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Finding a Way #DowStrong

Return to Workplace – Playbook

Seek Together™

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Guiding Principles

- Compliance and coordination – global and local ownership
- Adherence to external and internal criteria
- Phased implementation
- Individual health and wellbeing
- Clear ongoing communication

A MESSAGE FROM

Jim

Dear Colleague,

As the COVID-19 pandemic enters a new phase, Dow has developed a coordinated plan to safely guide our employees and contractors back to the workplace. Our key principle in this approach is keeping you and your families safe and healthy.

This accompanying playbook is a resource to guide our enterprise-wide return to the workplace. The corporate Crisis Management Team (CMT) will oversee the process while regional CMTs will implement it in a phased approach. This will provide the flexibility to tailor our return to work based on local, country, and regional factors, while still aligning to our Corporate Pandemic Crisis Management Plan. Throughout the process, we will involve key stakeholders, such as site and tenant leadership, regional CMT core functions, unions and work councils (where applicable), local governments, and key industry associations.

This approach factors in that additional COVID-19 outbreaks could reoccur in any geography. As a result, some areas may be escalating their responses while others are de-escalating. Measures may temporarily rise, or be re-introduced, during an overall effort to reach full recovery. This is complex. We must be flexible and proactive to this dynamic, rapidly changing environment.

I am incredibly proud of how well Team Dow has responded to this global pandemic so far. And I know our actions in the next phases will be no different. Our world may have changed quickly, but our ingenuity, agility, resilience, and collaborative spirit did not. We have only grown stronger, together.

Now, we must apply the can-do spirit that kept our operations running, our customers well-served, and our people safe to our return to the workplace. We will build on the lessons we've learned from colleagues in Asia, who have already made the transition back to their work sites. And we will incorporate all we've learned from our colleagues who have continued to keep our sites running while adhering to all social distancing and other health and safety best practices.

Throughout this process, we must watch out for one another. We must share best practices and key learnings, and adhere to the standards outlined in this return to workplace guide. And we must do all we can to keep ourselves and our loved ones safe and healthy.

Together, we'll keep moving forward. Together, we'll remain #DowStrong.

Jim Fitterling
Chairman and Chief Executive Officer

Key Corporate Standards

Return to Workplace Plans will include the following key corporate standards at a minimum:

- External and internal criteria used to trigger moving to the next return to workplace phase
- Facial coverings required in common areas where social distancing not possible
- Global facilities entry process will include health questions and temperature screening
- Proper use of PPE, including activities that require PPE in addition to facial covering
- Disinfecting and hygiene, especially in common areas such as cafeterias, kitchen areas, break rooms, open office spaces and conference rooms

- Body temperature screening
- Social distancing (min 6ft/2m)
- Site policies for contractors and visitors
- Number of employees returning with each phase
- Communication and training prior to return to workplace
- Maintaining an inclusive culture through our behaviors and actions

Safety is our number one priority. Please stay focused for your safety and your colleagues' safety.
If you see unsafe behaviors, please intervene and/or report to your supervisor.

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Our Approach

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COVID-19 SITE PANDEMIC RESPONSE LEVEL TRIGGER CRITERIA

This document gives specific trigger criteria to escalate in Pandemic Alert Level on a single site. This plan is designed to respond in phases. These phases or alert levels may be applied locally, regionally and corporately in the event of an area-specific threat. The recommended actions at each level assume that levels at the lower levels have been implemented.

The geographic Crisis Management Teams (CMTs) in consultation with Health Services will determine/declare the local alert levels. Corporate CMT needs to be involved in review of the proposal and decision making.

DOW ALERT LEVELS ARE:

LEVEL 3	LEVEL 3.5	LEVEL 4	LEVEL 5	LEVEL 6
Heightened awareness and communication. Specific actions are not necessary but prudent company and preplanning and reviews should occur.	Increased communications and advanced preparations. Travel restrictions may be considered. Assemble critical supplies and finalize plans.	Actions are required. Review and implement elements of the plan as appropriate and as the local situation dictates.	Full implementation of the local plans.	Extended duration events. Escalation of response actions needed that could include site shut-down, lock-in, etc.

LEVEL 7	Post-peak period, pandemic waves and recovery. A phased approach to returning to the workplace and actions to monitor and maintain relevant preventive and response measures.

OUR APPROACH

- "Return to workplace" is a coordinated plan to **safely bring back employees and contractors to the workplace**
- This plan needs to consider numerous country specific, regional and local factors and will be **led by the regional CMTs**
- The regional CMTs will

  - Assess the return to workplace plan based on a set of **recommended external and internal criteria** to determine **risks, timing and readiness**
  - Develop a **phased plan based on key principles** that ensures **compliance and coordination** by involving/ consulting key stakeholders such as
    - Site leadership
    - Regional CMT core functions
    - Tenant leadership (i-parks/shared bldgs.)
    - Unions and Work Councils where applicable
    - Local government
    - Key industry associations
  - **Seek support from the Corp. CMT** before implementing the plan and **provide regular updates** on the status of each site until >90% of the workforce has returned

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External Criteria

- **Evidence of decreased incidence and distribution of COVID-19 illness within region/district:**
  - Virus case doubling rate is greater than 30 days
  - Death rate below 2.5/million/day
  - New Case rate below 40 cases/million/day
  - Current COVID death rate is <10% of peak COVID death rate
- **Government restrictions:** Local governments have eased/ removed the stay at home orders for non critical-to-operations employees
- **Health system is safely able to:** treat all patients requiring hospitalization without resorting to crisis standards of care; test all people with COVID-19 symptoms; conduct active monitoring of confirmed cases and their contacts.

Internal Criteria

Site readiness and mitigation measures:

- Business conditions support restaging/increasing workforce and regional/local plans exist for phases of increased workforce
- Elements of facility design and key control measures have been considered including site entry, visitors, space for physical distancing, PPE, facial coverings, shared space (conference rooms, cafeterias, elevators, etc.)
- Process to manage exceptions is defined (i.e., caregivers, personnel with underlying health conditions, etc.)
- Individual self-monitoring practices should be implemented

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A PHASED APPROACH IS RECOMMENDED WITH A STRONG FOCUS ON PHASE 1

Key Considerations	Phase 1	Phase 2	Phase 3
Who returns to work	Individuals who by returning to work provide critical support to essential teams	Individuals who by returning to work can now perform their role to the full scope	All individuals with the exception of those who self-identify as high-risk or who by medical standards are deemed high-risk
Social Distancing	Strict	Heightened	Relaxed
PPE	Location specific	Location specific	Location specific
Cleaning & Hygiene	Rigorous	Rigorous	Enhanced
Gate/Entry Protocol	Temp screening, questions, etc.	Temp screening, questions, etc.	Moderate
Common Areas such as Cafeteria	Closed or Take & go only	Take & go or Staggered approach to limit occupancy	Staggered approach to limit occupancy if needed
Conference Rooms	Limited to those rooms where physical distancing can be observed	Limited to those rooms where physical distancing can be observed	Open
Visitors	Severely restricted	Restricted	Monitored

- The phases can look different in each location based on stakeholder inputs/restrictions
- Each phase will require clarity on who is impacted, what the restrictions are and how to comply
- An exception process must be put in place for employees that are not comfortable with the approach

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Site Readiness

- Readiness to execute the **"Site Infection Control Plan and Case Management"** protocol/process
- Efficient and effective processes for **site entry**; e.g., temperature measurements and/or screening
- Healthy, safe and non-infectious **workspaces** can be maintained
- Manageable **physical spacing** and behaviors to accommodate necessary work practices and environments
- **Orientation** to (new) work environment; **mental and emotional process** for return and de-escalation
- Process for (business critical) **visitors and deliveries**

Effective Mitigation

- **Self monitoring** symptoms and temperatures
- Process for return following **COVID-19 diagnosis** & recovery
- **Exception process** and resources for caregivers, childcare, high risk conditions of workforce
- **Behavior setting** process for encouraging intervention when key controls are not followed
- **Travel restrictions**

Individual Health and Wellbeing

Key control measures in place:

- **Physical distancing:** Head count, facility design, physical distancing
- **PPE & Facial Coverings:** face coverings, PPE quantities (e.g., masks, face shields, gloves, gowns)
- **Cleaning and hygiene:** hygiene practices, disinfecting facility and equipment
- Use of **common areas** (e.g., elevators, canteens, conference rooms)

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Regional Plan

- Adhere to the **Pandemic Principles** outlined in the Corporate Pandemic Crisis Management Plan
- Follow **guidelines previously established** by the Corporate CMT like space required for physical distancing, facial coverings, temperature screenings, etc.
- Be **evaluated on a regular cadence** and revised as required (iterative process)
- Ensure **parity of expectations & guidelines** between office and operations locales
- Ensure a **robust communication plan** is in place to address key concerns and provides clarity on how we plan to return to the workplace **prior** to implementing the plan
- Incorporate a tracking system to **monitor any rebound in COVID-19 cases**

Approval Process

Regional CMTs will determine when a facility is ready and will seek final approval from the Corporate CMT by providing **by site:**

1. A **brief rationale with trigger criteria highlighted** and supporting data
2. **Confirmation of the plans** in place to safely bring workers back in a phased approach
3. Commitment to provide **regular progress** reports and key challenges and learnings (to be leveraged for other sites)

Site Readiness

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RETURN TO WORKPLACE PLAN

This is intended to provide guidance for regional execution and local implementation. It is intended to be used by all Dow facilities: manufacturing sites, laboratories and office facilities. Once approved to move to level 7, the location will follow the return to workplace phases.

