UPDATE: AECI’S RESPONSE PLAN FOR COVID-19 (Fourth revision)

AECI established a task team in March 2020 to specifically manage the response to COVID-19. It is a pandemic having significant impact on people as well as business and economies throughout the world. In South Africa, a national state of disaster has been declared and the country entered lockdown on 26 March 2020. Various forms of lockdown are in force around the world.

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

The strategic intent of the task team is as follows:

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

This document details the latest response and requirements for Group businesses, employees, contractors, visitors and suppliers in preventing the spread of COVID-19, and reducing the impact on people, our business and that of our customers.

All previous versions of this document must be withdrawn and replaced with this one.

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1. Context and obligations

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

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

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

2. Understanding COVID-19

2.1 How COVID-19 is spread

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

2.2 Symptoms of COVID-19

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

The majority of people infected with COVID-19 will experience mild symptoms and recover. However, some go on to experience more serious illness and may require hospital care. Risk of serious illness rises with age: people over 60 seem to be more vulnerable as are people with weakened immune systems and those with chronic conditions such as diabetes, heart and lung diseases or those undergoing treatment for cancer.
Symptoms of COVID-19 may appear in as few as 2 days or as long as 14 days after exposure. This is an extremely important fact as it means it can take up to 14 days before the person shows symptoms, but in this period they can already be carrying the virus and exposing others. This has a direct link to the 14-day quarantine period described below.

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

3. **Preventing contraction of COVID-19 or spread thereof**

3.1 **Personal prevention**

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

**Personal hygiene:** Everyone needs to adopt the following behaviours:
- Wash your hands regularly preferably with soap and water for at least 20 seconds – this the preferred method;
- A hand sanitiser with a minimum alcohol content of 60% can be used in addition. The labels to look out for are ethyl alcohol, ethanol, isopropyl alcohol, isopropanol or benzalkonium chloride;
- Avoid touching your own face;
- Avoid handshakes;
- Avoid touching surfaces and other peoples phones, keyboards etc.;
- Stay away from people who are coughing or sneezing.

Important: One of the most common and easily detectable symptoms is high temperature/fever. All employees are encouraged to obtain a thermometer and check their own temperatures and those of their family or household members regularly, and specifically before going to work. Should the temperature be above 38 degrees C (100 degrees F) the person should not go to work, seek medical attention and inform their Line Manager immediately.

3.2 **Distancing in the workplace**

Minimise face-to-face meetings and close contact as far as possible:
- Only hold such meetings if absolutely necessary and maintain the required distance between people;
- Use online meeting tools or teleconference as alternatives;
- Discourage all visitors, consultants and others from meeting face-to-face.

If a face-to-face meeting has to be held, the following are required:
- No person can enter a workplace or meeting space if showing typical COVID-19 symptoms;
- The meeting organiser or chairperson must read out the COVID-19 safety briefing;
- If a person has a persistent cough, sneezing or develops symptoms while in the meeting, they must leave the venue and workplace to seek medical attention;
- No shaking of hands;
- A distance of 1,5m between people must be maintained;
- The number of people in the meeting must be limited to the absolute minimum;
- If the safe distance requirement cannot be complied with, then an alternate venue must be used;
- No objects such as the laser pointers, marker pens, and keyboards should be shared. If it’s unavoidable, the items must be sanitised before and after use.
Practice good etiquette when coughing or sneezing:
- Practice good cough and sneeze hygiene. Cover your nose and mouth, preferably with a tissue, and then immediately discarding the tissue in a lined dustbin or plastic bag, followed by washing hands immediately.
- If no cloth is available then coughing inside the elbow is a second option;
- Wash your hands regularly if you are sneezing or coughing.

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

3.3 Prevention methods for the workplace

All AECI businesses are required to implement these measures immediately:

1. Ensure the availability of sufficient up-to-date information on COVID-19, including country-specific data, prevention methods and AECI’s expectations in relation to the pandemic;
2. Visibly display, throughout the workplace, information which encourages the prevention methods and general information, especially where hand sanitisers and soaps are mounted and in bathrooms and meeting rooms;
3. Use the information in toolbox talks, safety meetings and all other meetings;
4. Implement measures to reduce the exposure of personnel as may be necessary and to enable social distancing or over-crowding. This could include splitting teams into different venues, introducing rotation, allowing individuals to work from home, reorganising shift cycles and shift handover methods and, introducing cyclical cleaning of work areas and equipment, as an example;
5. Ensure expectations for visitors and suppliers are known.

