BEST PRACTICE PROTOCOL

FOR A SITE FACING A COVID-19 EPIDEMIC
The Michelin Group has set two priorities for its management of the Covid-19 crisis:

• Protecting human health and safety.
• Maintaining operational Business Continuity as far as possible.

More and more countries are now experiencing active outbreaks of Covid-19.

The Michelin Group is therefore:

• Taking the necessary steps to provide its employees with all the equipment they need and masks, in particular for persons asking for it.
• Asking all its sites, regardless of their activity, to apply the instructions laid out in this document.

However, some of these actions may not be immediately and/or fully applicable:

- either because they are not allowed under local laws or regulations, and local legal and/or regulatory constraints naturally take priority,
- or due to temporary equipment supply issues.

This document also describes best practices. Best practices are, by definition, not mandatory (they are identified with "Best Practice" at the end of the text).

We are counting on you to apply this protocol correctly.
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Each site is given the autonomy to adapt measures to their local laws and regulations
SUMMARY OF THIS DOCUMENT

THE GROUP’S COVID-19 CRISIS MANAGEMENT STRATEGY

The strategy is based on management in line with the national regulations and recommendations, with 3 objectives:

1. **PRESERVING HUMAN HEALTH**
   (employees and their families, sub-contractors, suppliers, customers, etc.) in line with the values of the Michelin Group.

2. **MAINTAINING THE COMPANY’S ACTIVITY IN SO FAR AS POSSIBLE**
   in order to continue serving its customers and be ready to quickly respond when the crisis ends.

3. **PRESERVING MOBILITY**
   in an environment restricted by the local authorities’ requirements.

SCOPE OF THE DOCUMENT

- Management of the first confirmed Coronavirus cases on a site.
- Preventive measures for sites located in areas with an active outbreak of the Coronavirus. Active outbreak status is defined by the local authorities.
- Restarting activity after a shut-down.
- Each site is given the autonomy to adapt measures to their local context, laws and regulations, and culture. Sites should carry out their own analysis of the situation in order to supplement the practices described in this document with the measures required to address all site-specific risks.
SUMMARY NOTES ON THIS DOCUMENT

SITUATIONS COVERED BY THIS DOCUMENT

1. Actions when the first suspected or confirmed case of Covid-19 emerges
2. Preventive actions
3. Measures to take in advance to prepare the site

In addition to the documentation on these three types of situations, a set of support documents is also provided:

4. Advice on the patient evacuation phase
5. Disinfecting the site
6. Protecting people who have been in close contact with the patient
7. Prevention for vulnerable people
8. The main situations that can increase spread of the virus
9. Measures intended to ensure critical functions are continuously present on site
10. Communication during the Coronavirus crisis
11. Definition of close contact
12. Factors of vulnerability
13. Cafeterias
14. Preventive measures for permanent subcontractors or employees when off site
15. Site reception
16. PPE and hygiene products
17. Shipping and delivery docks
18. Other useful documents
19. Change management and training
20. Suppliers and Sub-contractors
21. Psychological support
22. Hygiene measures
23. Social distancing measures
1. ACTIONS WHEN A SUSPECTED OR CONFIRMED CASE OF COVID-19 APPEARS

PURPOSE
To ensure that the potentially infected person is evacuated and treated and to minimize any further transmission to other employees.

FOCUS POINTS
With the exception of the potentially infected person’s work zone, the site’s production operations continue while the person is receiving treatment.

KEY POINTS & ACTIONS

1. A suspected case of Covid-19 must be handled immediately. Confirmation by a medical authority should be done as quickly as possible.

2. See file #4: "Advice on the patient evacuation phase".

   • Have the employee put on a surgical mask (face masks in the US) immediately (no valve masks) and wash their hands or disinfect them with hand sanitizer.

   • Isolate the person from other employees and have them evacuated from the site to ensure they receive prompt medical care. This should be done, in line with each country’s legal provisions.

3. Inform the person’s family (in compliance with the local legislation), alert them to the need to contact the public health authorities, and provide the relevant contact information.

4. Have people who work in the same zone wash their hands and leave the work zone while the equipment is being cleaned and disinfected.

5. Clean and disinfect the workstations and areas that the employee may have touched.

6. Waste produced by the infected individual is discharged as usual.

7. Take the names of people who were in the work zone or who may have had close contact with the potentially infected person for the previous 48 hours. Determine if self-isolation is required or not and begin monitoring of them for potential symptoms. Assess the potential scale of contamination. The starting point for contamination is 48 hours before the first symptoms appeared. Give consideration to the following potential aspects (not inclusive list):

   • Did the potentially infected person use the cafeteria?
   • Did they ride the company bus or carpool?
   • Any recreational activities on the site (library, gym, etc.)?
   • Did they meet contacts in recent days?
   • Are they isolated workers (e.g. on a machine) or in an enclosed space with numerous people?
   • Assess their use and access to locker rooms and break rooms as well as smoking areas.
   • Based on the answers to these questions carry out the epidemiological investigation.
KEY POINTS & ACTIONS (continued)

8 Identify, then clean and disinfect, all the spaces that the person entered and the surfaces that he or she touched during the 48 hours before symptoms appeared and until intervention began.

- Contaminated zone: the workspace where the infected employee worked, spaces where he or she attended meetings or ate, locker rooms, restrooms, break rooms, smoking room, etc. The contaminated zone must be extended to 2 meters (> 6 feet) beyond the patient’s actual workspace.

- The contaminated zone does not include aisles, halls, site reception, etc.

9 → Refer to File#6: “Protecting people who have been in close contact with the patient”.

10 While protecting the privacy of the potentially infected person, inform the rest of the site’s employees and the unions and employee representatives when the site is affected.

11 Inform the management line at the Michelin headquarters to which the site reports.

12 Communicate with external stakeholders as necessary → See file #10: “Communication”.

13 Organize regular contact with all sick or at-risk employees who are at home.

14 After they are under external medical care and have received a diagnosis, as the employee, they will inform the company of their diagnosis. The purpose is to limit the spread of the disease to potential co-workers. This needs to be done within the local regulatory guidelines.

15 The principle of precaution applies until a medical diagnosis is received. The precautionary measures must be triggered for anyone who may have been infected. If the coronavirus test is negative, the precautionary measures will be cancelled.

16 Understanding the causes of any infections acquired in the workplace:

- Perform a causal analysis as you would for an accident, to determine whether internal failures could explain transmission of the virus.

- Assess whether there is a probable external cause of the infection.

- Correct any failures or weaknesses identified via additional corrective and preventive actions. (Apply these measures to all plants).
Purpose

List of the most extensive actions that can limit the risk of interpersonal coronavirus transmission on the site and that will preserve operational continuity.

Focus Points

Each site may apply further measures to complete the ones listed here, based on its situation.

The legal authorities in each country may require certain measures; these are, of course, mandatory. Certain measures may not legally be applicable in certain countries (e.g., temperature checks by the employer, employer awareness of medical vulnerabilities, etc.). All local laws and regulations must be followed.

Key Points & Actions

   Phone number for this unit, to be distributed.

2. Employee site access: employees who have symptoms, who have been exposed to known COVID-19 patients, or who have a fever when arriving on the site must not be allowed to come into the site for any reason. Their absence must be managed in compliance with the applicable legal rules, or if there are none, in compliance with the rules defined by the country’s Personnel department.
   • Before going to work, all employees must make sure that they do not have any symptoms of COVID-19, particularly a fever.
   • Ask employees to check their temperature twice daily, particularly before going to work. Advise employees to check their temperature before coming to work and to notify the site nurse/doctor or the personnel department if their temperature is over 38°C (100.4°F) or if they experience Covid-19 symptoms. In this case, the employee should not come to work until receiving further instructions.  
   Best Practice
   • Temperature checks at the site entrance with a no-contact thermometer. This data must not be kept (legal rules). To ensure accurate temperature readings, temperature checks should be done in a covered and sheltered area, out of the wind. Mandatory action unless prohibited by law.
   • Employees who show symptoms of Covid-19 or have a fever must, depending on their overall condition, call their primary healthcare provider or the emergency services set up by the country's public health authorities. They must inform their manager.
   • Any employee who has someone with a confirmed case of Covid-19 or with Covid-19 symptoms in their home must remain self-isolated at home. They must inform the company of their situation (if allowed under the country’s laws and if they consent to do so).

