BEST PRACTICES PROTOCOL

FOR SITES FACING A COVID-19 EPIDEMIC
P Urpose of this document

The Michelin Group has set two priorities for its management of the Covid-19 crisis:

- Safeguard people’s health and safety.
- Ensure business continuity insofar as possible.

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

The Michelin Group is therefore:

- Taking all necessary initiatives to provide employees as much information as possible on the state of knowledge about the epidemic and how to protect themselves from it, individually, in the family and at work.
- 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.

As a general rule, personal data must not be collected and used unless doing so is essential to achieve your goal; at each step of the way, you must carefully consider how to balance all of the public and private interests involved and the rights and civil liberties in play. Michelin has designated contacts in its local legal directions worldwide to help you collect and use personal data on our employees, visitors, and service providers in compliance with the local regulations and this protocol.
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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 INsofar 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.

LIMITATIONS OF THE DOCUMENT

• Management of the first confirmed Coronavirus cases on a site.

• Preventive measures in the event of an ongoing outbreak of the virus in the vicinity of the site. The status of the outbreak is qualified by the local health authorities in connection with international organizations.

• 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.

Each site makes decisions based on the particular local situation and the specific risks it faces:

• The status of the ongoing outbreak in the town and the region.

• The health of each employee and their relations living under the same roof, taking into account the vulnerability factors defined by the health authorities.

• Activities during day (including commuting) and the associated risks (distancing, hygiene, potential hazards, etc.)

For further clarification or in the event of doubt, the site EP manager and occupational physician should be consulted. Any waiver to the rules will be analyzed under the responsibility of the Site Director.
SCOPE OF ACTION OF THE PROTOCOL IN 16 POINTS

1. Provide staff with suitable PPE for the risks they are liable to encounter during their working day.

2. Apply distancing measures.

3. Provide for hand washing and disinfecting of work surfaces and work spaces.

4. Keep anyone potentially contagious away from the site.

5. Protect vulnerable people.


7. Make provision for psychological support for employees.

8. Organize training and change management to ensure rules are followed, people behave correctly and stay alert.

9. Set up a work organization to ensure business continuity.

10. Closely monitor any changes to regulations and apply them promptly.

11. Conduct a specific COVID-19 risk analysis to anticipate and handle any one-off or permanent situations.

12. Factor COVID-19 into risk analyses and prevention plans.

13. Ensure that the same rules, actions and behavioral requirements also apply to permanent subcontractors.

14. Closely monitor any changes to regulations and apply them promptly.

15. Communicate with all site stakeholders.

16. Travel by plane.
10 GOLDEN RULES

1. WEAR A MASK.
2. WASH YOUR HANDS REGULARLY.
3. STAY MORE THAN 6 FEET/2 METRES AWAY FROM OTHER PEOPLE ALL THE TIME.
4. AVOID TOUCHING YOUR FACE.
5. DON’T COME TO WORK IF YOU (OR A MEMBER OF YOUR FAMILY) ARE SHOWING ANY SYMPTOMS.
6. CLEAN AND DISINFECT YOUR WORKSTATION, YOUR TOOLS, YOUR DESK BEFORE STARTING WORK.
7. AVOID SHARING YOUR TOOLS.
8. REMEMBER TO FREQUENTLY VENTILATE ROOMS.
9. RESPECT THE MAXIMUM NUMBER OF PEOPLE ALLOWED IN A ROOM.
10. CONVENE REMOTE MEETINGS USING TEAMS.

STAY MORE THAN 6 FEET/2 METRES AWAY FROM OTHER PEOPLE ALL THE TIME.

LET’S BEAT COVID-19 TOGETHER!

JE PRENDS L’INITIATIVE D’AERER FREQUEMMENT LES LOCAUX.

AVOID TOUCHING YOUR FACE.

KEEP EVERYONE SAFE!
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. Comply with the country rules concerning the treatment and evacuation of suspected Covid-19 cases.

2. A suspected Covid-19 case is dealt with immediately. The local health authority is promptly advised. The diagnosis is confirmed by a competent healthcare authority as quickly as possible.

3. Unless this contravenes country rules:
   - If there are no serious symptoms, contact the occupational physician or ask the person to contact their general practitioner for a medical opinion.
   - If the lack of serious symptoms is confirmed, organize for the person to return home avoiding public transportation.
   - If the person shows any serious symptoms (e.g. difficulty breathing) call the emergency health services (remain in the near vicinity of the person so that the physician can talk to them if required).

4. During the evacuation of the patient:
   - See file #4: “Advice on the patient evacuation phase”. ➔
   - Have the employee put on a surgical mask immediately and wash their hands or disinfect them with hand sanitizer.
   - Isolate the person from other employees (provide temporary containment room), have them evacuated from the site and ensure they receive medical care, in line with each country’s legal provisions.

5. Inform the person’s family (in compliance with the country’s legal regulations), alert them to the need to contact the public health authorities, and provide the relevant contact information.

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

7. Cleaning and disinfection of the workstations and areas that the employee may have touched.

Any waste produced by the contaminated person (masks, tissues, objects which cannot be cleaned, disposable beakers etc.) should be disposed of according to the site Infectious waste disposal policy, if one exists.

Best Practice

Potentially unclean waste should be disposed of in a double bin bag and kept for 24 hours in an enclosed space reserved for this purpose before disposal in the household waste stream.
Note the name and phone numbers contact of all those present before they leave (for use in the epidemiological survey).

Assess the potential scale of contamination. The starting point for contamination is estimated at 48 hours before the onset of symptoms: some situations which should be considered:

- Using the cafeteria
- Riding the company bus or car-sharing
- Recreational activities within the company (library, gym, etc.)
- Number of meetings in recent days
- Isolated worker (e.g. on a machine) or in an enclosed space with numerous people
- Conduct an epidemiological survey to identity contact cases.

Identify all the spaces that the person entered and the surfaces that they touched during the 48 hours before the onset of symptoms and until intervention began.

- Contaminated zones: the area where the contaminated employee worked, attended meetings, had meals, locker rooms, toilets, rest/break rooms, smoking area etc. The cordon around the person’s work zone is 6 feet/2 meters wider than the actual zone.
- The contaminated area does not include corridors, halls, reception areas etc.

Action to take regarding people who have been in contact with the contaminated person:

→ See file #6: “Protecting people who have been in close contact with the patient”.

Inform the rest of the site’s employees and the unions and employee representatives when the site is affected.

Notify management in the Michelin Head office of the region the site belongs to.

 Communicate with external stakeholders as necessary.

→ See file #10: “Communication during the Coronavirus crisis”.

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

Best Practice
KEY POINTS & ACTIONS (continued)

16 Whenever possible, so as to prevent transmission of the virus, with the employee’s consent and in line with local regulations, ask the employee to confirm whether or not they are infected with the coronavirus once they are receiving external medical treatment and have obtained a diagnosis.

17 The principle of precaution applies until we have received a medical diagnosis; we therefore trigger the necessary measures with respect to anyone who may have been contaminated by the Coronavirus until proven otherwise. If the diagnosis is negative for the coronavirus, the measures taken will be canceled.

18 Understanding the reasons behind contamination occurring in the workplace
   • Perform a cause analysis in the same way as for an accident to determine if the contamination can be explained by any internal failings.
   • Examine whether it is likely the disease was caused by an external source.
   • Deal with any failings or weaknesses identified by means of additional preventive and remedial actions. (Apply this remedial action to the entire plant).
**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**

1. **Creation of a rapid action unit to handle anyone who reports Covid-19 symptoms at work.**
   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 from less than 14 days, 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, each employee should check that they do not have any symptoms of COVID-19, particularly a fever. **Best Practice**
   - 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. **It is important to inform and/or train employees so that they are aware of and can obey rules, apply barrier measures and stay alert:** display of infographics, instructions, documents, videos etc. **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” 📄.
KEY POINTS & ACTIONS (continued)

6

**Conditions of use of surgical masks** (workshops, departments, sites):

→ See file #24: “Mask wearing and uses”.