Where possible, each AECI site or other premises on which AECI staff are working, must do temperature screening of all people entering the facility and spray sanitiser onto hands on entry and exit. Any person showing a temperature above 38degC / 100degF should be instructed to leave the workplace, seek medical attention, as well as informing their line manager.

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

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

How long does COVID-19 survive on surfaces?

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

**Cleaning products**

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

**Routine cleaning**

**Identifying the “risk area and risk items”**

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

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

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

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

**Items to be included in the cleaning / disinfecting**

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

**Issued-based cleaning – Confirmed or suspected COVID-19 case in the workplace**
A focused cleaning / decontamination of all areas described above shall be undertaken in the following circumstances:

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

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

**Protection for cleaning personnel**

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

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

**Risk assessment**

In the event that a non-routine cleaning task is undertaken on site, such as deep cleaning or fogging, these shall be subject to the necessary risk assessment and approval.

**Examples of cleaning and decontamination in relation to COVID-19**

Routine cleaning: Household disinfectant which doesn’t require specialized PPE

Examples: Specialized methods including industrial or large scale decontamination:

**3.4 Workplace risk assessment**

Each AECI business has a legal obligation to protect the health and safety of employees and others associated with work. In relation to COVID-19, employers are required to:
• Conduct the required health and safety risk assessment;
• Put in place the necessary measures to ensure a safe and healthy workplace, as is reasonably practicable;
• Identify employees with the highest risk of contracting COVID-19 due to their inherent occupation, such as Healthcare workers and others who could be exposed to transmission;
• Provide to such employees the necessary education and training related to COVID-19 (as specified above);
• Provide to such employees the necessary Personal Protective Equipment;
• Where practical organise the workplace to enable a safe distance (1,5m) between employees – if this cannot be achieved then respiratory PPE must be issued as described below; and
• Other measures, as are necessary to prevent or mitigate the effects of COVID-19.

3.5 Respiratory Personal Protective Equipment (Masks)

The AECI position on respiratory protection was approved for inclusion on 2 April 2020.

Fit-for-purpose respiratory protection

This response plan does not affect risk categories such as chemicals or dust, where a mask such as an FFP2 or cartridge type respirator is currently being used. In such cases the prescribed respiratory PPE must be used for the duration of the exposure. The disposable mask, referred to below, is not a replacement for others currently being used.

Three types of masks for COVID-19

In the context of COVID-19 the three primary masks are N95, FFP2 and disposable surgical facemasks, shown below. They are designed for different applications and have different limitations.

**N95:** Has a 95% filtration of particles including small particle aerosols and large droplets (only non-oil aerosols). The N stands for “No oil resistance” and these are mainly used in hospitals where COVID-19 cases are treated.

**FFP2:** These masks have a minimum of 94% filtration percentage and maximum 8% leakage to the inside. They are mainly used in industry, construction, agriculture, and by healthcare professionals.

**Surgical face mask (disposable):** These masks are fluid resistant and intended to cover the nose and mouth in order to minimise the incidence of cross infection of airborne infective bacterial agents, generated from the respiratory tract – these are typically worn by a dentist or surgeon.

AECI Workplace requirements for masks:

All masks must be issued on a risk based approach. A formal risk assessment is required to identify all exposed staff but the following staff are required to wear a mask in the workplace:

1. **Healthcare** workers: e.g doctors, nurses, and others treating or caring for known or suspected cases of COVID-19 – Preferred masks are N95 of FFP2.
2. Any non-healthcare employee who may be exposed to COVID-19 as part of their normal work: e.g Security, front reception staff, warehouse staff receiving or dispatching and in close contact with others – Disposable surgical face mask is suitable; OR
3. Any employee who, as a result of limitations, restrictions, high occupancy or traffic in the workplace, can not maintain the required distance from others (1.5 – 2m), must wear a mask in such situations. - Disposable surgical face mask is preferred.

Who should wear a mask in public:
- If any country dictates that a mask must be worn, either at work, in public, or both then this must be adhered to – Mask as dictated or available in that country shall be worn;
- Any person who is infected or suspected of being infected with COVID-19 (should be in isolation) – Disposable surgical face mask is suitable;
- Any person who wishes to wear one in public or when using public transport is allowed to do so. – Disposable surgical face mask is preferred.

Employees using public or company arranged transport
Disposable surgical face masks will be made available for employees using public transport or company arranged transport, when they leave the workplace. Only one mask per person shall be issued. Note: Priority will be given to the needs of employees inside the workplace first.