3. Information, awareness-contents and communications on “Barrier Measures”
   Infographics posting, guidelines, documents, videos ...
   Best Practice

4. Hygiene measures to avoid transmission of the virus by hands.
   → See file #22: “Hygiene Measures”.

5. Social distancing measures to reduce the risk of transmission by inhalation of the virus:
   → See file #23: “Social Distancing Measures”.

Each site is given the autonomy to adapt measures to their local laws and regulations.
Rules for use of surgical masks, face mask for the US (workshops, departments, sites):

• As a general rule, masks are not required in production buildings with very large volumes of air (ceiling height of over 8-10 meters or 26-32 feet).

• In this type of production building, if the site is located in an area with an active outbreak:
  - Masks are not required if distancing rules can be applied.
  - Masks are required if distancing rules cannot be applied.
    If social distancing or isolation, for example, the erection of shields between close work posts, cannot be achieved then the use of face masks is required. This includes when employees leave their work area and are in hallways, stairs, restrooms etc.

• In administrative buildings where ceilings are no more than 3-4 meters (9-13 feet) high, masks are required because the virus can survive in the air.
  - Other risk factors: maintaining distancing in areas where employees are constantly walking past each other (doorways, halls, stairs, restrooms, entering and leaving meeting rooms, etc.). Particles travel farther during physical exertion or when speaking or coughing.
  - Air pollution (mixing workshops, BU manufacturing, depots, etc.) is an amplification of the risk of the spread of the virus. Suspended particles capture viruses and create conditions for longer life. In these workshops, surgical masks (face mask for the US) have to be worn independently of distancing issues.

• When employees wear surgical masks (face mask for the US), the safety distance is reduced to 1 m. If employees wear face masks the safety distance remains at 2 m (6 feet) and employees should be reminded of the necessity to frequently wash hands and disinfect their work station.

• Employees who are required to wear masks must be trained to use them properly.

• Since wearing a mask may be more taxing or tiring for many employees, consideration to adjusting the number and frequency of breaks should be given.

Despite the shortage of masks, never produce on workstations that are exposed to chemical risks without appropriate masks (e.g. BU production).

In countries with mask shortages, stocks of masks must be secured to prevent thefts.

Give proper consideration to cafeterias and break rooms to avoid possible spread of the disease. Regarding cafeterias, the main recommendation is to close them as soon as possible. If not possible, be particularly careful in cafeterias to avoid the spread of the virus via contact with cutlery and to prevent contamination from cafeteria employees to food.

→ See guidelines in the document: GUI_443_DCSE GUIDELINES: “Rules of hygiene in the event of an epidemic”.
→ See file#13: “Cafeterias”.

2. PREVENTIVE ACTIONS

KEY POINTS & ACTIONS (continued)

10. **Protect service continuity** by separating people in each function into two groups (areas or work schedules) to avoid all of them being infected simultaneously.

   **Best Practice**

11. In countries where allowed by the regulations, take special protective measures for people with medical conditions that make them particularly vulnerable or who have people with these conditions in their households (when employees provide this information).

    → See file#7: "Prevention for vulnerable people".

12. Provide managerial support and a listening ear to those who are worried or stressed.

    → See file#21: "Psychological Support".

13. Help employees understand and apply measures to protect everyone’s health.

    → See file#19: "Training & Change Management".

14. Monitor the regulations issued by the country’s government daily. Launch actions to comply with the regulations as they are rolled out.

15. Set up a process to assess compliance with the protocol and the protocol’s effectiveness in order to identify and correct any difficulties as quickly as possible.

16. When our sites’ activities require prevention plans, these plans must include the risks linked to the coronavirus (Covid-19). For external companies, for services on customer or originator sites.

   • Joint actions require special attention.
MEASURES TO TAKE IN ADVANCE TO PREPARE THE SITE

PURPOSE

Measures to implement before an active outbreak emerges near the site (area where site employees live).

FOCUS POINTS

After applying these measures, the site will be able to quickly implement measures to prevent the virus from spreading between employees on the site. These measures will also enable it to be ready to restart operations (in the event of a shutdown). They will also ensure that it has the necessary resources to handle the first cases of employees with Covid-19.

KEY POINTS & ACTIONS

1. Inventory the country’s legal rules and official recommendations to follow in the event of an epidemic.

2. Identify and prepare a temporary isolation room for people who are infected until they are transferred to a hospital or to their home.

3. Identify and prepare a space to hold a team if a suspected case emerges in a workspace (while their workspace is being disinfected).

4. Determine who will be tasked with the physical intervention to take charge of a person with Covid-19 symptoms on the site. Define the intervention procedures and protective equipment for these people. Provide adequate quantities of this protective equipment and organize storage and restocking. Train employees, if necessary.

5. Identify the local healthcare facilities that will need to be involved to manage suspected coronavirus infections. Document these facilities’ telephone numbers.

6. Anticipate high supply volumes of PPE, hand sanitizer, soap and paper towels for the site. Organize rounds to refill soap, paper towel and hand sanitizer dispensers at an appropriate frequency.

7. Identify situations that require protecting people with medical conditions that make them vulnerable (if allowed by the country’s laws and if they are willing to report their conditions):
   - Vulnerable people.
   - Employees who have vulnerable people in their households.

8. Inventory jobs that can be done remotely and inform those people of that possibility:
   - Have managers work with each individual to define the conditions or organization required for them to work remotely.
   - Ensure that people who are not used to logging on remotely know how to do so and have the access rights they need to do their job.
   - Encourage people to take their computer and their power cord home at night as the potential start of a stay-at-home order approaches.

9. Ensure that a flex plan is in place to replace employees on workstations and determine which machines will be stopped first.

10. Define a production stop process in advance for sensitive production lines like ESBN should a large number of potential cases emerge in a single day.
4. ADVICE ON THE PATIENT EVACUATION PHASE

PURPOSE
To ensure that the person is evacuated and treated and to prevent any further transmission to other employees.

KEY POINTS & ACTIONS

1. Take the legal requirements and any official recommendations of the country where the site is located into account.

2. If an employee feels unwell during the workday, they must call their manager or directly call the site’s usual emergency number.

3. If someone observes a person looking or acting unwell, they must contact the internal first aid service (site emergency number) for help.

4. Have the potentially infected employee put on a surgical mask (face mask for the US) immediately (no valve masks) and wash their hands or disinfect them with hand sanitizer.

5. Any potentially infected zones must be blocked off and identified with warning signs to ensure that no one enters them. The exception is people authorized to do so for cleaning and disinfection purposes.

6. Have the other employees in the work zone wash their hands, move at least 2 meters away (> 6 feet), and head to another workspace after they safely secure all equipment and processes.

7. For platforms or shared offices, immediately evacuate clean and disinfect the space.

8. If the person cannot be evacuated immediately transfer the potentially infected person to the temporary isolation room while awaiting a transfer to the hospital or their home. The purpose is to limit size of the potentially contaminated area.
   - This room should be set up to be easily disinfected. Best Practice
   - Do not use the site infirmary for this purpose as it needs to remain operational for other serious emergencies (time the person is occupying the space, followed by disinfection). Best Practice

9. Accompany them along the evacuation route: ask them not to touch anything and have any areas that may have touched disinfected as soon as possible. Have other employees keep their distance during the transfer.
   - Mark any surfaces touched during the evacuation to ensure that no one else touches them and then clean and disinfect these surfaces.

10. Provide enhanced protection (FFP2/N95 masks, or surgical masks (face mask for the US) if those are unavailable, disposable gowns, gloves, glasses, hairnets/hair covers) to the people involved in helping the person (the emergency team).
4. ADVICE ON THE PATIENT EVACUATION PHASE

KEY POINTS & ACTIONS (continued)

11 If the person needs to go to the restroom while awaiting medical assistance, use a dedicated space if possible.

12 After the person is evacuated, clean and disinfect the isolation room and the restroom.

13 Immediately inform the site personnel department and medical department.

14 If there are no public evacuation services available, define an evacuation and care procedure based on the level of severity of the person’s state of health.
5. DISINFECTING THE PREMISES

PURPOSE
Eliminate as best as possible all traces of the virus by cleaning and disinfecting the site during an active outbreak.

FOCUS POINTS
All human contact surfaces, floors, break areas, cafeterias, etc. Protection of employees tasked with cleaning and disinfecting.