7

It is recommended to close cafeterias where possible. If this is not possible, particular care should be taken in cafeterias to avoid spreading the virus via contact with cutlery and to prevent foodborne contamination by cafeteria employees and interpersonal contamination due to the number of people. Doing several services with fewer people may be a solution.

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

→ See file#13: “Cafeterias”.

8

**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

9

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”.

10

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

→ See file#21: “Psychological Support”.

11

Supporting staff so that they correctly assimilate and apply the precautions intended to keep everyone safe.

→ See file#19: “Change management & training”.

12

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

13

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

14

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.
### PURPOSE

This is the action to take prior to an outbreak of the virus in the vicinity of the site (the area in which site employees live). Once this action has been taken, the site will be in a position to promptly deploy measures to prevent employee contagion in the workplace. Through these actions will also make it possible for work to resume on site after a lockdown. The necessary resources will be available to treat the first case(s) of employees affected by 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. **Make provision for large supplies of protection equipment, hand sanitizer and soap for the site. Ensure soap and hand sanitizer dispensers are refilled at the right 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:**
   - **Best Practice**
     - 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. **Best Practice**

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

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. That entails having staff properly trained and ready to intervene at all times.**
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 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 other employees wash their hands, move at least 6 feet/2 meters away from each other, and head to another workspace.

7. For platforms or shared offices, immediately evacuate and clean and disinfect the space. In confined areas, where there are windows, the rooms/rooms concerned are ventilated. In other areas, a drying time and natural ventilation is needed to eliminate viruses in the air, before the employees return.

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.

•  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**
4. ADVICE ON THE PATIENT EVACUATION PHASE

KEY POINTS & ACTIONS (continued)

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).

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.

15 → See file #1: “Actions when a suspected or confirmed case of Covid-19 appears”. and then manage the contact persons.
Each site is given the autonomy to adapt measures to their local laws and regulations.

### PURPOSE

Wipe out all traces of the virus by means of cleaning and disinfection operations during an ongoing outbreak of the virus.

Each site must take great care when disinfecting the premises: all human contact surfaces, floors, break areas, cafeterias, etc. Keep employees in charge of cleaning and disinfection safe from contamination.

### CLEANING: remove all dirt or impurities including germs/viruses on surfaces.

Cleaning alone is not sufficient to kill germs but removing some of them reduces the overall number and thereby reduces the risk of infection.

### DISINFECTING: completes cleaning. This action is more effective after cleaning. The effectiveness is due to the chemicals used to kill the microbes remaining on a surface after cleaning. Disinfection greatly reduces the risk of spreading the epidemic. Always ventilate a room well to promote rapid drying.

### KEY POINTS & ACTIONS

1. **Equipment for staff in charge of cleaning and disinfecting floors and surfaces:** single-use gowns, household gloves, eye protection, and a splashproof respirator (a surgical mask is not sufficient), closed toe shoes (no uncovered skin) or overshoe covers.

   - Cleaning/disinfecting staff working in wet rooms such as showers and toilets should wear a visor and a surgical mask (face mask in the US) as protection against any splashing.

   - If no visors are available, they should be issued with FFP2/N95 masks and safety goggles. **Best Practice**

   - It is possible to dedicate part of the cleaning/disinfection staff to wet rooms in order to economize FFP2/N95 masks. **Best Practice**

2. **People in charge of cleaning and disinfection should comply with local regulations regarding the collection and disposal of potentially infected waste.**

3. **All disposable PPE should be removed and wrapped up** at the end of the cleaning and disinfection operations. This waste is thrown into a double bin bag, stored for 24 hours and then disposed in accordance with the prescribed standards. Glasses or visors should be disinfected after each use according to the manufacturers’ instructions. Hands must be washed using soap and water immediately after removing each item of PPE.

4. **If cleaning operations are outsourced,** the company must supply proof that their staff working on site have received up-to-date training in the requisite skills, in particular disinfecting areas with a risk of infection. These trainings will also have to take into account dressing and undressing.

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KEY POINTS & ACTIONS (continued)

Increase the frequency of cleaning and disinfection according to the situation:

- Cleaning of common areas (toilets, showers, refectories, break rooms with faucets, door handles, switches, handrails, turnstiles) twice daily or after each shift in plants.

- Cleaning and disinfection of work tools: keyboards, mice, screens, cash drawers, landlines and mobile phones, switches...

- Showers not required for professional reasons should be 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) should be cleaned twice daily or after each shift in plants.

- Provide supplies to clean 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.

For floors, use a washing/wet disinfection system. Disinfecting dirty surfaces is pointless if the virus remains permeated in the dirt. It is important to start by cleaning with a soapy water and/or detergent prior to disinfecting. For example:

- The contact time of the disinfectant marked on the supplier’s container must be followed to ensure the surface is properly disinfected.

- Floors and surfaces are cleaned with a single-use flat mop head impregnated with detergent; **Best Practice**

- Floors and surfaces are then rinsed with drinkable tap water with another single-use flat mop head; **Best Practice**

- Adequate drying time is allowed for floors and surfaces; **Best Practice**

- The floors and surfaces are then disinfected with diluted sodium hypochlorite (bleach) with another new single-use flat mop head; **Best Practice**

- Potentially contaminated surfaces should not be cleaned using compressed air and water jets as there is a risk of infected particles being dispersed in the air by aerosolization.

- Premises and especially carpets can be vacuumed using a vacuum cleaner fitted with a HEPA (High Efficiency Particulate Air) filter which traps the micro-organisms emitted during cleaning.

Air out the room thoroughly after cleaning.
6.
PROTECTING PEOPLE WHO HAVE BEEN IN CLOSE CONTACT WITH A POTENTIALLY CONTAMINATED PERSON

A “case of close contact” is a term used to identify someone who has been in contact with someone confirmed as being a carrier of the virus in the following conditions:

- Contact with the infected 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, bedroom etc.

Close contact also includes direct contact with a patient with no effective protective measures (especially with a face mask) at a distance of less than 6 feet/2 meters more than 15 continuous minutes: intimate contacts, 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 with priority.

- Have people who may have been infected due to close contact (see definition) self-isolate at home for 14 days.

- People concerned by “casual contacts” or “contacts of a contact” can continue to work as usual. They should take their temperature twice a day for 14 days, and if they experience symptoms they should self-isolate, contact their physician or the health authorities and notify their manager.

Rules for self-isolation:

- 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”. [2]
- They are asked to make themselves known with the site’s healthcare department.
- Employees with a vulnerable person in their household are also asked to report this. Care must be taken to ensure that they do not become a source of infection for their relatives.
- These people should ask the site’s healthcare department to confirm that they are vulnerable, respecting medical secrecy.

• The company takes measures to shield people affected by factors that increase vulnerability.

- Working from home is an option, where feasible, to eliminate the risk of contamination in the workplace. [Best Practice]
- Their work can be reorganized so that they are not in contact with others: separate workstation with social distancing, separate “one way” arrival and departure (time or place) and adapted breaks. [Best Practice]

• If a vulnerable person opts to come to work during an outbreak of the virus, care should be taken to not to position them:

- Under an air conditioning or ventilation vent where recirculated air is used.
- In a direct line with people in the air flow from air-conditioning/ventilating vents to ensure that these air flows do not spread the virus from an infected person to a vulnerable person.
  → See the precautions in file #26 “Air conditioning and ventilation”. [3]
- Wearing FFP2 masks and safety glasses or visors is a solution to allow vulnerable people to work. [Best Practice]
- Special care should be taken by management to shield vulnerable people working on site and make sure that they comply with the measures laid down to keep them safe. [Best Practice]
7. PREVENTION FOR VULNERABLE PEOPLE

KEY POINTS & ACTIONS (continued)

- Additions could be made to this list in the event of new information emerging or changes in the characteristics of the virus.