The Return to Workplace Plan:

- Adheres to the Pandemic Principles outlined in the Corporate Pandemic Crisis Management Plan.
- Is a phased approach to de-escalation and recovery, with flexibility to allow for tailored regional/country/local implementation.
- Is risk-based, using data analysis/modeling to determine when to begin and how to progress to mitigate accumulated risk of infection or re-infection on site.
- Is consistent with WHO and US and European CDC guidelines and aligns with local government orders.
- Is used to identify the post-peak pandemic response measures.

Regional CMTs will coordinate the development and implementation of Return to Workplace Plans and will coordinate across regions and with the Corporate CMT.

The following assumptions were used in preparing the Return to Workplace Plan:

- Workers must continue to report any potential signs and symptoms of COVID-19 and stay at home if ill.
- “Hot Spots” of COVID-19 outbreaks may reoccur in any geography. Some areas may be escalating at the same time that others are de-escalating within the region.
- Additional pandemic waves may occur and must be considered in planning.
- Dow will be in the post-peak of pandemic response for an extended duration (months).
- Response measures may temporarily rise or be re-introduced, during an overall effort to reach full recovery.
- Testing methods may not be readily available in the local area. Dow will continue to monitor and evaluate relevant testing methods if/when they become available. Worker self-monitoring and reporting is expected.
- Government restrictions are local and vary widely.
- Sound illness case data may not always be available to support decision-making.

RETURN TO WORKPLACE CHECKLIST

Regional CMTs and Site Leadership Teams/Emergency Operations Center (EOC) should use this workbook to assess their readiness, identify any opportunities and develop Return to Workplace Plans. The Return to Workplace Checklist provides worksheets on a range of topics to ensure readiness for employees and contractors to return to a location for work:

- Trigger Criteria
  - External
  - Internal
- Site Readiness
  - Site Leadership Team (and/or EOC)
  - Screening/Monitoring
  - Communications/Education/Training
- Effective Mitigation
  - Personal Protective Equipment - facial covering guidelines
  - Cleaning and Disinfection
  - Physical/Social Distancing
  - Emergency Services & Security
  - Travel Restrictions
- Individual Health and Wellbeing
  - Health Services
  - Wellbeing
  - Behaviors
- Region- and Site-Specific Considerations

Find the full Return to Workplace Checklist here.

RETURN TO WORKPLACE HEALTH SERVICES CRITERIA Q&A

Does everyone need to contact Dow Health Services before coming back to their workplace if they have been working from home or off site?

- No, if you have not been ill or had contact with anyone who has been ill in the previous 14 days to your potential return to the workplace, you do not need to contact Health Services. You should however connect with your supervisor/leaders to understand when you may return to your workplace as this will vary by location globally and by government actions.

Who needs to contact Dow Health Services before returning to their workplace?

You **MUST** call Health Services PRIOR to returning to work* ON SITE if any of the following situations apply:

- Prior to coming back on site from an illness
- Following recent travel
- You have been in close contact with someone who is ill and has symptoms of respiratory illness
- You have been in close contact with someone who has tested positive with COVID-19.

*You may be asked to make an in-person appointment prior to returning on site.

Additional health advice you should follow:

- **Do not come to work or Health Services if you are sick.** Stay home, follow up with your personal healthcare provider then call Health Services.
- **If you are at work and become ill**, isolate yourself and call ES&S or other contact per your local emergency response protocol for guidance.
- **If you are at a higher risk** for getting very sick from COVID-19 (older adults, heart disease, diabetes, lung disease) and have concerns about being at work, work with your leader, HR and Health Services if needed.
- **If you are a contractor and are ill, stay home.** Call your personal health care provider for treatment recommendations and call your company occupational health provider. You must call Health Services prior to returning to work on site.
- **If you think you have been exposed to COVID-19** or someone who is ill and has symptoms of respiratory illness, and develop fever and symptoms, such as cough or difficulty breathing, call your healthcare provider for medical advice.

What will Health Services ask or do?

- Health Services will ask regarding your personal history of illness or contact with others who may have been ill.
- If you are ill, you will be asked about your symptoms, when they started and what if any interaction you may have had with your personal health care provider or the local health system.
- You may also be asked about any close contacts (contact tracing) you may have had with others when you were ill or if you have had close contact with others who are ill.
- This information, along with guidance from CDC and WHO, will be used to determine:
  - If you may need to self-quarantine
  - If you need to follow up with your health care provider or local public health organization
  - If you may return to work on site
  - If you test positive for Covid-19

WHAT HAPPENS WHEN SOMEONE IN MY WORK AREA HAS SYMPTOMS OF COVID-19?

Dow has pandemic plans and procedures in place to address workplace illness. These include Site Pandemic Crisis Management Plans, Site Infection Control Plans, etc.

- These are the general guidelines that Dow facilities will follow if an employee appears to have acute respiratory illness symptoms (i.e. cough, shortness of breath) upon arrival to work or becomes sick during the day.
- The standard response for someone ill at work will be followed. This will typically be a call to the site emergency number to engage (ES&S and Health Services).
- The Emergency Medical responders will be wearing appropriate PPE.
- The employee will be isolated from other employees and given a surgical mask to wear. This is to prevent the possible spread of any virus or bacteria.
- Health Services will ask the employee screening questions and determine if further evaluation is necessary. In most cases the employee may be sent home or referred for medical treatment.
- The area where the person worked and had dwelled will be isolated and thoroughly cleaned by trained personnel.
- Individuals who may have had close contact with the employee will be identified, interviewed by Health Services.
- Health Services will make recommendations for monitoring, isolation or quarantine based on the data available.
- Note that entire buildings, floors, or areas will not be evacuated or shut-down.

For critical 24/7 operations locations (i.e. control rooms, staffed data centers, emergency dispatch centers, etc.):

- All of the above steps are applicable, and the critical to operations remaining personnel in the area, will be:
  - Evaluated by a health professional (HS or ES&S) to determine the exposure risk level the employee may have experienced.
  - HS along with Leadership will determine what and if any PPE would be recommended for their personal care during continued operations.
  - Asked to continue to operate while the area is being cleaned.
- The Leader and the Site EOC will determine if it is safe to continue long-term operations, and if so, what additional control room/critical operations area restrictions, protocols, up to and including screening actions which may need to be implemented.
- If you are concerned about your personal health and safety, talk to your supervisor and Dow Health Services.

INSTRUCTIONS HANDLING POTENTIAL COVID-19 CASES FOR PEOPLE LEADERS

This document serves as a guide for people leaders to respond to and manage an employee who reports that they feel ill from COVID-19.

If the employee is at a Dow workplace:

- Have the employee isolate themselves in a separate room.
- Have the employee call the facility Emergency Medical reporting number.
- Notify the Dow Health Services contact: Health Services contact will conduct a screening procedure. Based on the outcome of the conversation, the person may be:
  - Advised to follow-up with their personal healthcare provider or local health department, and be sent home to self-quarantine
  - Sent directly to the local emergency room based on the severity of the symptoms
- Call the Site Leader. The Site Leader will engage/activate the site Emergency Operations Center (EOC) or Site Leadership Team and notify the Responsible Care Leader.
- Contact the local Facilities Management. Facilities Management will ensure the areas where the person has worked will be cleaned and disinfected.
- For confirmed cases only: Site EOC/Leadership Team, the people leader, Public Affairs, and Health Services will draft messaging and communicate the situation to colleagues working in the same area.
- Be sensitive to the employee's fears about health and that of his/her family or colleagues, about isolation, potential job loss, etc. Be supportive and encourage the employee to use Employee Assistance Program services to discuss concerns. Connect regularly to monitor physical and mental wellbeing.