KEY POINTS & ACTIONS

1. The people assigned to clean and disinfect the floors and other surfaces must be properly equipped with single-use gowns, household gloves, eye protection, a respiratory mask that protects them from sprays (a surgical mask (face mask for the US) is not sufficient), closed-toed shoes (no exposed skin) or overshoes.
   - Personnel involved with cleaning or disinfecting of wet areas (showers, washrooms, etc.) should wear FFP2/N95 masks or face masks and face shields to protect them from any vapours.
   - Another solution is providing them with a face shield and a surgical mask. **Best Practice**
   - Some cleaning/disinfection professionals can be dedicated exclusively to wet areas to limit use of FFP2/N95 masks. **Best Practice**

2. The people responsible for cleaning must comply with the country’s laws on collecting and disposing of potentially infectious waste.

3. All disposable PPE must be removed and bagged when the tasks are completed. Following the manufacturer’s instructions eye protection and face shields must be disinfected after each use. Hands must be washed with soap and water immediately after removing PPE.

4. If cleaning is sub-contracted out, the company must be able to provide evidence that its employees assigned to the site are up-to-date on the required training for their responsibilities, regarding in particular for the disinfection if infectious risks.
   - Increased cleaning and disinfection in common areas (restrooms, showers, refectories, break rooms with faucets, door handles, handrails, turnstiles) twice daily or after each shift in plants.

CLEANING: removes dirt and impurities including microbes/viruses on surfaces.
Cleaning alone does not kill microbes but does remove some of them, thus decreasing the number of microbes and the risk of infection.
Disinfection uses special chemicals to kill the germs on surfaces. It does not necessarily clean dirty surfaces and does not remove microbes, it simply kills the microbes that remain on a surface after it is cleaned, thus significantly reducing the risk of spreading the disease.

DESINFECTING: works by using chemicals to kill germs on the surface. This action does not necessarily clean dirty surfaces, and does not remove microbes, but killing the remaining microbes on a surface after its cleaning greatly reduces the risk of spreading the epidemic.

DISINFECTING DES LOCAUX

CLEANING: enlève les impuretés, y compris les microbes/virus sur les surfaces. L’assainissement ne tue pas les microbes mais en retire certains, donc réduisant le nombre de microbes et le risque d’infection. L’assainissement utilise des substances spéciales pour tuer les microbes sur les surfaces. Il n’est pas nécessaire de nettoyer les surfaces sales et ne retire pas les microbes, il ne tue que ceux qui restent sur une surface après le nettoyage, réduisant ainsi significativement le risque de propagation de l’épidémie.

DESINFECTING: agit par l’utilisation de substances spéciales pour tuer les microbes sur la surface. Cette action n’est pas nécessairement un nettoyage des surfaces sales, et ne retire pas les microbes, mais tue les microbes restants sur une surface après son assainissement, réduisant ainsi grandement le risque de propagation de l’épidémie.

KEY POINTS & ACTIONS

1. Les personnes assignées à la désinfection des sols et des autres surfaces doivent être correctement équipées de combinaisons jetables, de gants de maison, de protection oculaire, d’un masque respiratoire qui protège des éclaboussures (un masque chirurgical (masque facial pour les États-Unis) n’est pas suffisant), de chaussures fermées (pas de peau à l’extérieur) ou de chaussures de rechange.
   - Personnel impliqué dans le nettoyage ou la désinfection des zones humides (douche, toilettes, etc.) doit porter des masques FFP2/N95 ou des masques et des protections faciales pour se protéger contre les vapeurs. **Best Practice**
   - Une autre solution est de les fournir avec un masque facial et un masque chirurgical. **Best Practice**
   - Certaines personnes de nettoyage/désinfection peuvent être dédiées exclusivement à des zones humides pour limiter l’utilisation de masques FFP2/N95. **Best Practice**

2. Les personnes responsables du nettoyage doivent respecter les lois du pays concernant la collecte et le désenfouissement des déchets potentielsment infectieux.

3. Tous les PPE jetables doivent être retirés et mises en sac lorsqu’elles sont terminées. Conformément aux instructions du fabricant, les protections pour les yeux et les porte-écrans doivent être désinfectées après chaque utilisation. Les mains doivent être lavées avec du savon et de l’eau immédiatement après avoir enlevé le PPE.

4. Si le nettoyage est sous-traité, l’entreprise doit être capable de fournir des preuves que ses employés affectés au site sont à jour sur la formation requise pour leurs responsabilités, notamment pour la désinfection si des risques infectieux existent.
   - Plus de nettoyage et de désinfection dans les zones communes (salle de bain, douches, refectories, salles de repos avec robinets, poignées de porte, rampes, toboggans) deux fois par jour ou après chaque changement de tour dans les établissements.
KEY POINTS & ACTIONS (continued)

4
- Showers that are not essential for operations are closed.
- In cafeterias, work with the service providers to increase team sizes to disinfect all contact surfaces (switches, tables, handles, etc.).
- High-traffic areas (entrances, concierge areas, service windows) must be cleaned twice per day or after each shift in plants.
- Provide supplies to clean and disinfect tables in meeting rooms and recreational areas so everyone can clean their own spot.
- Air out rooms between each meeting by opening windows for 20 minutes.

Best Practice

6
For floors, use a washing/wet disinfection strategy. Disinfecting a dirty surface is pointless, since the virus will remain embedded in the dirt. It is therefore important to start by cleaning with detergent before disinfecting.

EXAMPLE:
- The disinfectant must be left on the surface for the full contact time listed on the supplier’s packaging to ensure that the surface is effectively disinfected.
- The floors and surfaces are cleaned with a single-use flat mop head impregnated with detergent. [Best Practice]
- The floors and surfaces are then rinsed with drinkable tap water with another single-use flat mop head. [Best Practice]
- Adequate drying time is allowed. [Best Practice]
- The floors and surfaces are then disinfected with diluted sodium hypochlorite (bleach) with another new single-use flat mop head. [Best Practice]
- Do not use compressed air or water sprays to clean potentially contaminated surfaces. Doing so can aerosolize virus particles.
6. PROTECTING PEOPLE WHO HAVE BEEN IN CLOSE CONTACT WITH A POTENTIALLY INFECTED PERSON

A "case of close contact" is a term used to identify someone who has been in contact with someone who has been confirmed or highly suspected to have Covid-19 or is a potential carrier of the virus under the following conditions:

- The contact occurred in the 48 hours preceding the onset of symptoms or after symptoms emerged.
- In addition to close contact at work, close contact includes sharing the same living space as the patient, for example someone in their house or contacted during a social event.

Close contact also includes direct contact with a patient with no protective measures at a distance of less than 2 m (6 feet), e.g., intimate contact, classmates or co-workers, commuters, being in the same room etc.

KEY POINTS & ACTIONS

People who have been in contact:

- If the country’s authorities have established public health measures to address the coronavirus epidemic: the site must notify the public health authorities, who will determine the risk level for each person and the measures to take.

- If no external public health support is provided, or if these services are saturated due to the number of cases to be treated, contact the people who may have been exposed and work with them to assess the situation and define the measures to take. Only cases of "close contact" need to be identified and addressed.

- Have people who may have been infected due to close contact (see definition) self-quarantine at home.

- People who have been in passing contact with the patient remain on the job. They should take their temperature twice a day, and if symptoms emerge should quarantine themselves at home, call their doctor or public health agency, and inform their manager.

Rules for self-quarantine:

- Monitor body temperature twice daily.

- Wash hands frequently.

- Wear a surgical mask (face mask for the US) when others are present, if masks are available.

- Separate themself from other household members.

- Avoid all busy areas.

- If they have a fever, feel feverish, or develop a cough or breathing difficulties, contact healthcare providers and notify your manager (if legally possible).
Vulnerable people:

- The fragility factors are listed in file #12 “Criteria of fragility of people”.
- These people are asked to make themselves known.
- Employees who have vulnerable people in their households also need to be identified, since they risk becoming a vector of infection.
- They should ask a physician to confirm their vulnerability.

- The company is taking measures to protect people affected by factors that increase their vulnerability.
- Their presence on the site can be organized to enable them to work without being in contact with others: individual workstation to allow social distancing, separate entry and exit flows (in time or space), modified breaks.
- When manageable, working from home is an option that can eliminate the risk of workplace infections.
- Wearing FFP2 masks + safety goggles or face shields is a solution that can enable vulnerable people to keep working.
- Management must be particularly careful to ensure that vulnerable people working on site comply with the measures applied to protect their health.