- **We recommend that vulnerable people avoid air travel during outbreaks of the virus.** They should take particular care in hotels and restaurants which can be a source of risk but which are difficult to avoid when travelling.

  **Best Practice**
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.

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 TURNTILES
   - 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
   • During an outbreak, always use the stair handrail to prevent a fall as follows:
     - Hold your hand a few centimeters over the handrail without actually touching it. Continue to hold your hand over the handrail while you walk up and down the stairs so that you can stop yourself falling if you lose your balance.
     - Hold the handrail. Disinfect your hand immediately afterwards.

   • For dangerously steep stairs in workshops where there is a risk of losing your balance, always hold the rail. Disinfect your hands afterwards.

   • Share a message on increased caution on the stairs to prevent careless falls. Keep your eyes on the steps.

   • In these premises we circulate with the surgical mask, even more, due to the effort, the breathing level and rhythm are reinforced.
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.

LOCKER ROOMS

- Scientific studies have shown that the virus can live on clothes and be dispersed in the air when they are removed. Handling items of clothing in locker rooms may increase the risk of air and surface contamination.
  - Do not take off your clothes in a poorly ventilated, confined space.
  - Once you return home wearing work clothing, care should also be taken not to spread the virus. [Best Practice]
  - Hair may also be contaminated. In case of doubt, wash your head and hair as soon as you get home. [Best Practice]
  - It is necessary to avoid concentrations of people in these premises, which are often very confined and dense. Different solutions are feasible:
    - Keep communal locker rooms closed and ask employees to come dressed for work.
    - For those jobs where changing clothes in unavoidable, we suggest people get changed in different places around the site. [Best Practice]
    - Reduce the number of people in the changing rooms by extending the time slots for staff entering and leaving.
    - Clean and disinfect the locker rooms between the incoming and outgoing shifts.
    - Increase the ventilation power of these rooms to quickly evacuate the stale air. [Best Practice]
    - Air out locker rooms for 20 minutes between shifts, where possible.
8. CONDITIONS THAT CAN INCREASE THE SPREAD OF THE VIRUS

KEY POINTS & ACTIONS (continued)

MEETINGS

• A surgical mask (face mask in the US) should be worn at meetings during an outbreak of the virus.

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

• If the air-conditioning or ventilation system works with an efficient filtering system capable of preventing the circulation of the virus, or when it operates with a completely new air supply, windowless rooms may be used.

• **When the system does not filter viruses**, or does not provide completely new air:
  - 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 cleaning supplies and disinfectant** in meeting rooms so everyone can clean their own seat including armrests.

• 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

OPEN SPACES / SHARED OFFICES

SURGICAL MASKS (face masks in the US) SHOULD BE WORN IN THESE AREAS DURING AN ONGOING OUTBREAK OF THE VIRUS.

- If the air-conditioning works with an efficient filtering system capable of preventing the circulation of the virus, windowless rooms may be used.

- If no efficient air-conditioning system filtering out the virus exists:
  - Air out rooms at least once an hour by opening windows for 20 minutes.
  - Do not use rooms with no external windows during an ongoing outbreak of the virus.

- Ensure there is a 6 feet/2-meter distance between different people’s workstations.

- Organize arrivals and departures so that people do not meet in corridors or go through doors at the same time.

- Provide cleaning supplies and disinfectant in meeting rooms so everyone can clean their own spot.

- Ensure that all the members of a team are not in an open space together to avoid the risk of an entire team falling ill at the same time. Best Practice
8.

CONDITIONS THAT CAN INCREASE THE SPREAD OF THE VIRUS

KEY POINTS & ACTIONS (continued)

TOILETS/REST ROOMS NEW

TOILETS REPRESENT A RISK because the virus is present in human secretions and they are confined spaces. Flushing a toilet causes aerosolization and tiny droplets of virus are sprayed into the air. This is one of the phenomena behind contamination.

- Surgical masks (face masks in the US) should be worn during an ongoing outbreak of the virus.
- Other hygiene measures in the toilets: Best Practice
  - Avoid touching surfaces.
  - Clean/disinfect toilet seats using hand sanitizer for example before use.
  - Use a disposable tissue to open doors.
  - Put the toilet lid down before flushing. If there is no lid, stand back and wait a few moments before returning to the toilet.
  - Flush the toilet when you arrive and before you leave.
  - Wash your hands before and afterwards.
  - Use a second disposable tissue to open the doors once you have cleaned your hands.
- Put up "No spitting" signs in toilets, showers, over washbasins etc.
- Toilets are equipped with ventilation systems ensuring rapid air change working on 24/7.
  - The capacity of existing ventilation systems to accelerate the evacuation of aerosols into the toilet should be increased.
  - Do not open toilet windows to avoid disturbing the ventilation system.
- Stay 6 feet/2 meters away from others in the toilets. Do not enter if there is no room for an extra person.
- Clean and disinfect the toilets between the incoming and outgoing shifts.
- Clean and disinfect the toilets several times a day in administrative buildings.
- Make disposable towels available: Best Practice
  - Make single-use paper towels available for hand drying and dedicated pedal-operated waste bins. Best Practice
  - Adapt the way you use cloth hand towels to prevent two successive people from touching the same cloth surface. Be sure to adjust the frequency of resupply accordingly. Good Practice
  - Do not use forced-air hand towels anymore to avoid droplets projections.
KEY POINTS & ACTIONS (continued)

10 **RECREATIONAL AREAS**
- Provide supplies to clean and disinfect tables and seats in recreational areas so everyone can clean their own spot.
- 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.

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.
- 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 transportation if possible.

**Best Practice**
- Passengers should don a surgical mask before boarding the bus and throw it away on arrival.
- For Michelin shuttle buses, passengers should wash their hands with hand sanitizer provided on the bus when boarding and alighting.
- Only one passenger per pair of seats.
- Air the bus by opening windows in the front and back during the journey if the weather permits.
- In public transportation, if distancing is not possible and other users are not wearing masks, we recommend wearing FFP2 masks.
9. 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.

1. 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 (possible turnover on a daily or weekly basis) with no contact during changeover. **Best Practice**
- Hygiene: regular hand washing.
- Social distancing.

2. 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

PURPOSE
To maintain 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.

KEY POINTS & ACTIONS

1. 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 medical department.
   - Notify all employees on site and the employee representative bodies, respecting the anonymity of the person.

2. Provide periodic updates on the situation.

3. 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).

4. 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.

5. Ensure managers are more attentive. Ensure support for managers.

   Best Practice

6. Ensure support for the members of the site crisis unit.

   Best Practice

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

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

   Best Practice

9. Communicate with the local media following instructions from Group management.

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.

   Best Practice
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 (in particular without wearing a mask) at a distance of less than 6 feet (2 meters) for more than 15 consecutive minutes: intimate contacts, classmates or co-workers, commuters etc.

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VULNERABILITY FACTORS

THE COMPANY MAY ONLY ACT UPON MEDICAL ADVICE SUBMITTED BY THE EMPLOYEE.

KEY POINTS & ACTIONS

Pathologies and illnesses considered to put people at “a higher risk” during an ongoing outbreak of coronavirus.