If the employee works remotely (virtually or home office)
Instruct employee to contact local Dow Health Services, who will follow procedures as outlined above.

EMPLOYEE COMMUNICATIONS CHECKLIST

Given the unique situation of each facility and geographic location, sites will be responsible for site-specific communications to their returning employees. This checklist will provide guidance in developing those communications. The list includes links to existing documents that may be helpful in providing guidance to employees.

- ☐ Reinforce facial covering guidelines
- ☐ Communicate regularly to employees, contractors and other key stakeholders prior to and after return to workplace has begun at your location. Assess and address employees' emotional needs in addition to tactical aspects of the return.
- ☐ Provide a clearly communicated process for employees to follow when feeling ill at work or at home. See Personal Monitoring For Signs And Symptoms.
- ☐ Post posters and signage reinforcing personal hygiene, social distancing, reporting, and other best practices in relevant areas. Find sample posters here.
- ☐ Establish orientation plans for employees prior to returning to the workplace.
- ☐ Institute plans for ongoing monitoring and identifying concerns for employees upon return to the workplace.
- ☐ Communicate availability of EAP and other wellbeing services and information helpful for return to the workplace.
- ☐ Remember, we are in this together. Continue to build an inclusive, supportive environment. See Inclusion Moment: COVID-19.

EMPLOYEE RETURN TO WORKPLACE EMAIL CONTENT

Below are suggestions that leaders may choose to include in an email to employees and contractors in advance of returning to the workplace. Providing this information will create a more seamless transition to the workplace. Should an employee have concerns about returning to the workplace, this information also will reduce their stress.

- Reinforce facial covering guidelines
- What to expect when they arrive, e.g., temperature screening requirements and location-supplied facial coverings
- What protections are put in place, e.g., social distancing measures, personal hygiene practices and sanitation protocols
- Location-specific protocols and procedures, e.g., seating in dining areas, kitchen area etiquette, distancing in elevators and stairways, rules for using conferences rooms
- Who to contact with questions. Encourage employees to share concerns and ideas
- The timeline for the majority of employees at a location to return
- This Return to Workplace Playbook as a resource
- A reminder that these protocols and procedures are in place to protect coworkers, their families and their communities by preventing the spread of COVID-19
- If you are feeling ill, please stay home
- A commitment to ongoing communication
- A reminder that worker health and safety is top priority
- Consider the needs of employees not returning to work yet
- #DowStrong

Effective Mitigation of Spread of COVID-19

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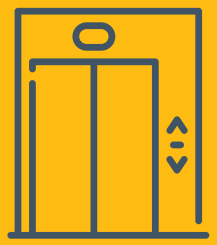
FACIAL COVERING REQUIREMENTS

All Dow employees/contractors/guests will be required to wear a facial covering;



In all common areas

In any workspace where social distancing guidelines can't be met (6ft /2m)

If your site/facility requires you to wear facial covering

FACIAL COVERINGS GUIDELINES

The U.S. Centers for Disease Control and Prevention (CDC) continues to study the spread and effects of the novel coronavirus across the United States and on April 3, 2020, issued new recommendations. The new recommendations are that individuals should wear cloth face coverings in public settings where other social distancing measures are difficult to maintain (e.g., grocery stores and pharmacies) especially in areas of significant community-based transmission.

The most effective way to control the spread of the virus and to protect the health of high-risk groups such as senior citizens and those with compromised immune systems is to practice social distancing, frequently and thoroughly wash your hands and avoid touching your face.

The improper use of face masks or facial coverings may create more risk because individuals may not properly clean them, may feel an inflated sense of protection and let their guard down with social distancing practices, handwashing, or may in fact touch their face more frequently as they adjust their mask.

Face Coverings at Work

What is a facial covering?

CDC is advising U.S. citizens use of simple cloth face coverings to slow the spread of the virus and help people who may have the virus and do not know it from transmitting it to others. Cloth face coverings fashioned from household items or made from common materials at low cost can be used as an additional, voluntary public health measure.

Should I wear a facial covering to work?

Dow has implemented several safeguards for its employees, including requiring employees who can work from home to work from home. Sites have procedures in place to promote appropriate social distancing and hygiene practices. If social distancing requirements (6 feet) can't be met, facial coverings will be required. In addition, your local site leadership may define additional facial covering requirements above the required minimum guidelines.

Is Dow going to supply me with a facial covering?

Dow will provide facial coverings to employees if social distancing requirement (6 feet) can't be met. The CDC guidance is that individuals should wear cloth face coverings in public settings where other social distancing measures are difficult to maintain (e.g., grocery stores and pharmacies) especially in areas of significant community-based transmission.

Guidelines for facial coverings at Dow:

The CDC has posted detailed instructions on how you can make a facial covering, as well as information on how to properly position and clean the facial covering, on its website. Facial coverings should follow these guidelines.

When wearing a facial covering at work the face covering must NOT:

- Interfere with PPE required for your task
- Negatively affect work environment or your or your co-worker's safety (i.e. a scarf that could tangle in machinery)
- Be worn when directly interacting with the process where there is increased potential for chemical exposure, for example line equipment opening
- Display any inappropriate graphics or language

Can I use a facial covering if I bring my own?

Yes, you can, and you can find information on how to make your own facial covering here. Dow is also working to provide materials to the sites for facial coverings.

Note a facial covering does not take place of practicing proper hygiene. **Hygiene practices listed below are still the best way to prevent the spread of the virus:**

- Maintain social distancing
- Clean your hands often with soap and water
- Use hand sanitizer
- Avoid touching your face
- Use tissues to cover your mouth if you sneeze or cough, then dispose of the tissue in a designated trash receptacle
- If you cough or sneeze, and don't have a tissue, cover your mouth with the inside of your elbow
- Avoid close contact with people who are sick
- If you are sick or suspect you may be sick, stay at home and contact your medical professional for further guidance

Find a guide to different types of facial coverings, here.

HOW TO WEAR A FACIAL COVERING PROPERLY

USE OF FACIAL COVERINGS AND MASKS GUIDE

This is a guide for Dow sites to manage their stocks of face masks for response to pandemic-related health issues. It also provides protocol for ES&S Response when interacting with potentially infectious persons. Please note, this guide is not intended for those sites where use of masks is required by law. Types of masks defined and discussed include:

- Cloth Facial Covering
- Surgical/Medical Face Mask
- N95, FFP2, or equivalent respirator
- Air-Purifying Respirators (APR)
- Firefighter Full Face Mask

The guide covers the following topics in detail:

- U.S. Centers for Disease Control (CDC) Guidance for Dow Employees and Contractors and Dow's policies
- Cloth facial covering tips
- CDC guidance for EMS crews, including PPE recommendations for the care of patients with known or suspected COVID-19
- Instruction for surgical/medical masks, including a link to a series of WHO posters on how to put on, take off and dispose of masks
- CDC Guidance on mask use for Dow Health Services Staff
- N95 re-use/extended use guidance
- Mask inventory guidance

All Dow employees/contractors/guests will be required to wear a facial covering:

In all common areas

In any workspace where social distancing guidelines can't be met (6ft /2m)