- This list may change as new information emerges or if the virus’ characteristics change.
8.

CONDITIONS THAT CAN INCREASE THE SPREAD OF THE VIRUS

PURPOSE
This document is on social distancing measures. It identifies a list of situations in which distancing is hard to maintain. Appropriate preventive measures for these situations are proposed.

FOCUS POINTS
These preventive measures must be tailored to the extent to which the virus has spread in the vicinity of the plant or in the plant itself.

CONCENTRATIONS OF PEOPLE
Having several people together in a small enclosed space is a higher-risk situation during this epidemic. The concentration of the virus, which is suspended in the air, increases over time if the space is not ventilated: meeting rooms, mass transit, cars with several occupants, locker rooms, showers, recreational spaces, MDP rooms, small offices with several occupants, spaces with closed ventilation systems and no filter, etc.

KEY POINTS & ACTIONS

1. Stagger entry/exit to common areas to minimize contact between individuals (especially entrances, locker rooms, cafeterias, and restrooms). When possible, use different entrance and exit doors for these purposes.

2. ENTRY AND EXIT TURNSTILES
   • Actions to implement to prevent spread at the entrance and via turnstiles:
     - As a minimum, provide hand sanitizer on both sides.
     - To avoid touching turnstiles, open a door with a badge reader and a guard who authorizes entry once the badge is approved.
   • Raise employees’ awareness of the risks of virus transmission associated with distributing documents at the site entrance or inside the site. Documents prepared by Michelin employees must not have been touched and must be placed on a table for self-service. We strongly recommend not taking or touching documents from external sources.

3. ELEVATORS
   Do not use elevators; only people with reduced mobility should use elevators, and they should use hand sanitizer or wash their hands when doing so.

4. HANDRAILS
   • Do not hold stair handrails or disinfect your hands before and after.
   • Share a message on increased caution on the stairs to prevent falls. Keep your eyes on the steps.

5. DURING SHIFT CHANGES
   • Have the person starting their shift disinfect the workstation (disinfect the usual points of contact and tools), for production workstations.
   • Provide the necessary disinfection supplies.
   • Define the procedures to minimize close contact (distance > 6 feet / 2 m) during shift change.
   • If possible, organize full separation of shift flows to avoid transmission, i.e., change of work schedules to allow separation in time, utilization of separate entrances and exits. Employees on different shifts should not cross each other’s paths.
6. LOCKER ROOMS
• The main recommendation is to close the collective use of the locker rooms. Request employees to wear their work clothes whenever possible. This also applies to suppliers.

• Clean and disinfect the locker rooms between the incoming and outgoing shifts.

• Air out locker rooms for 20 minutes between shifts.

• For positions that need to change work clothes, we recommend allocating the people in lockers room spots throughout the site.

• If possible, limit the number of people in the locker room at the same time to ensure they can maintain a distance of 2 meters.

7. MEETINGS
• Hold meetings remotely (e.g., use TEAMS) to avoid sharing enclosed spaces and non-essential interactions. **Best Practice**

• Windowless rooms can be used if they have an air conditioning system equipped with an effective filter system that blocks virus circulation.

• In the absence of an effective air conditioning system that filters viruses:
  - Air out rooms at least hourly by opening windows for 20 minutes.
  - Do not use rooms without external windows during active virus outbreaks periods.

• Do not hold meetings with large numbers of participants (maximum 1/3 of the room’s capacity):
  - Maintain a distance of 2 meters between each person: about 2 empty seats between participants.
  - Surgical masks (face masks in the US) are to be worn in all meetings during active virus outbreaks periods.

• Organize room use so that people are not entering and exiting rooms at the same time.

• Provide supplies to clean and disinfect tables in meeting rooms so everyone can clean their own spot.

• To avoid the risk of an entire team becoming infected simultaneously do not put all the members of a team in a meeting room at the same time,
8. CONDITIONS THAT CAN INCREASE THE SPREAD OF THE VIRUS

8. OPEN SPACES / SHARED OFFICES

- Windowless rooms can be used if they have an air conditioning system equipped with an effective filter system that blocks virus circulation.

- In the absence of an effective air conditioning system that filters viruses:
  - Air out rooms at least hourly by opening windows for 20 minutes.
  - Do not use rooms without external windows during active outbreaks of the virus.

- Maintain a distance of 2 meters between each workstation.

  Surgical masks (face masks in the US) are to be worn in all meetings during active outbreaks of the virus.

- Set up entrances and exits to avoid people walking passed each other in halls or when going through doors. If this is not possible, masks must be worn in the hallways.

- Provide supplies to clean and disinfect tables so everyone can clean their own spot.

- To avoid the risk of an entire team becoming infected simultaneously, do not put all members of a team in an open space at the same time. Best Practice

9. RESTROOMS

- Signs (in toilets stalls, over sinks, in showers, etc.) prohibiting spitting.

- Restrooms must be equipped with appropriate ventilation systems to quickly replace the air.

- Maintain 2-meter distances in restrooms. Do not enter the restroom if there are too many people inside to maintain this distance if another person enters the room.

- Provide paper towels:
  - Provide single-use paper towels for hand drying. Best Practice
  - Remove traditional cloth handtowels, towels, and cloths.
  - Do not use hot air hand dryers, to avoid spreading particles.

10. RECREATIONAL AREAS

- Provide supplies to clean and disinfect tables and equipment in recreational areas so everyone can clean their own spot before and after each use.

- Air out rooms every hour by opening windows for 20 minutes (if possible). Best Practice

- Limit the number of people in these spaces to maintain a minimum of 2 meters between people (two empty seats between two people). If necessary, designate additional areas as break spaces.

- Employees must remove their masks to eat, so meals require extra caution.

Each site is given the autonomy to adapt measures to their local laws and regulations © Michelin 2020 / DCSE / CORONAVIRUS / V3 (2020.04.08) / CONFIDENTIEL D3 / CONSERVATION WA+5
## KEY POINTS & ACTIONS (continued)

### 8. CONDITIONS THAT CAN INCREASE THE SPREAD OF THE VIRUS

### 11. SMOKING ROOMS
- Do not use indoor smoking rooms. Smoking is only allowed outside.

### 12. SHOWERS
- If possible, close all showers during active outbreaks and have employees shower at home. [Best Practice]
  - Clean and disinfect the showers after each shift.
  - If the showers are not individual, maintain social distancing by reducing the number of people showering at the same time to 1/3 of the showers' normal capacity.
  - Air out the showers every hour by opening windows for 20 minutes (if possible). [Best Practice]

### 13. GYMS, FITNESS SPACES, NAP ROOMS, ETC.
- Close these spaces as soon as an outbreak emerges near the site.

### 14. EMPLOYEE SHUTTLE BUSES
- Encourage employees to avoid using public transit if possible. [Best Practice]
  - Riders must put on surgical masks (face masks in the US) before boarding the bus.
  - For Michelin shuttles, they must wash their hands with the hand sanitizer provided on the bus when getting on and off.
  - Only one passenger per pair of seats.
  - Air out the bus by opening windows in the front and back.

### 15. AIR CONDITIONING
- Contact the air conditioning maintenance company to ensure that the filters and maintenance protocols are appropriate in light of the risk of coronavirus.
  - Regularly air out non-air-conditioned spaces.
  - Controlled Mechanical Ventilation systems should remain in use.
  - Stop use of individual or shared fans.
MEASURES INTENDED TO ENSURE CRITICAL FUNCTIONS ARE CONTINUOUSLY PRESENT ON SITE

PURPOSE

These measures are intended to ensure operational continuity while avoiding the simultaneous contagion of everyone from the same function or the loss of decision-making capacity on site.

FOCUS POINTS

These measures will be deployed according to the level of risk and the spread of the virus in the vicinity of the plant.

KEY POINTS & ACTIONS

In order to ensure operational continuity, organize physical separation for all key functions and support services (where feasible) with half of the employees working in different places. Guarantee that the two groups do not come into contact. One option would be to have part of the employees working from home, where this is feasible. Two options:

- Teleconferencing. Best Practice
- Working from home every other week, alternating with the other half of the team. Best Practice
- Different schedules: part of the team works mornings, the other half afternoons with no contact during changeover. Best Practice
- Hygiene: regular hand washing.
- Social distancing.

