8 May 2020

UPDATE: AECI'S RESPONSE PLAN FOR COVID-19 (Sixth revision)

AECI established a task team in March 2020 to specifically manage the response to COVID-19. It is a pandemic having significant impact on people as well as business and economies throughout the world. In South Africa, a national state of disaster has been declared and the country entered lockdown on 26 March 2020. Various forms of lockdown are in force around 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 for some of AECI's businesses to 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All previous versions of this document must be withdrawn and replaced with this one.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 has 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 fever, cough, and/or shortness of breath). However, they are already contagious before becoming symptomatic or ill (during the incubation period of the COVID-19 virus).

2.2   Symptoms of COVID-19

Symptoms typically include fever, cough, shortness of breath and diarrhoea. Some people infected with the virus have reported experiencing other non-respiratory symptoms. Others, referred to as asymptomatic cases, have experienced no symptoms at all.

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 described in this document.

Symptoms of COVID-19 may appear in as few as 2 days or as long as 14 days after exposure. This is an extremely important fact as it means it can take up to 14 days before the person shows symptoms, but in this period they can already be carrying the virus and exposing others. This has a direct link to the 14-day quarantine period described below.

Note: Any person showing symptoms while at home, must NOT come to work and must seek medical attention immediately. The Line Manager must also be informed.

3. Preventing contraction of COVID-19 or spread thereof

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;
- Avoid touching surfaces and other peoples phones, keyboards and 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 degC / 99.14 degF, or if the person has any of the common symptoms of COVID-19, they should not go to work but seek medical attention and inform their Line Manager immediately.

3.2 Distancing in the workplace

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;
- Use online meeting tools or teleconference 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 can enter a workplace or meeting space if showing typical COVID-19 symptoms;
- 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;
- The number of people in the meeting must be limited to the absolute minimum;

- If the social distance requirement cannot be achieved, an alternate venue must be used;
- No objects such as the laser pointers, marker pens or keyboards should be shared. If it's unavoidable, the items must be sanitised before and after use.

Practice good etiquette when coughing or sneezing:
- Practice good cough and sneeze hygiene. Cover your nose and mouth, preferably with a tissue, and then immediately discarding the tissue in a lined dustbin or plastic bag, followed by washing hands immediately.
- If no cloth is available then coughing inside the elbow is a second option;
- Wash your hands regularly if you are sneezing or coughing.

If a cough or sneeze is persistent, or symptoms as described above are prevalent, do not go to work and seek medical attention from your own Doctor. Note – there is no "rapid COVID-19 test" available so you will be required to remain in quarantine until a diagnosis is confirmed, by your own Doctor, and you have been treated if necessary.

3.3   Prevention methods for the workplace

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 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 (examples being 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.

Screening: Each AECI site must do screening of all people entering the facility and provide sanitiser for their hands. Screening shall include physically checking of the person's temperature as well as the completion of a checklist against the common symptoms of COVID-19. Any person showing a temperature above 37.3 degC / 99.14 degF **or** declaring three or more of the known symptoms including a dry cough, shortness of breath, sore throat, body aches, headaches, runny nose or tiredness, should be instructed to leave the workplace, seek immediate medical attention, as well as informing their line manager.

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;
- 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.

3.3.1 Workplace Cleaning and Decontamination (Added on 8 April 2020)

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 the 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, for example, upholstered furniture, carpets and mattresses, steam cleaning should be used. Industrial deep-cleaning or decontamination uses specialized 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, shall be done on a risk based (probability) approach.

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

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

1. **Last usage of the area** – if the area or equipment has not been used/entered for four days or more since its last disinfectant then it shall be deemed to be clean. Periodic cleaning shall commence on the first day prior of 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 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 could be excluded from the disinfectant cleaning;
4. **Practicality of cleaning** – areas which are impractical, such as large warehouse floors, outdoor floor areas or 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 the cleaning / disinfecting

- Indoor: office/laboratory environment, e.g. door handles, handrails, bench tops, kitchen tops, tables, chairs, water-coolers, coffee stations, bathrooms, floors, keyboards, telephones, printers, and lab equipment etc.;
- Indoor: factory/industrial environment, e.g. workbenches, control rooms, keyboards, door handles, handrails, radios, change rooms, cafeterias, floors, walls and tools etc.;

- Delivery or collection points as well as entry and exits: Delivery items, equipment, gates, doors, table tops, pens, etc.;
- Outdoor: company vehicles, transport vehicles, fork lift trucks, trolley jacks, hi-rackers, HP cleaning equipment, etc.;
- Personal equipment: 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 of all areas described above shall 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
- A decontamination has not taken place since discovery of the case.

Note: If the work area has been decontaminated then focus will be placed on the individual's personal affects, locker, tools etc.