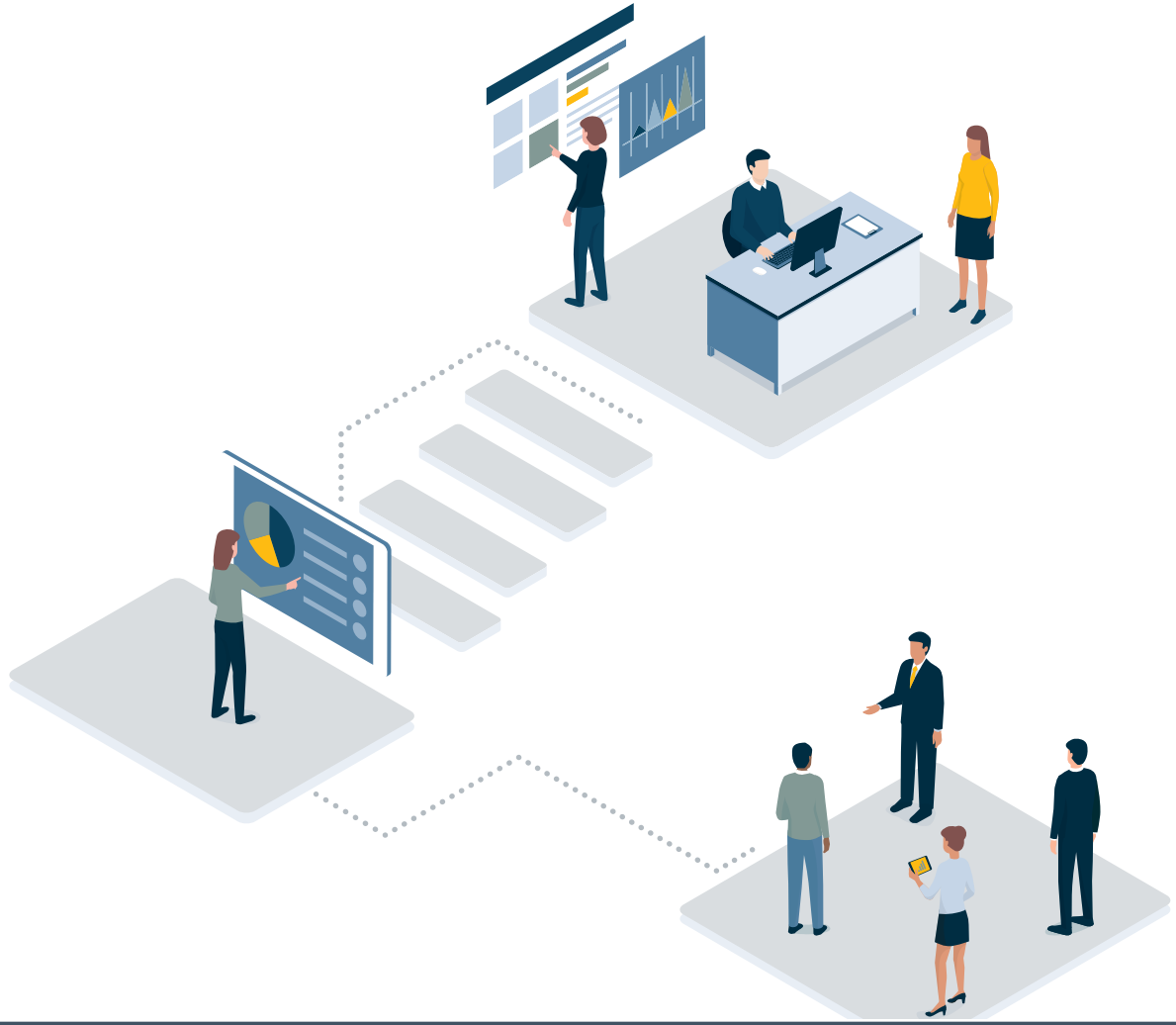
If your site/facility requires you to wear facial covering

BODY TEMPERATURE SCREENING GUIDANCE

This document serves as a guide for ES&S and/or other frontline personnel to implement body temperature screening of personnel coming into the site when needed during an escalation of Dow Pandemic Alert Levels. This may be implemented under the direction of and in consultation with a Dow physician and Health Services. The full guidance contains

- Definitions of different screening devices
- Monitoring equipment
- IR devices not to be used for body temperature
- Locations and conditions for screening areas
- Poster to display at screening area
- Body temperature screening
- Bus or mass transit screening
- Mass infrared screening instructions
- Examples of good practices at other sites

Find the Temperature Screening Poster here.



CONTACT TRACING

When an employee has been identified as being ill with COVID-19 or COVID-19 like symptoms, Health Services will conduct a screening procedure based on CDC recommendations to identify any close contacts that may be at risk of being infected; this will include interviewing people who could have been in contact with the ill individual based on social distancing rules, activities and the symptoms of the patient (coughing, sneezing, etc.).

SOCIAL DISTANCING IN DOW OPERATIONS

Social distancing, also called "physical distancing," means keeping space between yourself and other people outside of your home. To practice social or physical distancing:

- Stay at least 6 feet (2 meters) from other people
- Do not gather in groups
- Stay out of crowded places and avoid mass gatherings

COVID-19 spreads mainly among people who are in close contact (within about 6 feet). Transmission happens when an infected person coughs, sneezes, or talks, and droplets from their mouth or nose are launched into the air and come into contact with people nearby - typically entering through the mouth or nose. The droplets can also be inhaled into the lungs. Recent studies indicate that people who are infected but do not have symptoms likely also play a role in the spread of COVID-19.

Dow manufacturing locations are finding creative ways to maintain social distancing while managing everyday work activities such as sign-in boards/books, shift relief, permitting, lunch and break rooms, and more.

Top Nine Social Distancing List

Social distancing can be reinforced as part of field observations (e.g., BBP). Some things to look for:

- Is social distancing maintained between workers in the field?
- Are practices for social distancing being followed within the permit office, control room, office areas and the lab?
- If PPE (e.g., acid suit, arc flash suit) or hand tools must be shared between workers, how are tools and PPE cleaned and disinfected after each person's use?
- Is social distancing maintained and are practices in place to minimize high-touch surfaces at drinking water stations, break rooms, etc.? Are hand-washing facilities available nearby?

Question prompts for social distancing can be included in pre-task analysis:

- In cases where social distance cannot be maintained, can the job/task be delayed?
- Are there alternative ways to complete a job in order to maintain social distancing?
- What are the added layers of protection that can be put in place to safely perform work where minimum social distance cannot be maintained? Examples: Use of barriers, additional PPE and specific behaviors to minimize close contact.

Finally, social distancing is key to protecting our physical health during the pandemic. However, the physical separation hasn't stopped our Dow teams from finding novel ways to maintain personal connections and work group engagement which are vital to supporting one another's emotional health and demonstrating that together we are #DowStrong.

SOCIAL DISTANCING IN DIFFERENT SPACES

Following social distancing guidelines will vary space by space. Traditional cubicles already provide a six-foot (two-meters) distance between coworkers, while compressed cubicles should be selected by staggering to maintain six feet of distance between coworkers. Dining and break areas present their own challenges. Consider staggered start/stop times for lunch breaks. Buffet style and self-serve food options may need to be suspended. Chairs should be spaced out to encourage distancing. Water refill stations and drinking fountains should be used to fill personal containers only. Establish procedures for community coffee areas. Staggered seating will need to be available for conference rooms.

Work teams should challenge themselves on how the job/task can be performed SAFELY while following COVID-19 social distancing 6 ft precautions. Here are questions you can ask to do your job AND follow six foot distancing guidelines.

Find the Job/Task Evaluation for Close Contact Work here.

All Dow employees/contractors/guests will be required to wear a facial covering:

- In all common areas
- In any workspace where social distancing guidelines can't be met (6ft /2m)
- If your site/facility requires you to wear facial covering

Individual Health and Wellbeing

#DowStrong

INCLUSION AND COVID-19

What does inclusion have to do with COVID-19?

I:
Be intentional with **information**. Refer to official sources and do not be consumed by inaccurate updates born out of fear or panic.

N:
Intervene when you see **non-inclusive** behaviors.

C:
Acknowledge **commonalities** in this crisis. We need to stand together in solidarity in times like this.

L:
Listen and respect different perspectives. Be assertive with your feelings of discomfort or anxiety should the topic be too uncomfortable for you.

U:
Watch for **unconscious biases**, such as referring to the novel coronavirus as Wuhan or China virus.

S:
Ask for **support** if this situation is causing you fear or anxiety or is hindering your daily function.

I:
Be patient with **inconveniences** that are in place as a part of the precautionary measures such as temperature taking, reporting travel or working remotely.

O:
Provide **options** to support flexible work arrangements or arrange for back ups for work that must be completed on site.

N:
Acquire the appropriate amount of **necessities** as and when required. Do not hoard. Hoarding would deprive others who may need them more urgently.

Demonstrating inclusive behaviors to keep ourselves, our families and our communities safe

EMPLOYEE WELLBEING

COVID-19 has impacted all of us in different ways. It is important to acknowledge uncertainty, change and the consequences of this pandemic. As a Dow employee, you have access to support to help you navigate through these uncertain times, from paid leave and flexible work arrangements to legal advice and supported loans. To help with your overall wellbeing, we have also included tips, information and resources to assist all employees and leaders.

We will continue to monitor needs and update this section with the latest best practices and accessible materials.

Find External Resources & Services here.

- EAP
- Financial Hardship
- Dependent Care
- Legal
- Telemedicine

Find Tips, Tools & General Wellbeing Information here.