Protection of people occupying critical functions to manage the crisis:

- The functions concerned include: fire-fighters, security guards, telephone operators, occupational physicians, supply chain, boiler room staff, SP and Technical staff, for example to handle payroll and absenteeism issues.
  - Wearing of FFP2/N95 masks for healthcare staff, fire-fighters, first responders etc.
- Protect these people when there is an active outbreak of the virus in the vicinity of the site in conditions keeping them safe from the virus:
  - For example: part of the team working on site and the others working from home with a weekly rotation. Best Practice
    - Teleconferencing. Best Practice
    - Hygiene: regular hand washing.
    - Social distancing.
- Protect people who may need to work on site during the period of shut-down.
10. COMMUNICATION DURING THE CORONAVIRUS CRISIS

KEY POINTS & ACTIONS

The examples given below should be adapted according to the situation.

It may be necessary to adapt or add to this list according to the usual practices and regulations in each country:

If an employee is potentially or actually contaminated by the virus:
- Immediately notify the site personnel department and health department.
- Notify all employees on site and the employee representative bodies.

Provide periodic updates on the situation.

Create a channel to foster open communications with all staff so that they can give voice to their expectations and questions providing access to the personnel department or line management (this is particularly important for night or weekend shift workers when no management is on hand).

Ensure there is always a management representative available to reassure the teams and notify them of any action taken by the company. Encourage people to speak out so as to be able to help them.

Ensure managers are more attentive. Ensure support for managers.

Ensure support for the members of the site crisis unit.

Report information and data to the Region (RRSE) and Group (Group crisis unit).

Update the local administration on the number of cases and the situation (municipal authorities etc.).

Communicate with the local media following instructions from Group management.

PURPOSE

To inspire trust and ensure that everyone is on the same page, the correct frequency and quality of communication to all our stakeholders is important.

FOCUS POINTS

The following types of communication should be adopted during the coronavirus crisis management phase.
10. Communicate with outside companies working on site to keep them informed and how to keep their employees safe.

11. Regularly remind everyone concerned about the applicable laws which need to be respected, in particular those regarding personal data and personal circumstances. This point should be underlined given that people’s health is in the spotlight and that confidentiality requirements apply in many countries.
11. DEFINITION OF CLOSE CONTACT

“CLOSE CONTACT CASES”

This a term used to identify someone who has been in contact with a person confirmed or highly suspected or while awaiting test results as being a potential carrier of the virus in the following conditions:

- Contact with the patient in the 48 hours preceding the onset of symptoms or since their onset.
- Close contact includes sharing the same living space as the confirmed case, for example, family, family member in the same household, social activity etc.
- Close contact also includes direct contact with a patient with no effective protective measures at a distance of less than 2 meters (>6 feet): intimate contacts, classmates or co-workers, commuters etc.
12. VULNERABILITY FACTORS

KEY POINTS & ACTIONS

THE COMPANY ACTS UPON MEDICAL ADVICE SUBMITTED BY THE EMPLOYEE.

1. Cardiovascular disease.
2. Hypertension.
3. Respiratory illnesses.
5. Pregnant women.
6. People +65.
7. Immunosuppressive medication and organ transplant recipients.
8. Immunocompromised patients.
9. Liver failure and cirrhosis.
10. People who have suffered a stroke.
12. Recent or ongoing chemotherapy.
13. Obesity.
14. Carers helping fragile people at home.

This list may change if new information emerges or the characteristics of the virus change.

PURPOSE
List of those pathologies which are statistically likely to worsen the health impact of the coronavirus on the infected patient.

FOCUS POINTS
The company acts upon medical advice submitted by the employee.
KEY POINTS & ACTIONS

1. Most states have ordered restaurants to close during an active outbreak of the virus. In this case, we recommend closing cafeterias.

2. Set up an action plan with the supplier.

3. Prohibit any fresh food prepared by hand and not cooked.

4. Provide cleaning and disinfecting materials for the tables in cafeterias and in any recreational facilities so people can clean the tables before they sit down.

5. No self-service cutlery.

6. Allow people to bring their own cutlery.

7. No self-service food containers with communal serving utensils.

8. Reduce the number of chairs in the cafeteria and organize different meal services so that fewer people are congregating at the same time.

9. Seat people on the same side of the table 2 meters (>6 feet) apart.

10. Where possible, provide closed individual lunch boxes.

11. If it is impossible to meet these requirements, the cafeteria will be closed, and employees will be authorized to bring a cold lunch box which administrative staff can eat at their desks. Everyone should take their waste home with them.

Example of measures for cafeteria staff adopted by the service provider at the site of Les Carmes in France.

PURPOSE

To define requirements and recommendations to minimize possible spread of the virus in cafeterias or canteens.
Example of measures for cafeteria staff adopted by the service provider at Les Carmes in France.

### Key Points & Actions (continued)

#### Communication

| TEAM: Daily briefing on stricter hygiene. |
| CONSUMERS: Reminders about hand washing (hand sanitizer) on display at the cafeteria entrance and on Michelin display boards. |
| VISITORS: Provision of hand sanitizer and instructions on display at site reception. |

#### Rules of Hygiene

- Hand washing every hour.
- Wearing of face masks covering the nose and mouth during preparation.
- Provision of disposable paper gowns that can be changed daily.
- Provision of hand sanitizer at cafeteria and break/recreation room entrances (done by Michelin).
- Cleaning and disinfection of cold preparation equipment prior to use.
- Cleaning and disinfection of premises/equipment with a virucidal disinfectant.
- Cleaning and disinfection of contact points every 4 hours: the supplier and Michelin.
- Additional cleaning and disinfection of Sodexo (provider) and Michelin changing rooms and toilets (in the event of gastroenteritis: cleaning and disinfection every 4 hours).
- Provision of disposable hand towels in the toilets, where necessary.

#### Menu/food

- Fruit and vegetables: double decontamination.
- Simplified menus and adapted service stations:
  - Cold food: fewer meals with raw products prepared on site
  - Increased use of products which have been sanitized and/or products requiring minimum handling.
  - Fewer self-service options such as salad and dessert bars.
  - Prepared dishes placed in display cabinets.
- No water jugs and provision of bottles of mineral water.
- Change to products available at breaks (→ individually wrapped).

#### Service

- Use of disposable gloves for service (except hot food stations).
- Change of utensils in the middle of service.
- Cutlery trays:
  - Everyday cleaning of cutlery trays and unused cutlery after service.
  - Replacement of the cutlery trays every 30 minutes.
- Provision of hand sanitizer for +50 people at every break.
14.
PREVENTION ACTIONS FOR PERMANENT SUBCONTRACTORS OR EMPLOYEES OFF-SITE

PURPOSE
To safeguard the welfare of employees and subcontractors, everyone needs to take action including outside working hours.

KEY POINTS & ACTIONS

1. Step up preventive measures for staff and subcontractors outside their working time on site: **Best Practice**
   - Frequent hand washing.
   - Ask people to report themselves if they discover that they have been in contact outside working hours with a patient or someone who fell ill within 48 hours afterwards.
   - Advise people to take their temperature twice a day, in particular before coming to work. Advise them not to come to work if their temperature is over 38°C (100.4°F) or if they experience Covid-19 symptoms.
   - In case of doubt, they should call their manager before arriving at the site entrance.
   - Listen to and abide by government instructions.
   - Regularly disinfect their smartphone, PC keyboard and mouse.

2. Instructions to subcontractors’ employees must come from the subcontractor in compliance with the laws. Many countries forbidding direct instructions being given to these employees. **Best Practice**
VISITOR RECEPTION

KEY POINTS & ACTIONS

1. People in contact with the public must be located behind a protective screen and protected from airborne particles. If the screen does not totally isolate them from the public, staff must wear a FFP2/N95 mask.

2. Formalize visitor reception procedures. **Best Practice**

3. Inform/train visitors in the rules to be followed in the company:
   - Display of infographics, instructions, documents, videos etc. **Best Practice**

4. Hand disinfection of anyone entering the premises. **Best Practice**

5. Temperature screening for visitors.

6. Filling in of a visitor's questionnaire. **Best Practice**

THE FOLLOWING VISITORS WILL BE DENIED ENTRY:

- People who have been ill in the past 14 days: fever, cough, trouble breathing (even if no official Covid-19 diagnosis has been made).
- People who have been in contact with a Covid-19 patient.
- People who have travelled to foreign countries or affected areas in the past 14 days.
- People with a temperature of over 38°C (100.4 °F).