Protection for cleaning personnel

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

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

Risk assessment (Cleaning or decontamination)

In the event that a non-routine cleaning task is undertaken on site, such as deep cleaning or fogging, these shall 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 specialized PPE
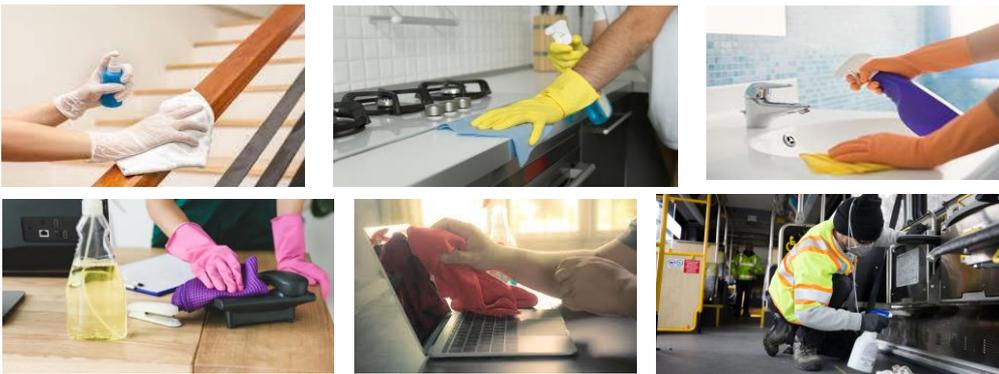
Examples: Specialized methods including industrial or large scale decontamination:
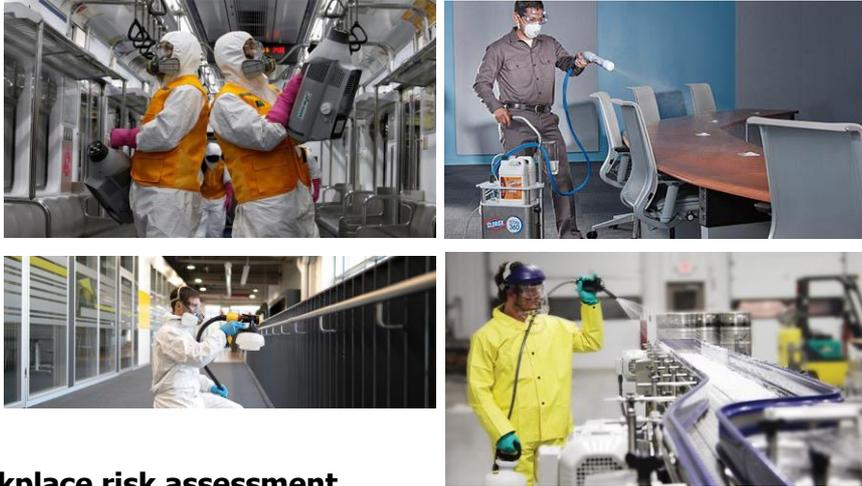
3.4 Workplace risk assessment

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 Personal Protective Equipment;
- Identify employees (if allowed by the specific in-country legislation) with additional medical conditions which may increase their risk related to COVID-19 and implement the necessary assessments to determine fitness for duty during the pandemic;
- Where practical organise the workplace to enable a safe distance (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 all AECI businesses to use and amend to make it suitable for their business or in-country requirements.

3.5 Respiratory Personal Protective Equipment (Masks) - 23 April 2020.

Risk based requirements for masks:

All masks must be issued on risk a based approach for workplace application. For example, 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 primary masks, used in the workplace or in public, are N95, FFP1 & 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 a 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 percentage 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 for non-healthcare workers against COVID-19 but not preferred.**
FFP2: These have a minimum of 94% filtration percentage and maximum 8% leakage to the inside.	FFP2	Mainly used in construction, agriculture, and by healthcare professionals against influenza viruses. **Suitable for use for non-healthcare workers against COVID-19 but not preferred.**
Disposable Face mask: These are fluid resistant 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 aginst 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 a office blocks. Not suitable for those inside the production enviroment, 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 of 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 & FFP2 are also acceptable.
3. Any employee in the 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 masks 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 FFP1,2 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, however AECI **supports and encourages** the wearing of masks in public by **everyone**. The mask does not have to be a specialised one. The **re-washable cloth mask** is 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 manufacturers 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. One can also used an anti-fog wipe or spray.

1. Clean your hands with soap and water or hand sanitizer 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 sanitizer.

Cleaning of re-usable masks:

Cloth facemasks must be washed regularly like normal laundry or according to the manufacturers instructions. The frequency of use must influence the frequency of washing. The mask should be washed immediately, when arriving at 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 the respective country requirements. In the absence of a standard, masks shall be disposed in double-bags (Red) and then in boxes, clearly indicated as medical waste and sealed. These boxes shall 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 case of COVID-19 to AECI;
- Meetings between any third-party and AECI individuals 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

As of 19 March 2020 and until such time as revoked in writing, the following <u>additional restrictions</u> are applicable:

<u>All forms</u> of air travel are discouraged at this time. Similarly, any work-related activity which causes people to be in close proximity of others, such as meetings, conferences or farewells, should be avoided. Restrictions on public gatherings, as imposed by any country authority, must be honoured.