Issuing of masks
All masks need to be issued to individuals on a formal register on which the employee must sign. Staff must be trained on the usage, limitations and disposal requirements as dictated by in-country legislation.

Taking care of PPE
The manufacturers instructions must be followed for the respective masks. In the case of disposable surgical masks issued in the workplace, the following shall apply:
- A new mask shall be issued each day or if the mask becomes moist or wet; or
- If it becomes clogged and causes difficulty breathing or discomfort; or
- If it becomes damaged.

Using a disposable surgical mask:
1. Hands must be cleaned with soap and water or hand sanitizer before touching the mask. Avoid touching the front of the mask as it could be contaminated.
2. On completion remove the mask without touching the front.
3. Throw the mask in the designated place and wash hands with soap and water or hand sanitizer.

Disposal:
All masks should be disposed of in the designated bins on site. If the mask is taken home, it should be disposed of inside a plastic bag and then in a dustbin as it could be contaminated.

3.6 Contractor/tenant management – access control and restrictions
In relation to contractors and tenants (site-established companies), the relevant host, property division, or in the case of a contractor the relevant contract manager, must do the following:
- Share the AECI Response Plan and all awareness material;
• Ensure all expectations in terms of personal and workplace prevention methods are adhered to. The relevant employer is accountable for this;
• Ensure their employees are informed of the symptoms of COVID-19 and the obligation to stay away from work and seek medical attention if they are showing symptoms;
• Ensure they report any confirmed or suspected case of COVID-19 to AECI;
• Meetings between any third-party and AECI individuals should be discouraged;
• During any period of lockdown, ensure compliance is monitored and enforced;
• Ensure they meet their obligations in terms of relevant country-specific health and safety regulations as they relate to COVID-19.

4 Travel restrictions and expectations

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

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

5.1 International business travel by employees

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

5.2 International business travel by others

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

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

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

5.3 International personal travel

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

5 Possible exposure to an infected person

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

6.1 Company preparedness to mitigate potential disruption

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

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

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

6.2 Response to suspected or confirmed cases

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

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

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

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

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

Each case must be managed separately and in consultation with Group SHEQ, Medical Professionals and Line Management. The final decision to quarantine a person lies with the accountable Managing Director or Executive.

For example, if an employee in one business on an AECI facility is suspected or confirmed, it does not automatically mean all staff of that facility are in the Contact Group. If it’s a shift worker or person dedicated to one area of the site, then the Contact Group must be narrowed accordingly.
AECI’s workplaces and clinics are NOT equipped to perform the required tests for COVID-19, nor are they suitable for isolating suspected individuals. Therefore, if there is any suspicion of an infected individual on site that person must be sent home or taken home immediately. If the person is showing the symptoms described above, they must immediately go to their own General Practitioner who will follow the protocol described below or as dictated by in-country authorities. The person will also go into the forced quarantine period unless another illness is confirmed, then the GPs direction on sick leave must be adhered to.

7 Quarantine and leave management

In the event that quarantine is required, due a confirmed or suspected case of COVID-19, the following will apply: the employee must inform his/her Manager when going into quarantine. Quarantine will be for a minimum period of 14 days and during this time the employee must do everything reasonable to prevent possible exposure to others, including their direct family or persons in their home or quarantine location. This includes all the above prevention methods described and preferably not leaving the quarantine location.

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

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

When in quarantine

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

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

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

8 Medical treatment

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

COVID-19 can ONLY be confirmed through a test of the nasal cavity and throat by a registered pathological service provider. The criteria for testing may differ by country.
In South Africa the NICD definition for Positive Case/PUI (updated on 3 April 2020) is as follows:

A Positive Case Definition / PUI is as follows:

Persons with acute respiratory illness with sudden onset of at least one of the following: cough, sore throat, shortness of breath or fever [$\geq 38^\circ C$ (measured) or history of fever (subjective)] irrespective of admission status.

Interpretation: There are no longer requirements for a contact or travel history as the spread of COVID-19 continues through communities. Individuals with a travel or contact history are still considered to be at high risk of infection, however.

A General Practitioner will evaluate each case on its own merits, as per any suspected illness.

Generally, where no symptoms develop over the 14 days in quarantine, even if the person has not seen a doctor that person could be deemed fit to resume duties.

9 Arrangements during lockdown

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

10 AECI COVID-19 Task Team contact details

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

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