- At Home or At Workplace
- Staying Active
- Eating Well
- Being Resilient
- Contacts
- Leader Resources

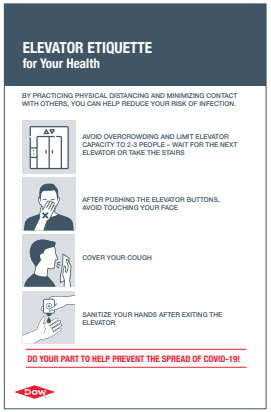
Spot Strengths in Yourself and Others
Breathe from the heart Practice Compassion
Connect with great people
Take steps, not the whole journey
Self-Compassion **Get Outside More**
Short-Circuit Stress **Find Meaning**
Don't let fear reign Flex your Kindness Muscle
Feed Positive Emotions
Discover Your Strengths
Be a Thoughtful Consumer of Information
Stay hydrated to stay happy
Appreciate others Cultivate Gratitude
Move regularly Be Available
Thank Others Prioritize sleep
Be Mindful of Social Media Use
Communicate **Play more.**
Powerlessly **Laugh more.**
Remember the good things
Notice the Unexpected Gifts in Your Life
Be a Giver Dial Up Positivity
Track Your Kindness
Eat Wisely Dial Down Negativity
Don't Forget Humor Reframe Your
Focus Forward Thoughts

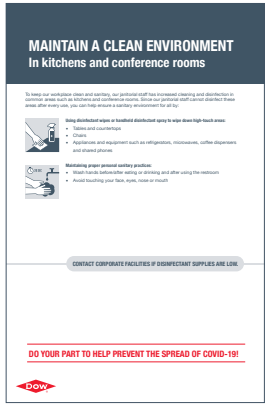
Find the Wellbeing Tips here.

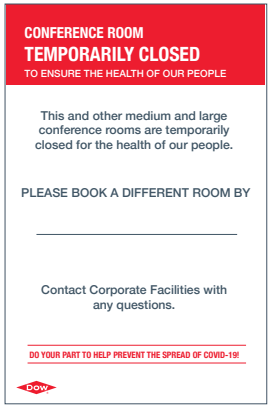
Resources

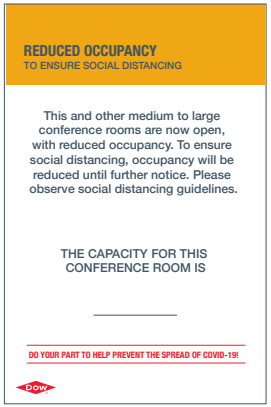
#DowStrong

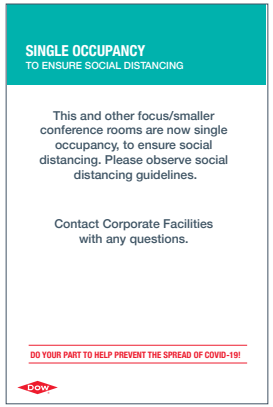
SIGNAGE LIBRARY

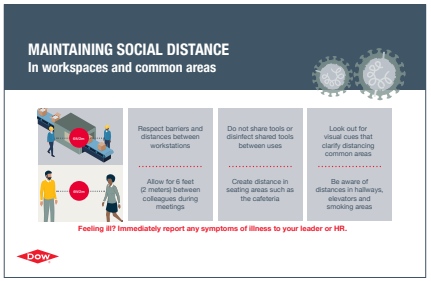












HOW TO DOCUMENTS

ISOLATING AT HOME
If you have COVID-19

To help prevent the spread of disease to others in your home and community, it is important to stay at home, isolate yourself and avoid contact with others if you have symptoms of COVID-19.

If you have been diagnosed with COVID-19 or are waiting to receive the results of a lab test for the disease, you are expected to self-isolate for:

- a minimum of 14 days

AND

- at least 3 days (72 hours) have passed since recovery of fever (without medication) and improvement of respiratory symptoms (e.g., a cough).

LIMIT YOUR CONTACT WITH OTHERS

- Do not leave your home unless absolutely necessary (e.g., to seek medical care).
- Do not go to school, work or other public areas or use public transportation (e.g., buses, taxis).
- To minimize contact, arrange to have groceries and supplied dropped off at your door.
- If possible, stay in a separate room and use a different bathroom from others in your home.
- If you must be in contact with others, keep interactions brief, wear a mask and keep at least 6 feet (2 meters) between yourself and others.
- Avoid contact with older adults and individuals with chronic conditions or compromised immune systems.
- Avoid contact with pets if you live with others who may also be touching the pet.

TAKE CARE OF YOURSELF

- Monitor your symptoms as instructed by your healthcare provider or public health authority.
- If your symptoms grow worse, contact your healthcare provider or public health authority and follow their instructions.
- Eat a balanced diet, get adequate rest and stay in touch with others through digital communications.

CLEAN COMMONLY TOUCHED ITEMS AND SURFACES OFTEN

- At least once a day, clean and disinfect surfaces that you touch often (e.g., toilets, doorknobs, phones, remote controls) with regular household disinfectants or diluted bleach (one part bleach to nine parts water).
- Do not share personal items (e.g., toothbrushes, towels, utensils, electronics) with others.
- Place contaminated items that you cannot clean into a lined container before securing the contents and disposing of them with other household waste.
- Put the toilet lid down before flushing.

WASH YOUR HANDS FREQUENTLY

- Wash your hands often with soap and water for at least 20 seconds, and dry with disposable paper towels or a dry reusable towel (replacing it when it becomes wet).
- You also can use a wet wipe and alcohol-based hand sanitizer to remove dirt.
- Avoid touching your eyes, nose or mouth.
- Cough or sneeze into a tissue or the bend of your arm.

DO YOUR PART TO HELP PREVENT THE SPREAD OF COVID-19!

DOW

SELF-ISOLATING
Because you are a close contact and/or have traveled internationally in the past 14 days

SYMPTOMS

FEVER | COUGH | SHORTNESS OF BREATH

SELF-ISOLATION

You have:

- no symptoms

AND

- a history of possible exposure to a person who has travelled out of the country in the past 14 days or close contact* with a person with COVID-19 symptoms in the past 14 days

To self-isolate:

- Monitor yourself for 28 days for symptoms of COVID-19
- Avoid contact with other people

STARTING TO SHOW SYMPTOMS OF COVID-19?

- Separate yourself from others as soon as you have symptoms of COVID-19.
- Visit your local public health website for more information on COVID-19 and when to contact your local health authority.

DO YOUR PART TO HELP PREVENT THE SPREAD OF COVID-19!

DOW

* note for close contact from other worksheet

SELF-MONITORING
To reduce the spread of COVID-19

SYMPTOMS

FEVER | COUGH | SHORTNESS OF BREATH

SELF-MONITORING

You have:

- no symptoms

AND

- a history of possible exposure to a person with COVID-19 symptoms in the past 14 days

To self-monitor:

- Monitor yourself for 28 days for symptoms of COVID-19

STARTING TO SHOW SYMPTOMS OF COVID-19?

- Separate yourself from others as soon as you have symptoms of COVID-19.
- Visit your local public health website for more information on COVID-19 and when to contact your local health authority.

DO YOUR PART TO HELP PREVENT THE SPREAD OF COVID-19!

DOW

STAY AT HOME
If you have flu-like symptoms

SYMPTOMS

FEVER | COUGH | SHORTNESS OF BREATH

SELF-ISOLATION

You have:

- symptoms including new or worsening cough, fever, shortness of breath, chest pain, muscle pain, runny nose or sore throat

AND EVEN IF YOU:

- have not traveled internationally in the past 14 days
- have not been in contact with someone who has traveled internationally in the past 14 days
- have not been in close contact* with someone who has tested positive for COVID-19

*Close contact is defined by:

- Living with or otherwise caring for and individual who has a confirmed case of COVID-19

OR

- Close, prolonged contact (within 6 feet or 1.8 meters) with an individual who has a confirmed case of COVID-19

Stay at home:

- at least 7 days since symptoms appeared

AND

- at least 3 days (72 hours) have passed since recovery of fever (defined as resolution of fever without the use of fever-reducing medications)

AND

- respiratory symptoms such as a cough have significantly improved and are nearly entirely gone

DO YOUR PART TO HELP PREVENT THE SPREAD OF COVID-19!

DOW

DOW

COVID-19 NOTIFICATION

To reduce the spread of COVID-19 in the workplace, the following are Dow requirements for all employees, contractors and visitors.