1. Cardiovascular disease.
2. Hypertension.
3. Respiratory illnesses.
4. Diabetes under control or not.
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.

The lists of causes of fragility vary from one country to another, each site will take into account the list of its country when it exists. This list may provide a supplement to be considered as a best practice.

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.
PURPOSE
To define requirements and recommendations to minimize possible spread of the virus in cafeterias or canteens

13. CAFETERIAS

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.
   - Best Practice

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. - Best Practice

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. Increase ventilation and/or open windows when possible. - Best Practice

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

11. Where possible, provide closed individual lunch boxes. - Best Practice

12. 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 after cleaning its space.
13. CAFETERIAS

**KEY POINTS & ACTIONS** (continued)

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

<table>
<thead>
<tr>
<th>COMMUNICATION</th>
<th>RULES OF HYGIENE</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>TEAM:</strong> Daily briefing on stricter hygiene.</td>
<td>• Hand washing every hour.</td>
</tr>
<tr>
<td><strong>CONSUMERS:</strong> Reminders about hand washing (hand sanitizer) on display at the cafeteria entrance and on Michelin display boards.</td>
<td>• Wearing of face masks covering the nose and mouth during preparation.</td>
</tr>
<tr>
<td><strong>VISITORS:</strong> Provision of hand sanitizer and instructions on display at site reception.</td>
<td>• Provision of disposable paper gowns that can be changed daily.</td>
</tr>
</tbody>
</table>

**COMMUNICATION RULES OF HYGIENE**

- **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.

**MY BRIEF**

- **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 SERVICE**

- **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).**

- **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.**

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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:
   - 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.
Each site is given the autonomy to adapt measures to their local laws and regulations.

15. 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, AND a visor or a facial screen.

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 in the past 14 days.
- 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).

7. Avoid the sharing of pens, typical and specific practice when registering visitors at the reception.
   - Provide some hydroalcoholic solution for visitors who do not have a personal pen so that they can wash their hands before and after the use of the common pen.

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.

- Protect reception staff against the risks of contagion connected with being in contact with the public.

- Avoid the admittance of potentially contagious people to our premises.

- 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:

1. **Masks**
   → See file #24 «Masks».

2. **Disposable 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.

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.

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 afterwards. The training should also cover the correct disposal of used PPE.
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 and individual protective equipment which must not be exchanged or lent to anyone else.

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.

• 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 6 feet (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

Operating process for shipping and delivery docks to ensure continued distribution of products and parcels while preventing risks 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

18. OTHER USEFUL DOCUMENTS

ADDITIONAL DOCUMENTS CAN BE FOUND ON THE DCSE INTRANET

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

• Guide: Crisis management in the event of Michelin staff contracting Covid-19 after a return to work following the initial lockdown.

• VIDEO ON WEARING A MASK:

• Instruction posters: wearing a mask, hand sanitizing, hand washing with soap and water. Various formats are available: A4, A3, flyers, 16/9 digital screens.
  - Accès boîte à outils COVID-19 DCSE versions FR.
  - Accès boîte à outils COVID-19 DCSE versions EN.

PURPOSE

Provide a set of documents for use when required for prevention, training and communication.

Documents drawn up by the Group to support country action.

The source files are available for local adaptation and translation.
19. CHANGE MANAGEMENT & TRAINING

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

- 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

- Appointment of local Covid-19 ambassadors: some Michelin sites in Asia have adopted a system of team ambassadors. Their job is to provide the first level of support, coaching and information for their colleagues. They have been given the power by management to act as informal mediators in the event of a dispute. They can remind team members to follow the rules. Their role is similar to that of a spoke. They start by learning about preventive measures themselves. 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

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 an understanding of the danger, 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.
19.

CHANGE MANAGEMENT & TRAINING

KEY POINTS & ACTIONS (continued)

• 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.

• 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.

2

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 (hence the need of promoting structural and hygiene measures of distancing, which do not mobilize the attention, compared with individual measures which mobilize them).

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.

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

• Take inspiration from the Group Safety Program to adapt certain actions to the specific Covid-19 context:
  
  - Consult the coalitions on sites which have introduced them and launch actions.

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

- Encourage business unit leaders and workshop supervisors to look out for Covid-19 issues during workshop inspections.
19. CHANGE MANAGEMENT & TRAINING

KEY POINTS & ACTIONS (continued)

- 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. Frequently recall the Covid-19 hotline existence.

  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.

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.
20.
SUPPLIERS AND SUB-CONTRACTORS

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 be warned about the fact that they will have to follow the specific health rules issued by the employer in order to prevent a spread of Covid-19.

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.

3. ISSUE VISITORS WITH SURGICAL MASKS if they do not have any. Adapt the number of masks issued to the time spent on site during the day.

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

5. FILLING IN OF A QUESTIONNAIRE by subcontractors and suppliers.

The following visitors or (sub) contractors 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 in the past 14 days.
- 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).

6. 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.
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
- 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.
- Ensure non-victimization and/or stigmatization of people in distress.
- Reassure potentially vulnerable people, overwhelmed by events.

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

1
TRAIN all employees on the hygiene and cleaning/disinfection rules. Regularly issue reminders about these rules to all staff to increase vigilance.

2
INCREASE 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.

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 and after any other consumption. Best Practice
• Provide training on effective handwashing/disinfection. Best Practice

Hand sanitizer emits inflammable and electrostatic gases during evaporation. Stay away from power sources or highly electrostatic products or flames until your hands are completely dry.

4
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. Best Practice
  - Put away all personal items to reduce the need for cleaning.
22. HYGIENE MEASURES

KEY POINTS & ACTIONS (continued)

5 A FEW KEY ZONES AND PIECES OF EQUIPMENT TO DISINFECT

- Wash hands before and after cleaning.

- 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).

- 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).

   Do not clean or disinfect materials, semi-finished products, tires being manufactured, finished tires. Any product in contact with tires or any tire parts must first be validated by Group experts. The customer’s safety is at stake. Contact the activity RGQA for any clarification.

6 Provide disinfection supplies at workstations.

7 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.

8 Make disposable towels available and pedals bins nearby.

9 Keep all doors that do not have to be closed open.

10 Prohibit putting objects (e.g., pens) in mouths.

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

12 Use trash cans with a lid and a pedal.

13 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.
22. HYGIENE MEASURES

KEY POINTS & ACTIONS (continued)

14 Ban or restrict the lending of working equipment and provide for a disinfection procedure. **Best Practice**
   - Increase the individual tool allowance if necessary. **Best Practice**
   - Tools which are used by more than one person should be disinfected between users.

15 Employees should bring their own food and beverages to work (may be in a cooler): **Best Practice**
   - 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. **Best Practice**

16 SNACK AND DRINK VENDING MACHINES
   - Vending machines should taken out of service or their use strictly regulated with hand disinfection before and after use. **Best Practice**
     - Some companies have removed water fountains and distribute bottled water to their employees. **Best Practice**
     - Other companies ask their employees to bring their own bottles of water to work. **Best Practice**
   - If vending machines remain in service, the machine and user contact points should be disinfected by the service provider.
     - Regular cleaning during the day (at least twice a day and between shifts in plants).
     - Operators filling the vending machine should wear a mask.
     - The machine should be cleaned before filling. Operators should wash their hands after cleaning the machine and before refilling it.
   - Apply distancing rules for users in particular if there is a queue.
   - A poster or similar should be affixed to the machine reminding users to wash their hands before and after use.
   - No shared cups or mugs. Disposable beakers should be available for users who do not have their own cup/mug.
22. HYGIENE MEASURES

17 WATER FOUNTAINS

- A poster or similar should be affixed to the water fountain reminding users to wash their hands before and after use.