PURPOSE

- Avoid the admittance of potentially contagious people to our premises.
- Protect reception staff against the risks of contagion connected with being in contact with the public.

FOCUS POINTS

Compliance and respect with:

- Any Group or Michelin country instructions issued as the epidemic progresses.
- Legal rules and instructions issued by the authorities in each country.
16.

PPE AND HYGIENE PRODUCTS

Purpose

PPE and hygiene products play a crucial role in combating the risk of contamination.

This sheet contains explanations to ensure their proper use.

Key Points & Actions

List of PPE for use during the epidemic phase:

Masks:

- The protocol for using masks:
  - Maximum duration of use: 4 hours for administrative staff working in a dry atmosphere because once the mask is damp it will no longer form a barrier for the virus.
  - Provide an average of 3 masks per person per day for jobs involving physical exertion when the atmosphere is not very humid.
  - The mask must be changed as soon as it is damp, dirty or has been touched. A mask consists of three-ply polypropylene. Once it has been touched, it is extremely likely that the three plies will come into contact allowing the virus to circulate by capillarity.
  - The number of masks required per person should be calculated based on the daily schedule taking into account situations requiring the mask to be removed, implying touching with the hands and thus replacement. These situations include meals and breaks when food is consumed.
  - Provide additional surgical masks (face masks in U.S) for people commuting to work on public transport.
  - Hands should be cleaned before donning and adjusting a new mask.
  - After removing the mask, dispose of it in a closed trash bin then wash your hands.
  - Never touch your mask with your hands while you are wearing it.
  - The mouth and nose should be completely covered, and the mask adjusted to fit the shape of the face.
  - The nose strip should be pinched for a close fit.

Anyone wearing PPE must be trained in how to don and doff the PPE, in particular the order in which items are put on and taken off, their correct positioning for effective protection as well as hand cleaning before and afterwars. The training should also cover the correct disposal of used PPE.
Each site is given the autonomy to adapt measures to their local laws and regulations

- Any site that buys or manufactures masks must meet the standards of surgical masks or those of "face mask" for the USA.

- It will also be necessary to respect "the Mask Policy" document that will be published before the end of April 2020 by the Group's Mask Task Force.

- Tissue masks are not permitted on our sites.

**Different types of masks:**

- **Masks offer varying levels of protection.**
  The type chosen must correspond to the highest level of risk on the workstation, e.g. comparison between Covid-19 and chemical risks.

- **Surgical Masks** for staff working on site during an active outbreak in the region of the site.

- **Splash proof masks**: these protect other people from droplets from potentially infected people wearing a mask.

- **FFP2/N95 masks**:
  - These are reserved for health care professionals, emergency teams and people in close contact with the public: sales, reception staff, security guards etc.
  - Those fitted with an exhalation valve which releases unfiltered air do not protect others.
  - **During the active outbreak, we are asking for valveless FFP2 masks to be used.**
  - Wearing FFP2 masks + safety goggles or face shields is a solution that can enable vulnerable people to keep working.  
    **Best Practice**

- **FFP3 masks**:
  - For the prevention of chemical risks: operating workstations, for example BU manufacture (not related to the epidemic).

**Disposible Gowns or similar items** made of non-woven fabric

- For healthcare or emergency staff dealing with suspected cases or patients.
- People in charge of cleaning or disinfection.
- Employees or subcontractors in charge of cafeterias.
KEY POINTS & ACTIONS (continued)

3

DISPOSABLE GLOVES
- For healthcare or emergency staff dealing with suspected cases or patients.
- People in charge of cleaning or disinfection.
- Disposable gloves should not be used on other production workstations or in tertiary services. This is because they may make people feel invulnerable which is dangerous.

4

SAFETY GOGGLES
- For healthcare and emergency staff when dealing with a patient.

5

VISORS / FACE SHIELDS

Visors or face shields do not provide respiratory protection, they protect the face and eyes from the risk of splashes from someone coughing for example. They do not afford any protection against airborne particles. They are not as effective as respiratory protection masks.

- In a medical environment or when transporting patients, face shields should be used in conjunction with respiratory protection but never alone.
- Visors may be useful for people working in close contact with others.
- The visor further mitigates the risk of the virus spreading by lowering the risk of inappropriate behavior for example touching the face or touching a surgical mask.
- Surgical masks (face masks in U.S) should be worn together with visors during the periods laid down by the site. Otherwise, there is a risk of micro-droplets carried in exhaled breath continuing to survive in the air and on surfaces. In the same way, a visor does not prevent people breathing in the micro-droplets exhaled by others and which remain suspended in the air.
- Visors are personal protective equipment which must not be exchanged or lent to anyone else.
KEY POINTS & ACTIONS (continued)

CLOSED TOE SHOES OR OVERSHOE COVERS
- For healthcare or emergency staff dealing with suspected cases or patients.
- People in charge of cleaning or disinfection.
- Employees or subcontractors in charge of cafeterias.

HAIR CAPS/HEAD COVERING
- For healthcare or emergency staff dealing with suspected cases or patients.
- People in charge of cleaning or disinfection.
- Employees or subcontractors in charge of cafeterias.

LIST OF HYGIENE PRODUCTS:

- Disinfection procedures have a preventive role to play and should not only be deployed once a confirmed or suspected case has been identified. During an active outbreak, some team members may be contagious while experiencing few or no symptoms.

1. SOAP
- Hydroalcoholic solutions (hand sanitizer)
  - These substances should not be used to clean protective gloves.
  - To protect semi-finished or finished products during manufacturing operations, do not handle protective gloves nor don them until the hydroalcoholic solution has completely evaporated (hand sanitizer) and your hands are fully dry (soap and water).
- Cleaning and disinfection products:
  Use virucidal products such as sodium hypochlorite, quaternary ammonium or white vinegar.
  - The company carrying out disinfection should respect the contact times so the virucide can take effect. This time varies from one product to another.
  - All disinfectants have a certain contact time for a surface to be properly disinfected. It is essential to follow the supplier’s instructions.
  - The US administration provides a list of products on its website: https://www.epa.gov/pesticide-registration/list-n-disinfectants-use-against-sars-cov-2
17. SHIPPING AND DELIVERY DOCKS

KEY POINTS & ACTIONS

1. Adoption of specific measures for receiving letters, parcels and other goods.

2. Drivers and the staff of loading and unloading bays are required to observe hygiene and social distancing measures.

3. Barrier gestures include frequent hand washing and keeping a distance of at least 2 meters between people.

4. Loading and unloading bays should have hand sanitizer dispensers when there is no washbasin with soap.

5. Transport documents must be handed over and signed with no contact between people.

6. The washbasins and toilets used by drivers must be cleaned and disinfected once an hour when they are in use.

PURPOSE

To define operating processes for shipping and delivery docks to ensure continued distribution of products and parcels while preventing risk of contagion between site employees and truck drivers or deliverymen.

We also intend to maintain the services offered to truck drivers by ensuring the continued availability of washbasins and toilets where these exist.
18. OTHER USEFUL DOCUMENTS

ADDITIONAL DOCUMENTS

• GUI_443_DCSE GUIDELINES: Rules of hygiene in the event of an epidemic

• The Mask Policy will be published by the “Mask Task Force” before the end of April 2020.
19. CHANGE MANAGEMENT & TRAINING

PURPOSE
To help site employees acquire correct behavior which will protect them against the risk of contagion.

Risk management for Covid-19 - like for safety measures - will be based on a culture of vigilance with everyone following behavioral rules and applying procedures.

EVERYONE NEEDS TO BE ON BOARD.

FOCUS POINTS
To help employees get used to these new habits, we recommend sites take the following three dimensions into account when creating the change management plan: knowledge, desire, ability.

Because Covid-19 is a microbe it is invisible to the naked eye. The greatest difficulty will therefore be to ensure that everyone keeps strictly applying barrier measures over time and avoid having people become complacent. The fact there is no immediate consequence may encourage people to become or continue being careless. But the infected person coming to work will probably not display any symptoms for 24 to 48 hours. Also, many infected people remain asymptomatic and thus adherence to good hygiene is critical.

