXPERIENCING ANY SYMPTOMS?

INDIRECT CONTACT
CATEGORY 3

If you have come into direct contact with someone who, in turn, has been in direct contact with a person who is suspected of being positive or has since been confirmed.

IMMEDIATELY
Inform your line manager

WORK
Continue as normal. No quarantine, no leave – unless referred for test.

MONITOR
Your symptoms

IF YOU DEVELOP SYMPTOMS:

IMMEDIATELY
Inform your line manager
DO NOT
Come to work
SEEK
Medical attention

TAKE A TEST

RESULT: POSITIVE ⊕

SEVERE SYMPTOMS (Hospitalised)

Following discharge from hospital, a further 10 days of isolation must be completed and the company OMP must be consulted to assess fitness for duty.

Sick leave applies

MILD SYMPTOMS

Return to work on day 11 as long as asymptomatic. Quarantine time starts on the day you start experiencing symptoms.

Sick leave applies

RESULT: NEGATIVE ⊖

You and any team members that have been quarantined as a result of your test, may return to work

WHAT DO I DO ?
IF I TEST POSITIVE BUT HAVE NO SYMPTOMS?

Isolate at home

Return to work on day 11
(as long as you have no symptoms)

Quarantine time starts on the day of test

Sick leave applies