- Regular cleaning during the day (at least twice a day and between shifts in plants).

- Apply distancing rules for users in particular if there is a queue.

- No shared cups or mugs. Disposable beakers should be available for users not having their own cup/mug.

- Adapt the frequency of cleaning work clothing.

- Adapt the dirty work clothing collection procedure.

- The employees in charge of receiving and dispatching mail should apply preventive measures. There is a risk of contamination by touching the face.

  - One option is wearing a visor to make it impossible to touch the face.

  - Hand disinfection after handling the mail.

  - Once the mail operations are completed, disinfect the other surfaces with which people’s hands or the mail has been in contact.

- Mail opening instructions:

  - If there is no urgency, wait 24 hours before opening.

  - Hand disinfection after handling the mail.

  - Once the mail operations are completed, disinfect the other surfaces with which people’s hands or the mail has been in contact.

  - Try to extract the contents of the envelope without touching it.
23. SOCIAL DISTANCING MEASURES

MOBILE PHONE

23. SOCIAL DISTANCING MEASURES

KEY POINTS & ACTIONS

1. Reorganize people’s movements so that they do not cross each other’s paths.
   - Avoid having high-volume flows cross each other during shift changes.
   - An option is to stagger working hours or separate incoming and outgoing staff ensuring they do not use the same doors and routes. [Best Practice]
   - Lay down an unidirectional movement of traffic in certain corridors to prevent people crossing each other’s paths. [Best Practice]

2. In situations where there is liable to be queuing (cafeteria, arrivals and departures etc.)
   - Mark the floor so that people stand 6 feet/2 meters apart. [Best Practice]
   - Some internal services (SP, IT etc.) have occasion to receive employees to discuss their situation, collect equipment, drop off objects or parcels etc. To avoid queues forming in corridors or confined spaces, appointments should be made where possible. [Best Practice]

3. Restrict the number of people in confined spaces at the same time to allow distancing (meeting rooms, recreational areas, locker rooms, smoking rooms, showers, etc.).
   - See file # 8 «Conditions that increase the spread of the virus» for more information.
   - An option is to stagger working hours or separate incoming and outgoing staff ensuring they do not use the same doors and routes. [Best Practice]
   - Wearing a mask is mandatory if several people need to convene in the same room.
   - All small workspaces (4 to 5 m²) intended for meetings/work sessions for two or three people are closed off.

4. If there are less people on site due to remote working, those employees present should not be grouped in small spaces and the distance between occupants should be respected or increased.

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.

MAINTAIN A DISTANCE OF 6 FEET BETWEEN INDIVIDUALS AT ALL TIMES:
transportation, shift change, on the job, during meetings, etc.

Special attention must be provided in the workshops when the noise level is high. People having need to communicate may be tempted to get closer.
Each site is given the autonomy to adapt measures to their local laws and regulations.

23. SOCIAL DISTANCING MEASURES

5. Key Points & Actions (continued)

A risk analysis should be carried out to identify and deal with physical or temporary situations likely to encourage the transmission of the virus between two people.

For example, successive contacts with products or equipment (machines, maintenance tools, containers etc.), workstations less than 6 feet/2 meters apart, actions requiring more than one person (carrying heavy loads etc.).

6. One option to protect people in jobs where there is close contact or physical distancing is not possible, is to provide protective installations (physical barrier, plexiglass screen, organizational elements etc.).

7. People in contact with the public behind a protective screen must be protected from particles suspended in the air. If the screen does not totally isolate them from the public, staff must wear a FFP2/N95 mask AND a visor or a facial screen.

For example: people at site reception in direct contact behind a counter. For example: sales staff meeting people who are not wearing a mask. If however the people encountered are wearing masks, wearing a surgical mask is sufficient.

8. An accident involving people or equipment tends to attract a group of people wishing to help or limit the consequences. This close grouping of people can involve risks during the Covid-19 epidemic. Workplace first responders and managers should try to ensure everyone stays at their workstation where possible to prevent an escalation of risk.

At the end of lockdown before the return to work, reorganize workstations where appropriate in order to apply distancing rules.
24.
MASK WEARING AND USES

NEW

SYNTHESIS
It is mandatory to wear a surgical mask unless this is contrary to the instructions issued by the local authorities:
- in all administrative buildings,
- in all other types of building where physical distancing is not possible or there is insufficient air change (e.g. communal areas).
Wearing a mask is recommended but not mandatory in other working situations.

The Group has got organized so as to issue a sufficient number of masks to employees according to the health rules in place.

Masks are issued to everyone whether or not they are obliged to wear them.

INTENTIONS
Michelin’s main crisis management priorities since the outbreak of the Covid-19 crisis have been:

- Protecting health and safety by giving each employee the best possible protection.
- Ensuring business continuity, insofar as possible.
- Resuming operations in conditions where people feel safe and secure.
- Complying with the Regulations in all circumstances.

THE GROUP’S POSITION ON WEARING MASKS:
BASIC PRINCIPLES
Some people are contaminated by the virus present in the air. This is caused by other people coughing, sneezing or simply speaking or breathing.

The most effective prevention is to stamp the virus out at source by stopping confirmed or suspected virus carriers spreading it. This prevents it spreading through the air as well as landing on surfaces, tools, clothing etc.

Wearing a mask is therefore an important barrier measure both to protect oneself and others.

PURPOSE
Define and explain the Group directive on wearing a mask in different environments and situations.

Specify the types of masks used in the Group.

Define mask manufacturing instructions in line with health and safety regulations and standards.

FOCUS POINTS
Inform managers and employees about the Group directive and its application in the COVID-19 context. Ensure that all employees of Michelin, its subsidiaries and suppliers are conversant with the rule.

This strategic communication campaign will be backed up by local messages (Q&A sessions, posters, various media, TV screens) when operations resume.
The Group has therefore got organized so as to issue a sufficient number of masks to employees according to the health rules in place.

Group rules or recommendations are based on an outbreak of the virus in the vicinity of a site leading to a risk of it being transmitted within the company.

Each site makes decisions based on the particular local situation and the specific risks each employee faces:

- The level of active circulation of the virus in the town and the region.
- The health of each employee taking into account the vulnerability factors defined by the health authorities (see protocol). The health of relations living under the same roof as the employee is also taken into account.
- Activities during day (including commuting) and the associated risks (distancing, hygiene, potential hazards etc.).

MONITORING AND RESPONDING

Medical knowledge, regulations, the spread of the virus and the capacity of the health services can all change very quickly. Each site keeps a constant watch on these points in order to adapt practices within the requisite time frame.

RULES AND RECOMMENDATIONS

Observe laws and regulations of the country.
When the supply chain is overstretched and external health services (e.g. hospitals) are short of masks for their staff, the health services take priority. Any sites located near healthcare facilities which do not have a sufficient number of masks to protect their staff and patients should donate the masks in their possession provided these meet local safety standards.
GROUP RULE:
Wearing a surgical mask (or face mask in the US) is MANDATORY:

- In administrative premises
- In all places where distancing rules cannot be observed
- For certain working situations during the day:
  - During occasional visits to **areas where masks must be worn**
    (toilets, offices, break rooms, meeting rooms, co-activity with maintenance upon a breakdown intervention…)
  - During **one-off situations where physical distancing is impossible**
    (crossing in a corridor, queuing, temperature control, catering…)
  - When performing jobs where there is a risk of contact with the virus in the air (e.g. cleaners, fire-fighters, first responders)

> This rule remains in force until a future revision in response to a change in the spread of the virus, new medical knowledge or the availability of treatments or vaccines.