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

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

5.2   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 must be approved by a member of the AECI Executive Committee.

Visitors from any of the "high risk" countries, as promulgated by individual countries' authorities or AECI, for which a list will be kept up to date, must not be permitted to enter an AECI facility. This prohibition must be prominently displayed at all AECI entry points and travellers must be informed before they intend to depart.

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

5.3   International personal travel

All travel bans from global authorities must be honoured by travellers. While the Company cannot impose a ban on personal travel such travel, even to low or medium risk countries, is strongly discouraged. Should an employee intend to undertake international travel, they must inform their employer and obtain leave as per the Leave Policy. At the same time and before undertaking the travel, the employee must also apply for "Other Leave" for a 14 day quarantine period, which will be enforced on return. This is to ensure the prevention of possible spread of COVID-19 on return to others. Such leave is subject to the approval of the Line Manager.

5   Possible exposure to an infected person

It is recognised that an employee could be exposed to an infected person at home or another place other than the workplace. In such cases, employees are encouraged to voluntarily disclose such information and the quarantine process and associated leave will then be applied, subject to approval.

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 the quarantine of an entire shift, team or even business due to confirmed or suspected infections, leaving a situation where the operation or part thereof has 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 AECI responsible person concerned must engage with his/her Executive Committee, Group Supply Chain and the customer to manage or mitigate the situation.

6.2   Categorisation of cases

Key to our definition for determining who should be in quarantine is what we call the "Contact Group". These are the people with whom a person had "direct contact" and that means a **face-to-face interaction** (within 1,5m) OR they were **in a closed environment together**, such as a meeting room.

In AECI we have chosen to follow the advice of our medical experts and have developed three categories for quarantine:

Category 1:   if an employee is confirmed to have **<u>contracted COVID-19</u>**, they follow the instructions of their treating doctor. This may include treatment at home or in hospital and remaining away until declared fit for duty;

Category 2:   if an employee comes into **direct contact** with someone who has contracted COVID-19 (tested positive), then that person and all others <u>who were in direct contact</u> with the individual (tested positive), will go into a mandatory 14 day quarantine as a precautionary measure. Quarantine requires the person to be at home and stay indoors for the full period AND to minimise contact with other members of the home or visitors;

Category 3:   if an employee comes into direct contact with someone who, in turn, has been in <u>direct contact</u> with a person who is suspected of being positive or has since been confirmed, then this group of people, known as the **<u>"indirect"</u>** contact group will NOT be quarantined. However, they will be made aware and asked to monitor themselves carefully for the known symptoms. Should any of the group develop symptoms they will immediately follow the prescribed protocol and seek medical attention.

Each case must 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.

For example, if an employee in one business on an AECI facility is suspected or confirmed, it does not automatically mean all staff of that facility are in the Contact Group. If it's a shift worker or person dedicated to one area of the site, then the Contact Group must be narrowed accordingly.

AECI's workplaces and clinics are NOT equipped to perform the required tests for COVID-19, nor are they suitable for isolating suspected individuals. Therefore, if there is any suspicion of an infected individual on site that person must be sent home or taken home immediately. If the person is showing the symptoms described above, they must immediately go to their own General Practitioner who will follow the protocol described below or as dictated by in-country authorities. The person will also go into the forced quarantine period unless another illness is confirmed, then the GPs direction on sick leave must be adhered to.

6.3 Response to a suspected or confirmed case of COVID-19 inside the workplace

6.3.1 Isolate: If a person inside 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.

6.3.2 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.

6.3.3 Identify the contact group: Identify who at the workplace had **direct/close contact** with the infected person in the 24 hours prior to the person showing symptoms. These people must be sent home to isolate. The operation can remain running if the required staff are present. Activate the business continuity plan if needed.

6.3.4 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.

6.3.5 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.

6.3.6 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 and necessary actions taken.

6.4 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 6.3.2 – 6.3.5 above shall 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.

7   Quarantine and leave management

In the event that quarantine is required, due a confirmed or suspected case of COVID-19, the following will apply: the employee must inform his/her Manager when going into quarantine. Quarantine will be for a minimum period of 14 days and during this time the employee must do

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

During the quarantine period the "Other Leave" category will be applicable and must be applied for, once quarantine is imposed. Note: the cost of granting this leave is borne by the Company and is not deducted from any leave granted to an employee in terms of his/her conditions of employment.