KEY POINTS & ACTIONS

KNOWLEDGE: TRAINING AND INFORMING STAFF

RECOMMENDED APPROACH:

• Train all employees the distancing rules when defining training modules.
  - As far as possible, if the site is shut down because of confinement, managers should contact employees prior to the resumption of work to notify them of the measures in force to reduce the risk of contagion when the site reopens. Best Practice
  - On the date of re-opening, it is important to begin with a hard-hitting awareness-raising/motivation action to train everyone in the new rules and new behaviors to adopt. Best Practice

• There must be regular refresher sessions to ensure the training remains effective over time. Best Practice
  - During the first few days of application of the new rules, it is advisable to reread the instructions, rules and practices at the start of the working day. Best Practice
  - Verification by the manager during workshop tours that everyone is familiar with the rules and operating instructions. Provide explanation and have discussion with employees and contractors as necessary. Best Practice

• Provide workstation documentation listing the facts needed to be known. Best Practice
  - In some places (site entrance, meeting rooms, changing rooms, showers, break rooms etc.) display documents listing the behaviors and/or instructions to apply to keep everyone safe. Best Practice

• Clearly display any government or health authority recommendations in suitable places where there is a lot of personnel traffic. Add information about the way these recommendations are being applied in the company. Legal requirements in certain countries.
  - Ensure this information is regularly updated throughout the pandemic.
  - Organize an information/training session whenever employees need to be made aware of an update.
19.

CHANGE MANAGEMENT & TRAINING

2

KEY POINTS & ACTIONS (continued)

• Meetings with employees can be organized in compliance with Covid-19 safety requirements to answer questions and ensure everyone has completely understood all the preventive measures. **Best Practice**

DESIRE: TWO RISKS TO BE FACTORED IN REGARDING BEHAVIOUR

I. THE RISK OF PEOPLE FOCUSING STRONGLY ON THE VIRUS

and as a result, concentrating less on the task at hand and its potential safety risks.

II. ON THE OTHER HAND, BEING MORE FOCUSED ON OPERATIONAL TASKS AND ITS USUAL RISKS

and forgetting the Covid-19 risk. Thus, it is necessary for management to communicate and ensure the balance between these two aspects.

• Make it more meaningful by explaining how the virus behaves and its modes of transmission. **Best Practice**

• Ask each employee to draw up a list of risk situations potentially encountered during the working day and how they can be avoided. **Best Practice**

• Take inspiration from the safety program to adapt certain actions to the specific Covid-19 context: **Best Practice**

  - Consult the coalitions on sites which have introduced them and launch actions. **Best Practice**

• Managers should take advantage of workshop tours to support all personnel. **Best Practice**

  - Encourage business unit leaders and workshop supervisors to look out for Covid-19 issues during workshop inspections. **Best Practice Externe**

• It is important to pay particular attention to people who are stressed out because of the situation. Excessive stress can lead to poor concentration on the work at hand as the mind is overwhelmed by the source of stress. Poor concentration on the work at hand can result in accidents. **Best Practice**

  - Try to pick up on whether certain employees are suffering from Covid-19 related stress. **Best Practice**

  - We recommend counseling these employees to help them keep their emotions in check. Wherever possible, they should be assigned to tasks with a low safety risk. **Best Practice**

  - Depending on the level of stress, if none of the measures taken improve the situation, after consulting the occupational physician or healthcare worker (if these exist on site), sick leave or a change of job could be envisaged. **Best Practice**

• Set up a process to assess compliance with the protocol and the protocol’s effectiveness in order to identify and correct any difficulties as quickly as possible.

  - These actions could be carried out in conjunction with the employee representatives.
KEY POINTS & ACTIONS (continued)

ABILITY

- Actions concerning ability are described in this document. They concern the availability of all resources required to apply instructions (PPE, cleaning materials, etc.). **Best Practice**

- If some actions and rules require additional working time, this should be granted to the people concerned.
KEY POINTS & ACTIONS

1. INFORMING suppliers and subcontractors regarding the expected behavior to adopt and the instructions to follow:
   - Communicating the expected requirements and processes for their employees working or coming on Michelin sites.
   - Complying with any Group or Michelin country instructions issued as the epidemic progresses.
   - Respecting the legal rules and instructions issued by the authorities in each country.
   - Display information supplied by the government and health authorities at the site entrance and specify how these instructions should be followed.

2. HAND DISINFECTION of anyone entering the premises. [Best Practice]

3. TEMPERATURE SCREENING of suppliers and subcontractors arriving on site.

4. FILLING IN OF A QUESTIONNAIRE by subcontractors and suppliers. [Best Practice]

5. COMPANIES PROVIDING SERVICES TO MICHELIN SHOULD REVISE PREVENTION PLANS TO INCLUDE COVID-19 RELATED RISKS.
   For external companies, for services on customer or originator sites.
   - Joint actions require special attention:
     - Avoid these situations when possible.
     - Define suitable preventive measures.

PURPOSE

Compliance of external suppliers, contractors and companies with Michelin and their own health rules.

FOCUS POINTS

External suppliers, companies and subcontractors present on company premises must follow the specific health rules issued by the employer in order to prevent the spread of Covid-19.
21. PSYCHOLOGICAL SUPPORT

PURPOSE

Be attentive to employees and encourage discussion during this uncertain and stressful period.

FOCUS POINTS

The stress-inducing nature of a pandemic (fear for one’s own health and that of others), frustration due to confinement and social repercussions all take a toll on people’s mental health which should be taken into account.

KEY POINTS & ACTIONS

1. Set up of a free dedicated pandemic hotline.

2. MANAGERS SHOULD:
   - Make sure that all employees know the hotline number.
   - Take action to try and minimize additional sources of stress.
   - Pay extra attention to stress prevention in their teams.

3. SP is there to assist any employee who is experiencing personal problems linked to the crisis (lower pay, sickness, caring for a relation etc.).

4. HEALTH SERVICES:
   - Provide appropriate information about risks.
   - Participate in defining and deploying preventive measures for psychological risks keeping pace with the fast-changing situation.
   - Care for employee’s individuality.
## 22. HYGIENE MEASURES

### PURPOSE
Hygiene measures to avoid spreading germs on hands.

### FOCUS POINTS
These measures will be the subject of regular reminders, awareness-raising actions (training) and communication.

### KEY POINTS & ACTIONS

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<tbody>
<tr>
<td><strong>1</strong></td>
<td><strong>TRAIN</strong> all employees on the hygiene and cleaning/disinfection rules. Regularly issue reminders about these rules to all staff to increase vigilance.</td>
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<td><strong>2</strong></td>
<td><strong>INCREASE CLEANING AND DISINFECTION</strong> in common areas (restrooms, showers, refectories, break rooms with faucets, door handles, handrails, turnstiles), twice daily or after each shift in plants.</td>
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</table>
| **3** | **FREQUENTLY WASH/DISINFECT HANDS:**  
- Employees must clean their hands frequently, using soap and water or a hand sanitizer that is at least 60% - 95% alcohol by volume.  
- Use soap and water instead of hand sanitizer whenever possible, since hand sanitizer is more irritating for skin.  
- Always wash hands before drinking, eating, or smoking.  
- Provide training on effective handwashing/disinfection.  

**Best Practice**  
- **EMPLOYEES MUST DISINFECT** their workstations every time there is a change of occupants, including for temporary workstations like seats in meeting rooms.  
- Disinfection must be performed on a clean surface. That means surfaces must be cleaned if necessary before they are disinfected.  
- Provide the necessary cleaning and disinfection supplies.  
- Ensure that supplies are refreshed as needed.  
- Machines, command consoles, control knobs, tools, tables.  
- In offices, all surfaces that could be contaminated: desktops, low cabinets, chairs, phones, etc shall also be cleaned and disinfected.  
- Remove as many items as possible to reduce the need for cleaning.  
- Put away all personal items to reduce the need for cleaning.  

**Best Practice** |
22.

HYGIENE MEASURES

A FEW KEY ZONES AND PIECES OF EQUIPMENT TO DISINFECT

- Clean and disinfect lift trucks at the start of each shift (forklift trucks or other lifting and handling equipment).
- Regularly (twice daily) disinfect smartphones, keyboards, and computer mouse (wipes or cloths soaked in soapy water).  
  - Best Practice
- Clean and disinfect company vehicles.
- Clean and disinfect outdoor roads and paths on sites (spit can get on shoes and be tracked into locker rooms).  
  - Best Practice

Provide disinfection supplies at workstations.  
  - Best Practice

Prepare a location map for hand sanitizer stations, to locate them along the path people take after the last time they go through the doors.