In other working situations wearing masks is recommended but not mandatory: when physical distancing is possible and the area is large enough and regularly ventilated (several times a day) to ensure the virus is quickly diluted. (E.g. Segregated workstations in the workshop, individual offices with a window etc.).

- The decision to make masks mandatory in some areas is at the discretion of the site director in coordination with the EP manager and occupational physician.
- These decisions are documented and remain in force for as long as warranted by the context.
- The RRSE and Regional coordinating physician provide backup as does the Group EP manager and Group Physician.

REQUIREMENTS:
When masks are not mandatory in all areas: **areas where it is mandatory to wear a mask must be clearly marked**, for example with posters, so that everyone is aware, can adapt and observe the instructions.
3 ISSUING OF MASKS
• Masks are issued to everyone whether or not they are obliged to wear them.
• Everyone has the requisite PPE and possibility to wear a mask if they so wish.

4 NUMBER OF MASKS PER PERSON
The number of masks to issue is calculated on the following basis:
• A mask needs to be changed every four hours for someone not moving in a dry atmosphere. The degree of protection afforded by a mask depends on its saturation in humidity.
• For tertiary positions, the recommended number of masks is 3 for an 8-hour day.
• The level of physical exertion of a job and the ambient humidity are factors which increase the need to change masks.
• 2 additional masks should be issued to people commuting to work on public transport.

5 SAFE AND EFFECTIVE FACE MASK USE
To ensure that masks are donned and handled correctly:
• Issue masks to the person.
• Teach the person how to safely remove, store and reuse the mask.
• Provide training on the rules applicable to the areas where they will go during the day.

6 MASK RULE BREAKERS
When faced with a colleague not wearing a mask in mandatory situations or failing to observe other precautions:
• First of all, enquire in a friendly way as to the reasons for this behavior and, without being judgmental, explain that they are putting themselves and others in danger and the purpose of the instructions in place.
• If the person sticks to their position, keep calm and leave the area. Notify a manager or go-to person appointed by the workshop or department.
• The manager chooses an ambassador who is in charge of encouraging the observation of rules and who can mediate in the event of conflict related to non-compliance. [Best practice]
7

TYPE OF MASK CHOSEN: SURGICAL MASKS (FACE MASKS - U.S.)

The Group has chosen surgical masks for use.

In the event of shortages of surgical masks (or face mask in the U.S) if they are requisitioned by the government for healthcare workers or patients, employees will be authorized - exceptionally and on a temporary basis - to wear non-medical grade masks with the best possible filtering performance.

- Any waiver to the rules concerning wearing a different type of mask will be analyzed under the responsibility of site management.
- The analysis will be carried out in coordination with the occupational physician and the RGEP based on the health situation and the level of risk so as to take decisions to ensure a sufficient degree of protection.
- The Health Coordinator or RRSE in each Region are there to provide support.
- In some contexts, the waiver could be decided at Country or Region level.
- At Group level: the contact for any advice is the EP Manager and Health Manager at the DCSE.

8

MASKS FOR VISITORS

Issue visitors with surgical masks, if they do not have any. Adapt the number of masks issued to the time spent on site during the day.
DIFFERENT TYPES OF MASKS AND THEIR USES

Masks offer varying levels of protection. The type chosen must correspond to the highest level of risk on the workstation.

E.g.: evaluation of the necessary protection between Covid-19 and chemical risks.

- **SURGICAL MASKS** are issued to all staff working on site during an ongoing outbreak of the virus in the vicinity of the site. Splashproof masks protect other people from droplets emitted by the potentially infected mask wearer.
  
  - For this reason, it is important for everyone to wear a mask to prevent an infected person (with or without symptoms) not wearing a mask contaminating others, even if they are wearing a mask.
  
  - Filtration is less efficient when inhaling than when exhaling. However, wearing a mask does reduce the risk of contamination in a slightly contaminated atmosphere.

- **FFP2/N95 MASKS**
  
  - They are personal protective equipment, with superior performance on inhalation and exhalation, especially in situations of close contact over a long period of time.
  
  - FFP2/N95 masks are reserved for healthcare workers, emergency teams, vulnerable people and people in close contact with the public in unprotected conditions: sales, reception staff, security guards etc.
  
  - During an ongoing outbreak, only valveless FFP2 masks are to be used. Models with valves do not protect other people. Unfiltered air is exhaled via the valve.
  
  - Wearing FFP2 masks and safety glasses or visors is a solution to allow vulnerable people to work (best practice)
  
  - FFP2 masks may be replaced by a visor together with a surgical mask in the following cases:
    
    - Sales staff. They may offer their customers a surgical mask. In this case, the Michelin sales representative wears a mask during their dealings with the customer. (best practice)
    
    - People in contact with the public; only if the people they are dealing with are wearing masks.
    
    - In public transportation, if distancing is not possible and other users are not wearing masks, we recommend wearing FFP2 masks.

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

**FFP2 and FFP3 masks are EFFECTIVE for no longer than 8 hours. The fact that it is difficult to breathe when wearing a mask which is saturated with particles or humidity should be taken into account.**

Each site is given the autonomy to adapt measures to their local laws and regulations
24.  

MASK WEARING AND USES

10 RULES FOR USING MASKS

• **Clean your hands** before donning and adjusting a new mask.

• **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.**

• **Never touch your mask with your hands** while you are wearing it.

• **A mask should be changed as soon as it is dirty, damp 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.

• **After removing the mask, dispose of it in a closed trash bin then wash your hands.**

• **It can be taken off then put back on again (after drinking, eating, blowing your nose etc.) provided that you clean your hands properly before and afterwards.** Always place it on a disinfected surface or hang it up by the elastic ties without touching anything.

  - **Employees must be trained** in how to safely take masks off, put them on again and store them.

  - **Never touch the surface of the mask which might be contaminated by the virus.** There is a danger of transferring the virus from one side of the mask to the other.

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**HOW TO USE A SURGICAL MASK?**

1. **WASH YOUR HANDS**, with soap or a hydroalcoholic solution.
2. **CHECK THAT THE MASK** is not punctured or torn.
3. **PLACE AND PUT THE MASK**, metal band up and colored face out.
4. **TIE IT** behind the ears with the elastics or behind the head and neck by the laces.
5. **PINCH** the metal band (hard edge) of the mask to match the shape of the nose.
6. **Pull the bottom of the mask** TO COVER THE MOUTH AND THE CHIN.
7. **WASH YOUR HANDS**, with soap or a hydroalcoholic solution BEFORE REMOVING MASK.
8. **REMOVE** the mask without touching the front of it, away from face and clothing.
9. **Immediately after using it**, **THROW the mask AWAY IN A CLOSED BIN**.
10. **WASH YOUR HANDS**, with soap or a hydroalcoholic solution.
11 INSTRUCTIONS FOR MANUFACTURING AND DISTRIBUTING MASKS

- All sites using or distributing masks should comply with the regulations in the country in which they will be used.

- All sites procuring masks should ensure they comply with the standards for surgical masks (or face masks in the US) in the country where they will be distributed.

- All sites manufacturing masks should ensure they comply with the standards for surgical masks (or face masks in the US) in the country where they are manufactured as well as in each country where they will be distributed.

- While awaiting certification of compliance with standards, the manufacturing company must obtain a dispensation from the national supervisory authority in order to be allowed to use and distribute the manufactured products in the country.

- Self-certification is legal in some countries but a dispensation may nonetheless be required while production is being finalized.

- Proper traceability of production batches, mask distribution sites and quantities will be ensured. For masks distributed outside Michelin, traceability will concern manufacturing sites, batches and beneficiaries.

- Only certified masks will be donated outside the Michelin Group.