If during the quarantine period the employee shows any of the symptoms described above, they must immediately consult their own Doctor. Should COVID-19 or other illness be diagnosed, the leave will be amended to Sick Leave.

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 facemask and maintain a distance of at least 1m (preferably 2m) from others;
- Clean their hands with soap and water frequently. Alcohol-based sanitisers may also be used, provided they contain at least 60% alcohol.
- Clean surfaces regularly with a disinfectant.
- Practice good cough and sneeze hygiene, by using a tissue, and then immediately discarding the tissue in a lined dustbin or plastic bag, followed by washing hands immediately.
- Avoid having visitors in their home.

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 evaluation of Vulnerable Staff

8.1   Testing for COVID-19

Pathologists (medical service providers who test blood, urine etc.) are following the NICD or similar international protocols, whereby **only Positive Case Definitions** for suspected COVID-19 cases will be tested. These are also referred to as **Patients under Investigation** (PUI). This does not mean an employee cannot see a doctor, but testing for COVID-19 will only be undertaken if the definition criteria are met or if mass testing is being undertaken, irrespective of symptoms.

COVID-19 can ONLY be confirmed through a test of the nasal cavity and throat by a registered pathological service provider.

8.2   Management of Vulnerable Employees (Only applicable to South Africa)

The AECI Group has identified the following two categories as it relates to employees more vulnerable in relation to the virus:

Category 1	Medical Conditions / Comorbidities
Extremely Vulnerable	This group includes employees who are likely to develop severe, rapidly progressive, and fulminant disease:

	1. Solid organ transplant recipients on immunosuppressive treatment;
	2. Cancers:
	    a. Those undergoing active chemotherapy
	    b. Lung cancer patients undergoing radical radiotherapy
	    c. Cancers of the blood or bone marrow such as leukaemia, lymphoma or myeloma who are at any stage of treatment
	    d. Having immunotherapy or other continuing antibody treatments for cancer
	    e. Having other targeted cancer treatments which can affect the immune system, such as protein kinase inhibitors or PARP inhibitors
	    f. Employees who have had bone marrow or stem cell transplants in the last 6 months, or who are still taking immunosuppression drugs.
	3. Severe respiratory conditions including all cystic fibrosis, severe asthma and severe chronic obstructive pulmonary (COPD);
	4. Rare diseases and inborn errors of metabolism that significantly increase the risk of infections (such as Severe Combined Immunodeficiency (SCID), homozygous sickle cell);
	5. On immunosuppression therapies sufficient to significantly increase risk of infection;
	6. Women who are pregnant with significant heart disease, congenital or acquired.

Category 2	**Medical Conditions / Comorbidities**
Other Vulnerable	Employees who fall in this group include those with one or more of the following medical conditions, which make them more vulnerable in relation to COVID-19: **1.** Age greater than 60; **2.** Cardiovascular disease, especially poorly controlled hypertension or heart failure cases; **3.** Diabetes mellitus; especially poorly controlled; **4.** Moderate chronic respiratory disease; **5.** Chronic renal disease; **6.** Pregnant women over 28 weeks gestation; **7.** HIV diagnosed workers who are virally unsuppressed; or **8.** Moderate to severe obesity - BMI of more than 35.

In our efforts to flatten the disease curve our response related to employees more vulnerable in relation to COVID-19 is as follows:

Note: The process described below is reliant on signed letter of consent from an employee, to disclose their medical conditions, as assessed by their own doctor, to a company OMP or external doctor assigned by the OMP.

Voluntary Declaration & Assessments:

1. Employees who identify with the categories above should contact their treating doctor to supply them with an abridged medical letter/report detailing their condition.

2. It is required that the employees provide signed consent to disclose the confidential medical report to the company's Occupational Medical Practitioners (OMP) to determine their fitness to perform their duties.

3. The OMP will determine fitness to work based on the control of the condition and employee's personal risk assessment, which could include factors such as: household living conditions, transportation (private/public), work environment and task risk assessment.

9   Returning to work after treatment for COVID-19

All employees, on returning to work after treatment, should adhere to the following requirements:

- Undergo **medical screening** by an OMP to confirm fitness for duty;
- Wear a **mask** as described above;
- Undergo **induction** specific to COVID-19 requirements in the workplace;
- 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 respective 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 services or products, it will endeavour to do so and mitigate as far as reasonably practical the spread of the COVID-19.

11   Monitoring compliance in the workplace

Compliance to the AECI COVID-19 requirements shall be monitored by the respective SHE Managers/Practitioners and line managers. If required, these individuals shall be appointed in writing as Compliance Managers or Officers. Monitoring shall take place in the form of formal inspections using checklists as required, as well as through walkabouts and engagement with staff.

Non-compliance must be reported and corrected immediately. The effectiveness of the cleaning regimes shall also be continuously evaluated and adjusted if needed.

12   AECI COVID-19 Task Team contact details

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

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