Provide paper towels.  
  - Best Practice

Keep all doors that do not have to be closed open.  
  - Best Practice

Prohibit putting objects (e.g., pens) in mouths.  
  - Best Practice

Signs (in toilets stalls, over sinks, in showers, etc.) prohibiting spitting.

Use trash cans with a lid and a pedal.

Implement a waste management process (legal requirement in certain countries):
- Implement a procedure for collecting and storing trash before it is removed.
- Train employees on the associated risks.

Prohibit or limit lending work equipment and apply a disinfection procedure. Increase equipment availability if necessary.  
  - Best Practice
**KEY POINTS & ACTIONS (continued)**

15. Employees should bring their own food and beverages to work (may be in a cooler):  
- Avoid using microwaves and refrigerators, unless practices to limit contamination when using them can be defined.  
- Remove shared coffee machines.  
- Remove or strictly regulate vending machines, with hand disinfection before and after use.  

16. Modify the uniform cleaning schedule.  

17. Modify the collection process for dirty uniforms.  

18. The employees responsible for accepting and distributing mail must apply preventive measures. Risk of spreading the virus from hands to face:  
- One best practice is wearing a face shield that prevents wearers from touching their face.  
- Disinfect hands after touching mail.  
- After handling the mail, disinfect all other surfaces touched with hands or by the mail.  

19. Principles for handling mail:  
- Wait 24 hours before opening non-urgent mail.  
- Disinfect hands after touching mail.  
- After handling the mail, disinfect all other surfaces touched with hands or by the mail.  
- Try to remove the contents from each envelope without touching it.
23. SOCIAL DISTANCING MEASURES

PURPOSE
Measures to systematically maintain distances between people to reduce the risk of transmission by inhalation of the virus between individuals or groups.

FOCUS POINTS
These measures will be the subject of regular reminders, awareness-raising actions (training) and communication.

KEY POINTS & ACTIONS

1. Reorganize pedestrian traffic to limit paths crossing:
   - Avoid having high-volume flows cross each other during shift changes.
   - Possibility of staggering schedules or separating incoming and outgoing flows and using different doors and paths. **Best Practice**
   - Set up one-way traffic patterns in certain circulation areas to avoid paths crossing. **Best Practice**

2. In situations that can lead to lines (cafeteria, site entrance and exit, etc.), set up markings on the ground to space people 2 m apart. **Best Practice**

3. Decrease the number of people in enclosed spaces at the same time to enable distancing (meeting rooms, recreational areas, changing rooms, smoking rooms, showers, etc.)
   See file #8 «Conditions that increase the spread of the virus».
   - Possibility of staggering schedules or separating incoming and outgoing flows and using different doors and paths. **Best Practice**
   - Masks must be worn when multiple people are gathered in a single room.

4. A risk analysis must be carried out to identify and correct physical or temporary situations that could encourage transmission of the virus between people.
   For example: successive contact with products or equipment (machines, maintenance tools, containers, etc.), workstations located less than 2 meters (> 6 feet) apart, tasks done together (carrying loads as a group, etc.).

5. One option to protect people on very closely packed workstations where 2 m (> 6 feet) distances cannot be maintained would be installing protection around the workstations (physical barrier, plexiglass screen, organizational modifications, etc.). **Best Practice**
SOCIAL DISTANCING MEASURES

6  People who are in contact with the public behind a protective screen must be protected from suspended particles. If the screen does not completely isolate them from the public, they must wear an FFP2/N95 mask.

- Example: reception staff of a site in direct contact behind a desk.
- Example: sales representatives meeting people who are not wearing masks. On the opposite, if the people they meet are wearing masks, wearing a face mask is enough.

7  JOINT ACTIVITY: identify workstations that require working together to define the necessary protective measures.

- Change the way things are done to avoid working together. Best Practice
- Stronger barrier measures to protect everyone. Best Practice

8  • An accident, whether it involves a person or equipment, generally leads people to gather around to help or to prevent more serious consequences.

Gathering in close quarters can be dangerous due to the COVID-19 epidemic, since it significantly increases contact between people. When possible, workplace first responders and managers must ensure that everyone stays at their workstation to avoid increasing the risk. Best Practice
APPENDIX:
GENERAL INFORMATION ON THE CORONAVIRUS

A few key basics to understand that are the basis of the rules and best practices listed in this document.

THE INFORMATION WE HAVE, BASED ON THE LATEST MEDICAL AND PUBLIC HEALTH DATA:

CONTAGIOUSNESS

• Highly contagious virus.

• A person who has Covid-19 is contagious 48 hours before the first symptoms appear.

• Some people are infected but never develop symptoms, and therefore never know they were infected. They are still contagious, however.

• The virus’ incubation period - the time until symptoms appear - varies widely. It ranges from 2 to 14 days. In the majority of cases, incubation ranges from 2 to 7 days.

• Larger respiratory droplets fall on surfaces, where they can survive from a few hours to a few days depending on the type of material and surface (smooth, rough, or porous) and the level of humidity.

TRANSMISSION

• Via airborne droplets and via physical contact, mainly with hands, via contaminated objects.

• Via nasal secretions emitted through the mouth or nose:
  - When an infected person breathes, they emit droplets that contain the virus, which can be absorbed by people nearby.
  - A person who coughs emits more and heavier droplets, which fly farther. Transmission can be high. The heaviest droplets fall on surfaces that may be touched by other people.

• Via hand-to-hand contact or contact between hands and objects previously touched by other people:
  - Our hands come in contact with surfaces contaminated with the virus, then come up to our face due to constant, reflexive behaviours (scratching, running hands through hair, rubbing eyes, etc.).
SAFE DISTANCES

• The Group recommends the safety distance established by the UK and US of 6 feet, which takes into account the fact that when people move, there are air currents, and people can cough without warning.

• Droplets fly farther during physical exertion, when speaking, and when talking.

DURATION OF VIRAL ACTIVITY

• The virus stays active longer in humid environments: humid rooms (showers, restrooms, etc.), condensation (e.g., on windows when there is a large indoor/outdoor temperature difference, such as bus windows in the morning). This is why showers have to be closed when possible.

CONCENTRATIONS OF PEOPLE

• Having several people together in an enclosed space is a high-risk situation during this epidemic. The concentration of the virus, which is suspended in the air, increases over time if the space is not ventilated/meeting rooms, open spaces, mass transit, cars with several occupants, locker rooms, showers, recreational spaces, MAP rooms, small offices with several occupants, spaces with closed ventilation systems and no filter, etc. There are currently no formal scientific studies that indicate the level of risk of infection in enclosed spaces. However, many organizations recommend taking preventive measures in such situations, and many companies recommend wearing masks. We have therefore chosen to apply the principle of precaution, despite the lack of certainty.

• To be mentioned: the FDA in the US imposes the fact of wearing a mask when distancing (6 feet) cannot be guaranteed.

DISINFECTION & CLEANING

• During the Coronavirus epidemic, it is important not to wait until a confirmed or suspected case emerges before disinfecting. Disinfecting’s real value is preventive.

• CLEANING: removes all dirt and impurities including microbes/viruses on surfaces. Cleaning alone does not kill germs but does remove some of them, thus decreasing the number of germs and the risk of infection. Disinfection uses special chemicals to kill the germs on surfaces. It does not necessarily clean dirty surfaces and does not remove germs, it simply kills the germs that remain on a surface after it is cleaned, thus significantly reducing the risk of spreading the disease.

HANDLING MASKS

• Never remove a mask and then put it back on. It may have virus particles on one side or the other, and when you remove and handle it, you transfer those particles to the other side and to your hands. There is also a risk that the virus is on your hands and can then be transferred to the mask. This is why a mask must always be replaced after any hand-mask contact.

AIR POLLUTION

• Air pollution (mixing workshops, BU manufactures, depots, etc.) is an amplification of the risk of virus spread. Suspended particles capture viruses and create conditions for longer life. As a consequence, the density of active viruses in the air in these areas can be significantly higher than in clean areas.