- Sites which manufacture masks themselves or have them manufactured apply the work instruction in force (IT20200326V2) and the related quality plan.
25. VENTILATION AND AIR CONDITIONING

KEY POINTS & ACTIONS

Air conditioning, air vents, and ventilation systems can spread contaminated air in two ways:

- The flow of air from air conditioning or ventilation systems, can spread respiratory droplets from an infected person.

  - In rooms with air conditioning or ventilation systems, it is important to take into account the constant air flows generated by blowing and extracting vents.

    Example: in a restaurant in China, a single sick customer infected other customers who were sitting in the flow of air from an air conditioning vent that started by moving over the sick person. The infection spread in under an hour. Customers sitting at tables outside this air flow were not infected.

  - Individual fans induce the same phenomenon with an enhanced dangerousness due to the air flows that generates move in several.

- Closed- or partially closed-loop air conditioning or ventilation systems that recycle air spread the exhaust air between rooms.

- On the other hand, air conditioning systems that refresh the air in a room constantly evacuate the contaminated air and reduce the risk of infection.

- However, workstations should never be lined up in an air flow.

In most cases, the filters installed on air conditioning and ventilation systems are not adequate to block viruses. That level of filtration requires extremely fine filters which drastically decrease the system’s efficiency. That means it is usually impossible to upgrade existing systems.

- Contact the central eating/ ventilation/ air-conditioning systems maintenance company (or, otherwise, contact the competent persons in charge of the installations), to ensure that the filter systems and maintenance protocols are appropriate in light of the risk of the Coronavirus.

- Other potential solutions exist (even in mechanically ventilated buildings).

    - Open the windows where:
      - Allowed by the situation and the building.
      - One exception: do not open the windows in toilets with Mechanical Ventilation.
      - Allowed by the climate, and if the windows can be opened. Turn off air conditioning or ventilation systems that recycle air and simply open the windows very frequently.
      - If possible: block all air ducts that recycle air, to use only fresh air pulled in from outside. If recycling cannot be eliminated, limit the percentage of recycled air to the strict minimum.
      - If recycling cannot be completely eliminated, limit the percentage of recycled air to the strict minimum.
- UV air sanitizers can be installed as a long-term solution to treat fresh air or to locally treat the air inside spaces (air purifiers); they are effective because they destroy both bacteria and viruses. This technique is currently used in healthcare settings. It is important to select a high-quality system with adequate capacity for the air flows to be treated. Contact professional organizations to estimate the required capacity and have a system installed.

- Increase air inflows and outflows to dilute the virus. In buildings equipped with ventilation systems, these systems should be run for longer periods. The system timers should be reset to start the system two hours earlier than usual and shut it off later than usual. Where possible, ventilation systems should be run 24/7, at lower power when the building is unoccupied, to improve performance.

- If there are fewer employees on the premises due to work from home measures, it is important to avoid concentrating them in tight spaces. The distance between occupants should be maintained or increased, in addition to increasing ventilation for cleaner air. Caution: In case of rotating persons using the same posts, surfaces should be cleaned and disinfected between each rotation.

- Do not place workstations directly under the air flow from conditioning or ventilation vents if the system uses recycled air.

- When positioning workstations in open spaces or meeting rooms, if the space has vents, the workstations must not be lined up in the air flows they generate. **Best practice**
  
  - To avoid placing people in an air flow that previously passed over an infected person.

- Local mobile units such as fan coil units and individual or shared fans heating, air conditioning, in rooms of administrative type, must not be used, since they can pick up infected particles, once again suspending them in the air.

- Controlled Mechanical Ventilation systems should continue to run.

- Structural ventilation, heating and/or air-conditioning installations in the workshops should continue to run.

- In high-volume production buildings (ceiling height of at least 6 meters), air conditioning systems move the air and dilute any virus particles shed by an individual.
  
  - If all preventive measures are in place, a single workshop should not have large numbers of simultaneous cases. Dilution will therefore be effective.
  
  - If the risk level increases, the general measures for air conditioning and ventilation systems listed at the beginning of this document could apply.

- If a vulnerable person decides to come to work when the virus is actively spreading, in line with the precautions defined in the document on air conditioning/ventilation systems, avoid placing them:
  
  - Under an air conditioning or ventilation vent if these systems use recycled air.
  
  - At a workstation lined up with others in air flows from air conditioning/ventilation vents, to avoid these air flows moving virus particles from an infected person to the vulnerable person.
26. AIR TRAVEL

KEY POINTS & ACTIONS

PREPARING FOR YOUR TRIP

• Vulnerable people should avoid air travel when the virus is actively spreading.

• Before scheduling international travel, look up the extent of the virus' spread in your destination country and any quarantine measures that will apply on your arrival and your return. [Best practice]

• Comply with the travel approval rules that apply at the time of travel: Group rules, your country’s rules, and the destination Region’s rules.

• Masks must be worn on commercial flights. FFP2 masks are recommended. [Best practice]

• Use the airlines that maintain the greatest distances between seats. Avoid low-cost carriers that may not comply with the current industry standards and public health recommendations. [Best practice]

WHILE TRAVELING

• Boarding and customs: maintain distance from the person ahead of you and be firm with those behind you. [Best practice]

• Pulsed air in airplanes
  - Along each aisle, the air is projected directly onto the people in aisle seats. If they are infected, the air flow picks up virus particles and carries them directly onto their neighbors.
  - However, the pulsed air systems on airplanes do have a beneficial effect because they dilute any virus particles shed, an effect enhanced by the fact that the air in the cabin is refreshed rapidly.

• The recommended 6 feet (2 meters) safety distances are generally not maintained between seats or during boarding and deplaning (when people are using the aisles), or during the flight when people move around the cabin. Masks therefore play a vital protective role.
AIR TRAVEL

KEY POINTS & ACTIONS (continued)

- **Long-haul flights** (long flight times): these generally involve an overnight period during which your mask may not stay in place. This requires a high degree of vigilance.
  - One approach is to avoid sleeping and to sleep after arrival instead. [Best practice]
  - Travel during the day whenever possible. [Best practice]

- **Meals** are also high-risk periods since passengers must remove their masks to eat. On long-haul flights, it is important to drink to reduce the risk of blood clots, which can occur due to the combination of maintaining a seated position for a long period of time and the altitude.
  - If possible, eat while nearby passengers are masked. [Best practice]
  - Other option: bring your own food to avoid depending on the in-flight meal service, which is synchronized for all passengers. [Best practice]

- **Objects**: different surfaces and items may be touched by different people.
  - Clean your hands after each contact (these can be very numerous). A few examples (non-exhaustive):
    - **Seat-back pockets** are one of the surfaces most exposed to germs.
    - **Overhead bin handles** are used by multiple people during the trip, particularly on long-haul flights.
    - People walking in the aisles often **touch the seat backs**.
  - **Curtains and blinds** (long-haul flights).
  - **Bathroom doors** and all **surfaces inside bathrooms**.
  - **Cabin crew**: flight attendants touch and handle numerous surfaces and items, starting when they scan passengers’ passports during check-in or boarding. There is no guarantee that they are not asymptomatic carriers of Covid-19.
  - Luggage and security: the trays used to carry bags, computers, and clothing through the X-ray machines at security can also be contaminated.

- **Bathrooms** are a high risk area. The virus is present in human secretions. Flushing a toilet produces a phenomenon of vaporization: contaminated micro-droplets are projected into the air. This is one of the causes of contamination.
  - Close the lid before flushing. [Best practice]
  - Always wear a mask in the bathroom.
  - Wash your hands after closing the bathroom door when entering and before leaving. [Best practice]
  - Use a tissue to open the bathroom door and a new one to close it. [Best practice]
Air Travel

26. Keys Points & Actions (continued)

- Seats near the bathrooms are the most exposed to the virus: many passengers lean on the seat backs.