If you or a family member becomes ill with these symptoms:

– fever higher than 38° C / 100° F AND/OR
– sudden congestion or trouble breathing AND/OR
– cough AND
– at least 1 of the following: sore throat, joint aches, muscles aches, or weakness

- Contact local Health Services representative. Before going to the clinic or hospital, describe your symptoms and any possible exposure to sick people or animals, or travel to Novel Coronavirus affected areas.
- Notify your supervisor or host.

DO NOT COME TO WORK

- if you develop these symptoms.
- if you have been exposed within the past 7-14 days to someone with symptoms who has suspected or confirmed Coronavirus or if you are returning from an affected area/contact with people from affected areas.

IF YOU ARE ALREADY AT WORK

and experience any of the symptoms above, Do NOT leave your work area.
By telephone – contact your local Health Services representative.

Insert the name and phone number of local Health Services contact and back up

DOW RESTRICTED

DOW

TEMPERATURE SCREENING IN PROGRESS

To reduce the spread of COVID-19 in the workplace, Dow has instituted temperature screening.

Privacy notice; All temperature readings will be shared only with the individual and will not be recorded:

Reminder: If you or a family member becomes ill with these symptoms:

- Fever higher than 38°/100°F AND/OR
- Sudden congestion or trouble breathing AND/OR
- Cough AND:
- At least one of the following sore throat, joint aches, muscle aches, or weakness

- Contact local Health Services before going to a clinic or hospital.
- Notify your supervisor or host.

DO NOT COME TO WORK

- if you develop these symptoms.
- if you have been exposed within the past 7-14 days to someone with symptoms who has suspected or confirmed Coronavirus or if you are returning from an affected area/contact with people from affected areas.

Insert the name and phone number of local Health Services contact and back up

DOW RESTRICTED

RESOURCE LINKS

Prevention & Testing

- Guidance on how to properly Don (put on) and Doff (take off) PPE gear
- Proper usage of masks/facial coverings
- Definition and use of different types of facial coverings
- Covid-19 On-Site Testing Guidance
- Wash Hands Thoroughly
- Testing for COVID-19

Employee Wellbeing

- Country-specific Services on My HR Portal
- COVID-19 Wellbeing Tips and Tools
- Managing stress and anxiety related to COVID-19

  Note: all employees can contact their local Employee Assistance Program (EAP) for help coping with the unknown, including COVID-19.

Communication Resources

- Alert@Dow - Sign up or re-register
- Join Dow Connect

Resource Tools

- Regional Crisis Communication Contacts
- Health Services Contacts
- Pandemic Standard (Pandemic Plan go to Tools)
- Pandemic Alert Levels
- Employee Assistance Program (EAP)
- COVID-19 Requests Intake Form
- COVID-19 Employee Giving Opportunities
- NA Essential Worker Child Care Information
- Corporate Pandemic Response Crisis Management Plan

TRIGGER CRITERIA EXTERNAL

Site:
Date:

Regional CMTs will assess the Return to workplace step based on a set of recommended external and internal criteria to determine risks, timing and readiness.

#	External Trigger Criteria	Facility Comments/Rationale	Guidance
1	Local governments have removed or eased the stay-at-home/work-from-home orders for non critical-to-operations personnel		
2	Evidence of decreased incidence and distribution of COVID-19 illness within the region/sub-region/local area		Dow has determined that the following criteria are strong indicators of slowing of COVID-19 spread. Supporting data should be identified/collected from the area where site employees are drawn from. If data to inform these criteria is not available, sites should identify what is available from local health agencies.
3	Primary Criteria - Virus Case doubling rate is greater than 30 days (3 day moving average)		Doubling rate is the best indicator of slowing disease spread and Is considered the primary data-based trigger. However, it is not the only criteria and should be supported by the other data.
4	Supporting Criteria - Death rate is below 2.5/ million/day		
5	Supporting Criteria - New case rate is below 40 cases/million/day		
6	Supporting Criteria - COVID-19 death rate is <10% of the peak COVID-19 death rate		
7	The Health System is able to treat all patients requiring hospitalization without resorting to crisis standards of care		Sites should understand the status, capability, and capacity of the local health system.
8	The Health System is abie to test all people with COVID-19 symptoms		
9	The Health System is able to conduct active monitoring of confirmed cases and their contacts		

TRIGGER CRITERIA INTERNAL

#	Internal Trigger Criteria	Facility Comments/Rationale	Guidance
10	Business conditions support restaging/ increasing the workforce		
11	Business/function/site level plans exist for phases of increasing site population		
12	Site workforce is mentally and emotionally ready to begin the process of return to workplace		
13	Adequate supplies of PPE exist on site for increased workforce (i.e., masks, face shields, gowns, gloves, etc.)		
14	Cleaning/disinfection plans have sufficient workers and resources to execute; with greater frequency and depth at earlier phases of return to workplace		
15	Isolation protocols exist and remain in place for managing any subsequent pandemic waves		
16	Process to manage exceptions for return to workplace is defined (i.e., for caregivers, personnel considered at risk, etc.)		

SITE READINESS

#	Site Leadership Team (and/or EOC)	Facility Comments/Rationale	Guidance
1	Have key stakeholders been engaged in return to workplace plans/planning (businesses, local government, unions/works councils, tenants, contractors, etc.)?		
2	Is there a plan for routine monitoring of return to workplace progress (i.e., issues identified, daily headcounts, etc.)?		
3	Is there a plan for periodic status updates to employees and key stakeholders (including regional CMTs)?		
4	Is there a plan for responding to any new reported COVID-19 cases on site?		
5	Have critical roles/skills, functions or requirements been identified for return to workplace (for each phase)?		
6	Have safety plans and expectations been established that align with the return to workplace plan (i.e., leadership oversight, observation/ intervention, recognition of potential distractions, updated PPE grids, etc.)?		
7	Are there other planning situations that need to be considered in return to workplace (i.e., tenants, turnarounds, deferred maintenance, regulatory requirements, licensing, hurricane season, etc.)?		
8	Have external factors been identified/ addressed that may impact the site's plan (i.e., ongoing government restrictions, use of public transportation, resource shortages, etc.)?		
9	Has the site conducted a tabletop drill to identify any potential issues with the phased return to workplace plan?		
10	Are there areas/facilities that should remain closed/out of service until later phases of return (i.e., fitness centers, picnic areas, gathering places, conference centers, etc.)?		
11	Has training been conducted for leaders on return to work expectations, measures and controls?		

#	Screening/Monitoring	Facility Comments/Rationale	Guidance
12	Have processes for Potential Infectious Person Screening been established (Site Infection Control Plan)?		
13	Is temperature screening/monitoring able to be conducted effectively for the increase in workforce?		
14	Is there signage in place (near gates, doors, visitor centers, common areas, etc.)?		
15	Are processes in place to identify and handle business critical visitors and deliveries?		
16	Are processes in place to deter non-business critical visitors and deliveries (i.e., food, flowers, etc.)?		
17	Have signs been posted at all access points warning personnel not to enter if they have any COVID-19 signs/symptoms?		

#	Communications/Education/Training	Facility Comments/Rationale	Guidance
18	Is there a clearly communicated process for employees to follow when feeling ill at work or at home?		
19	Are posters and signage reinforcing personal hygiene, social distancing, reporting, etc. available in relevant areas?		
20	Have orientation plans been established for employees prior to returning to the workplace?		
21	Are plans in place for ongoing monitoring and identifying concerns for employees upon return to the workplace?		
22	Are plans in place for routine communications to employees and key stakeholders?		
23	Are plans in place to communicate availability of EAP and similar resources?		
24	Establish a go-to-place or role for people to report issues, concerns or ask for clarity.		

EFFECTIVE MITIGATION

#	Personal Protective Equipment	Facility Comments/Rationale	Guidance
1	Are supplies of PPE available for the increase in workforce?		
2	Are supplies of PPE available for increased cleaning/disinfection?		
3	Are disposal plans in place and communicated for used PPE (i.e., facial coverings, masks, gloves, etc.)?		

#	Cleaning and Disinfection	Facility Comments/Rationale	Guidance
4	Are workspaces cleaned and disinfected prior to the return of the workforce?		
5	Are resources available to provide cleaning and sanitation of high touch/high traffic areas (i.e., people, supplies, PPE, etc.)?		
6	Are cleaning protocols/resources available to respond to illness in the workplace?		
7	Are expectations and processes in place to routinely clean common areas and equipment (i.e., conference rooms, kitchens, radios, etc.)		
8	Are HVAC systems air circulation adequate?		
9	Are there communications or postings to show cleaning schedules and which areas have been cleaned?		
10	Is there a cleaning/disinfection plan for company transportation (i.e., vans, buses, shared vehicles)?		