- Plan ahead by bringing tissues with you on your flight. More generally, when Covid-19 is circulating, it is always a good idea to carry tissues.

- Do not touch your face while in the bathroom. **Best practice**

Before planning travel, take into account the need to use **hotels and restaurants**. They are high-risk spaces, particularly for vulnerable people. **Best practice**

Each site is given the autonomy to adapt measures to their local laws and regulations.

**ANNEX**

**UNDERSTANDING HOW COVID-19 SPREADS**

The information provided in this document represents the latest scientific and medical knowledge on how the virus spreads. We are sharing this information to help everyone protect themselves during the current health crisis.

Everyone is responsible for making decisions based on their individual situation, particularly their level of risk:

- **The level of spread of the virus in their city and region**
- **Their health and that of other household members, based on the vulnerability factors defined by the public health authorities**
- **Their activities outside the home and the associated risks**

We cannot guarantee that we have captured all the data, so it is also important that everyone remain on the alert in order to adapt to new situations and new information from the public health authorities.

**WHAT IS COVID-19?**

Covid-19 (Coronavirus Disease) is the disease caused by the SARS-CoV-2 Coronavirus discovered in 2019. The Covid-19 epidemic has led to lockdowns for vast numbers of people worldwide.

☛ The information we currently have available, from now on.

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**PURPOSE**

To understand how the virus spreads according to the latest scientific knowledge.

**FOCUS POINTS**

These elements have, among other things, contributed to the Group’s policy and criteria for mask use.

The information provided is intended to be educational and can be used in any discussions with team members.
CONTAGIOUSNESS

• **Highly contagious** virus.

• People who have Covid-19 are **contagious for 48 hours before the initial symptoms appear**.

• The majority of people who are contagious do not know they are infected and do not experience any symptoms. Some people develop very mild cases of the disease with no symptoms, and therefore never realize they were infected. These people are still contagious.

  - *E.g.: in Italy’s first “cluster village,” after the population underwent an extremely strict lockdown, the Italian public health authorities tested 100% of the population. 75% of the people who had developed coronavirus antibodies did not know they had been sick.*

• **The virus’ incubation period** - the period from exposure until symptoms appear - varies widely between individuals. It **ranges from 2 to 14 days**.
  
  In the majority of cases, it is between 2 and 7 days.

STATISTICS

• Relying exclusively on official figures to determine how many people have been infected by the Coronavirus is an overly narrow, and therefore inaccurate, approach. The official statistics may only include people who have been tested for Covid-19. Generally these statistics mainly cover people with severe cases who have sought hospital care.

Furthermore, reliable data collection systems are not always in place to collect and compile all the data from hospitals, cities, regions, etc. The actual number of cases can be 10 or even 100 times a country’s number of officially confirmed cases depending on how its healthcare system is organized to capture and collect data and the extent of local spread of the epidemic.

  - *E.g.: in France, for example, when the official case count was 150,000, the Prime Minister stated that the real case count was between 2 and 6 million.*

• **The types and reliability of the tests available** (type of test, sampling date depending on incubation) also vary. These factors affect the reliability and precision of the results.
LIFESPAN

- **The virus stays active longer in humid environments**: humid rooms (E.g.: showers, restrooms, etc.), condensation (e.g. on windows when there is a large indoor/outdoor temperature difference, such as buses in the morning and evening).

- Some 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 projection and aerosolization** micro-droplets projected by sneezing or coughing that enter the eyes, nose, or mouth.

- **Via inhalation of the virus** particles shed by a nearby person while breathing, talking, or coughing.

  - Droplets fly farther during physical exertion, when speaking, and when coughing. When a person is walking, the zone behind them that contains their emissions can extend for at least several meters. When running, this zone can reach 10 meters.

  - A strong cough can send droplets flying more than 2 meters.

- **When there is wind**, droplets travel farther than 2 meters.

- **Via air conditioning and ventilation**: Air conditioning and fans can also spread contaminated air.

  - In rooms with air conditioning systems, it is important to take into account the air flows generated by vents.

    *E.g.: in a restaurant in China, a single sick customer infected other customers who were sitting in the flow of air from an air conditioning vent that started by moving over the sick person. The infection spread in under an hour. Customers sitting at tables outside this air flow were not infected.*

  - **Individual fans** are also a vector of infection. They can be more dangerous, since the air flows they create move in several directions simultaneously.

  - Closed- or partially closed-loop air conditioning systems can pull in contaminated air in one room and expel it in another. This creates a risk of infection.

- On the other hand, **air conditioning systems that constantly refresh the air in a room evacuate the contaminated air and reduce the risk of infection**. However, workstations should not be lined up in an air flow.
COVID-19
AND HOW IT SPREADS

• Via suspended particles in the air:
• Via inhalation of micro-droplets suspended in the air, when one or more contagious people are or were in the room.

- Some scientific studies show a risk of infection in enclosed spaces due to virus particles suspended in the air. The concentration of the virus increases over time in unventilated spaces where virus carriers are present, whether or not they are sick. This is particularly true of meeting rooms, public transportation, cars carrying multiple people, elevators, stairs, hallways, gyms, theaters, cafeterias, restaurants, stations, airports, and stores.

All spaces with closed-loop ventilation systems and no filters are at high risk for increased concentration of the virus.

Numerous organizations therefore recommend wearing a face mask in addition to taking preventive distancing and hygiene measures.

In all these spaces, mentioned above, the level of the infection risk depends on a combination of several factors: the density of users, the level of aeration, and the number of people emitting the virus with no mask.

- The density of people in a space at a given time is not enough information to assess the risk level. The virus has been shown to survive for at least an hour after the contagious individuals left the room. It can therefore be in the air before you enter a room.

- Dust suspended in the air increases the risk of transmission of the virus. These suspended particles capture the virus and create conditions that extend its lifespan. In areas with high levels of dust or fine particles, surgical masks should be worn regardless of whether distancing can be maintained.
COVID-19 AND HOW IT SPREADS

PHYSICAL TRANSMISSION

• Via droplets projected in restrooms when flushing the toilet:
  - The virus is present in human secretions. Flushing a toilet causes aerosolization. Micro-droplets containing the virus can be projected into the air and can infect people who use the restroom after an infected person. The precautions to take are described in the DCSE protocol.

• By physical contact, mainly by hands, via objects or surfaces contaminated by an infected person:
  - Who coughed without using a tissue or their elbow to prevent projection;
  - Who touched them with their hands, which they had contaminated by sneezing into them or rubbing their eyes, nose, or mouth.
  - Everyone who touches the contaminated surface then contaminates their hands and everything else they touch until they wash their hands.

  E.g.: in stores, products can be handled by different customers and then put back.

  - Clothes are some of the objects or “surfaces” that can be contaminated with the virus, either when someone coughs or sneezes nearby or due to progressive accumulation from contact with air containing virus particles (enclosed spaces, halls, stairs, elevators, etc.). They must be washed and disinfected at a temperature of at least 60°C if there is a risk that they have been exposed to the virus.

  • The virus cannot penetrate the skin on our hands. Hand-based transmission occurs when you touch your face or mouth or rub your eyes or nose. People touch their heads (face, hair) up to 32 times an hour. Staying safe therefore requires reducing contact with objects that have not been cleaned and reducing hand-face or hand-hair contact.

Objects can also be contaminated with dirty hands before being placed in your mouth: pens, handheld food, cigarettes, etc. This is why it is essential to wash your hands or use hand sanitizer after each contact.