#	Physical/Social Distancing	Facility Comments/Rationale	Guidance
11	Have individual buildings/workspace layouts been evaluated for appropriate physical separation?		
12	Do visitor centers, delivery points, gates, etc. provide space and aid in social distancing?		
13	Have social distancing best practices been identified and communicated to each work group?		
14	Are work schedules, breaks, etc. being adjusted to support social distancing?		
15	Have face-to-face meeting expectations been identified and communicated?		
16	Do Shelter-In-Place and Evacuation plans need to be modified to allow for social distancing?		

#	Emergency Services & Security	Facility Comments/Rationale	Guidance
17	Are emergency response services in place to manage and respond to "all hazard" incidents (including mutual aid, external responders, etc.)?		
18	Are security services in place to manage an increase in or changes to site access (i.e., badge access, times, etc.)?		
19	Are all life safety and security systems in service and operating as needed/required?		
20	Are plans/processes in place to respond to potential COVID-19 cases (i.e., isolation areas, notifications, cleaning, etc.)?		
21	Are security plans in place to address any changes in site risk (Global Security Contingency Plan and Regulatory Plans)?		

#	Travel Restrictions	Facility Comments/Rationale	Guidance
22	Have travel restrictions been clearly identified and communicated (i.e., inter-site travel, inter-country, etc.)?		
23	Are there any local travel situations that must be addressed (i.e., travel between sites)?		

INDIVIDUAL HEALTH AND WELLBEING

#	Health Services	Facility Comments/Rationale	Guidance
1	Is Dow Health Services staff available to support the increased workforce?		
2	Do the health services supporting the site have the necessary supplies, resources and equipment needed to support the increased workfroce? If using external health services, are they prepared?		
3	Are external health services which support tenants and contractors available to support the increased workforce?		
4	Do external health services which support tenants and contractors have COVID-19 case management/return to work processes that align with Dow's?		
5	Are all elements of the Site Infection Control Plan in place (i.e., screening, isolation, contact tracing, etc.)?		
6	Are health services return to work (RTW) processes following COVID-19 diagnosis and recovery understood by leaders?		
7	Have case handling instructions been communicated to people leaders?		
8	Are self-monitoring and reporting expectations and processes established for employees, contractors, tenants and visitors?		

#	Employee Wellbeing	Facility Comments/Rationale	Guidance
9	Have processes been established for managing exceptions and extenuating circumstances (i.e., caregivers, child care, etc.)?		
10	Have processes been established for self-identification and management of vulnerable/ high-risk individuals?		
11	Are leaders and employees aware of COVID-19 Wellbeing Services and Tips?		
12	Is there a psychologically safe mechanism in place for employees and leader to ask questions and share challenges/concerns/ ideas? • Have leaders received COVID-19 mental health online training? • Have leaders cascaded training to their employees? • Have resources been communicated to employees (i.e., EAP, government resources, etc.)?		Training is being developed and will be rolled out soon.

#	Behaviors	Facility Comments/Rationale	Guidance
13	Have behavior expectations been established and communicated for encouraging intervention when key controls are not being followed?		
14	Have COVID-19 behaviors been incorporated into the site BBP work process?		

REGION- AND SITE-SPECIFIC CONSIDERATIONS

Regions and sites may have additional considerations that should be addressed. This worksheet is intended to collect and document these. The list below is intended as examples.

#	Other	Facility Comments/Rationale	Guidance
1	Use and service of ATMs on site		
2	Use and operations of Fitness Centers		
3	Need for/use of external health providers on site		
4	Public access needs (i.e. LaO & SCO cemeteries, hunting/fishing clubs, etc.)		
5	Mail service		
6	Site operating hours		
7	Service requests, office moves, etc.		
8	Retiree/family access for services		

Top Nine Social Distancing List

This list contains items to look for when completing a field assessment on Social Distancing. If you find unacceptable behaviors or conditions; intervene as necessary. Upon completion, communicate findings to the FWGL if needed.

1	Have you observed workers within 6 feet of each other? If a task requires people to work within 6 feet of each other, are they taking appropriate precautions (ex. wearing face shields)?
2	Are workers observed sharing hand tools in the field? If so, are they getting cleaned/disinfected?
3	Are workers observed touching their faces? If so, are they washing their hands before and/or after?
4	Is PPE getting shared amongst the work crew / shifts? If so, is it getting adequately cleaned and/or disinfected following each use? Ask. **Body Suits:** Acid / ARC Flash / Aluminized Suits require professional cleaning before swapping amongst workers or workers should wear Tyvek suits underneath to minimize direct contact. **Respiratory Protective Equipment (RPE):** Cleaning and disinfecting are required for RPE that are shared amongst employees before swapping. Whenever possible, sharing respirators should be discontinued.
5	Are workers observed in close proximity to each other in vehicles? Are they using open air methods where possible? **Vehicles:** Should be no more than 2 passengers per vehicle. No more than 2 in the cab of a truck. Open windows to increase air flow in the cabin. Wipe down/disinfect frequently touched surfaces. **Passenger Vans/Buses:** Keep your distance by skipping seats or benches and sitting cater-cornered. Wipe down/disinfect occupied seats after each use.
6	Are workers observed in close proximity to each other at water coolers/ice chests? Are there hand wash stations near water coolers/ice chests?
7	Are workers following best practices for social distancing within the permit office/control room? Is there an effort to minimize personnel from entering the control room? • Maintain a 6-foot distance from permit issuers and others. • One permit receiver in the permit office per work crew. The rest of the work crew remains outdoors/in vehicles/not in permit office. • Staying within/behind taped designated areas or behind tables. • Prior to entering permit office/control room, are personnel are utilizing outside hand washing stations to disinfect hands.
8	Are common indoor areas/surfaces getting cleaned/disinfected on a routine basis? Does the facility have a cleaning schedule with assigned areas?
9	Do you see group gatherings that are greater than 10 people? Are break room/conference room chairs adequately spaced for people to sit 6 feet apart?

STAY SIX FEET APART JOB/TASK EVALUATION FOR CLOSE CONTACT WORK

Work teams should challenge themselves on how the job/task can be performed SAFELY while following COVID-19 social distancing 6 ft precautions.
Consider the following:

- ☐ Can this job/task be delayed? _____
- ☐ Are there additional steps that can be put in place to achieve the same outcome that will allow for compliance with social distancing 6 ft precautions? _____
- ☐ Are there additional layers of protection that can be applied or performed, before work commences?
- ☐ Conduct a wellbeing check and temperature screening.
  Note: If any COVID-19 symptoms are present contact Medical. Do not perform the task with the other person.
- ☐ Limit time of exposure between co-workers. _____
- ☐ Be conscious of where you are facing vs. other workers. _____
- ☐ Safety pre-plan the job and discuss how each person should monitor themselves and what they should do if they feel a cough or a sneeze coming on. _____
- ☐ Could additional PPE be used (goggles, face shields, breathing air, etc.)?
  Note: PPE is the final line of defense for work. We should not use any medical respiratory protection to accomplish the task. _____
- ☐ Are there any other means of accomplishing this work – by adding additional layers of protection?_____

If at any time, workers are uncomfortable performing the close contact work, escalate to Supervision.

COVID-19 PPE

FILTERING FACEPIECE RESPIRATORS, SURGICAL MASKS, AND CLOTH FACIAL COVERINGS

N95 Respirators* (also known as “filtering facepiece respirators” and “dust masks”)

- When correctly worn by a person who has been fit tested and trained, and who is clean shaven, a filtering facepiece respirator protects the wearer from breathing virus particles
- If the wearer is infected, a filtering facepiece respirator can also reduce the virus particles expelled by the wearer, reducing transmission risk to others
  - NOTE: Filtering facepiece respirators equipped with an exhalation valve can release more expelled particles than those without the exhalation valve
- Frequently used as respiratory protection for routine plant tasks.
- For pandemic response their use is reserved for healthcare providers and other medical first responders who provide direct patient care

N95 RESPIRATOR | **N95 RESPIRATOR WITH EXHALATION VALVE**

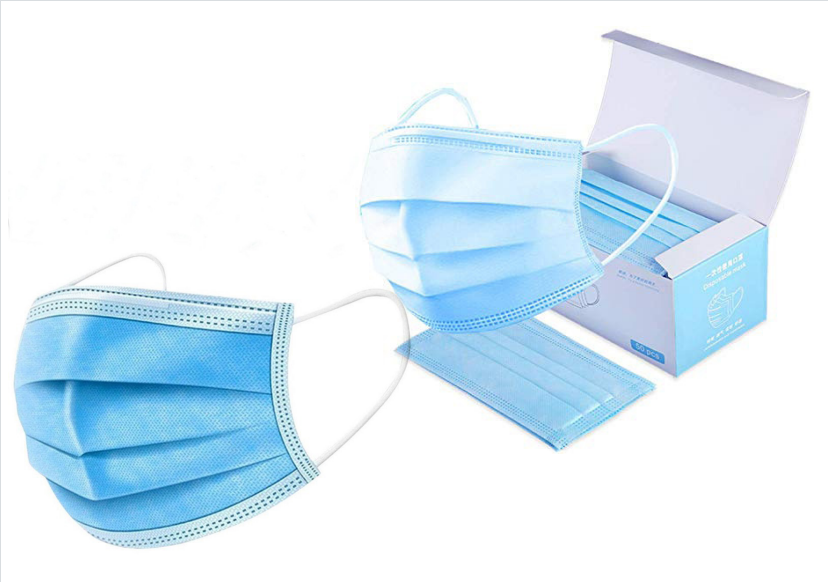
* “N95” refers to a filtration efficiency rating for certified filtering facepiece
- respirators produced in the United States (NIOSH-42CFR84). Other
- geographies use similar certification systems with the following ratings
- being substantially similar to N95:
- FFP2/FFP3 (Europe EN 149-2001)
- KN95 (China GB2626-2006)
- P2 (Australia/New Zealand AS/NZA 1716:2012)
- Korea 1st class (Korea KMOEL - 2017-64)
- DS (Japan JMHLW-Notification 214, 2018)

COVID-19 PPE

FILTERING FACEPIECE RESPIRATORS, SURGICAL MASKS, AND CLOTH FACIAL COVERINGS

Certified Surgical/Medical Masks*

- Certified Surgical/Medical Masks refer to masks that have been **certified for use by health care providers**
- Unlike filtering facepiece respirators, surgical/medical masks are not "respirators" as they are **not designed to provide effective filtration of inhaled air and the wearer is at risk of breathing virus particles**
- However, if the wearer is infected (either symptomatic or a-symptomatic), **a properly worn mask is effective at reducing virus particles expelled by the wearer**, lowering transmission risk to others
- Certified Surgical/Medical Masks are reserved for:
  - Patients who become ill or exhibit symptoms while at work.
  - Health care providers in non-direct patient care settings, or settings with little risk of infection transmission from the patient



* Examples of certification standards include:

- ASTM F2100-19 Standard Specification for Performance of Materials Used in Medical Face Masks
- ANSI/ASQC Standard: ANSI/ASQC Z1.4
- 2.3 ISO Standard: ISO 2859-1
- 2.4 European Standard: EN 14683 Medical Face Masks—Requirements and Test Methods

COVID-19 PPE

FILTERING FACEPIECE RESPIRATORS, SURGICAL MASKS, AND CLOTH FACIAL COVERINGS

Non-Certified Surgical/Medical Masks

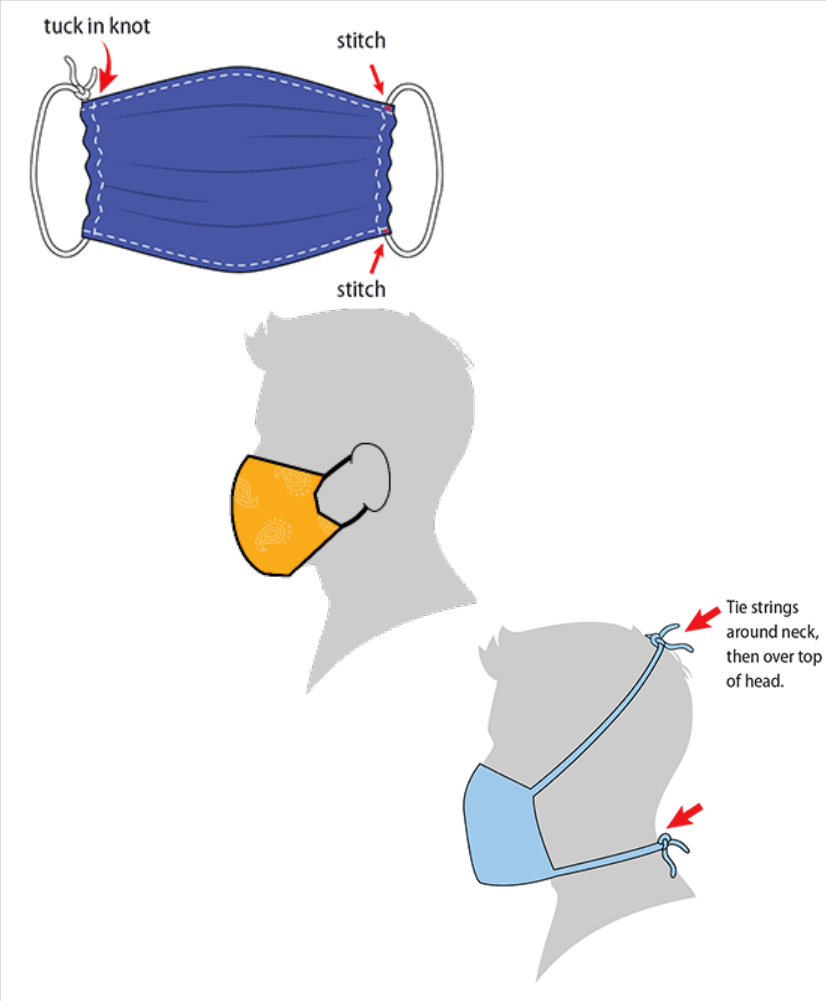
- Non-certified surgical /medical masks are not “respirators” as they **are not designed to provide effective filtration of inhaled air and the wearer is at risk of breathing virus particles**
- However, if the wearer is infected (either symptomatic or a-symptomatic), **a properly worn non-certified mask can reduce virus particles expelled by the wearer**, lowering transmission risk to others
- These masks are not tested and certified against the standards required of masks used in the health care industry
- Therefore **the use of non-certified masks does not compete with or deplete the supply of certified masks needed by the health care industry for dealing with COVID-19**
- Intended for general plant use where proper social distancing is not possible, and in areas of significant social community-based spread (hot spots)
- Intended as an interim solution until adequate numbers of reusable cloth facial coverings are available

COVID-19 PPE

FILTERING FACEPIECE RESPIRATORS, SURGICAL MASKS, AND CLOTH FACIAL COVERINGS

Cloth Facial Coverings

- "Cloth facial covering" is a generic term describing manufactured and/or home made devices that cover the mouth and nose of the wearer
- Cloth facial coverings are not "respirators" as **they are not designed to provide effective filtration of inhaled air and the wearer is at risk of breathing virus particles**
- However, if the wearer is infected (either symptomatic or a-symptomatic), **a cloth facial covering can reduce virus particles expelled by the wearer**, lowering transmission risk to others
- There are no established certification schemes and/or standards for cloth face coverings
- Intended for general plant use where proper social distancing is not possible, and in areas of significant social community-based spread (hot spots)
- CDC has posted detailed instructions on how you can make a facial covering, as well as information on how to properly position
- Cloth facial coverings can be laundered and reused and the CDC has indicated a washing machine should suffice in properly washing a cloth face covering



Examples of homemade cloth face coverings from the CDC web site

COVID-19 PPE

FILTERING FACEPIECE RESPIRATORS, SURGICAL MASKS, AND CLOTH FACIAL COVERINGS

Type	Protects the wearer from inhalation of virus particles	Reduces virus particles expelled by infected (symptomatic and a-symptomatic) wearers	Pandemic Response Usage
N95 Respirator (Filtering Facepiece Respirator)	**Yes**	**Yes**	Reserved for healthcare providers and first responders who provide direct patient care.
Certified Surgical/ Medical Mask	**No**	**Yes**	Reserved for • Patients who become ill or exhibit symptoms while at work. • Health care providers in non-direct patient care settings, or settings with little risk of infection transmission
Non-Certified Surgical/ Medical Mask	**No**	**Yes**	Intended for general plant use where proper social distancing is not possible, and in areas of significant social community-based spread (hot spots)
Cloth Facial Coverings	**No**	**Yes**	Intended for general plant use where proper social distancing is not possible, and in areas of significant social community-based spread (hot spots)

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