PANDEMIC CONTINUITY OF OPERATIONS PLAN

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I. INFECTIOUS DISEASE TRANSMISSION & PANDEMICS

A. Infectious or communicable diseases are defined by The Centers for Disease Control and Prevention (CDC) as illnesses caused by an infectious agent or its toxins, occurring through direct or indirect transmission of the infectious agent or its products from an infected individual or via animal, vector or environmental means to a susceptible host.

B. Pandemics are defined by the World Health Organization (WHO) as the worldwide spread of a new disease. Pandemics are classified by CDC into 5 categories on a pandemic severity scale, depending on the case fatality ratio and projected number of deaths:
   a. Category 1: case fatality ratio <0.1%
   b. Category 2: case fatality ratio between 0.1% and <0.5%
   c. Category 3: case fatality ratio between 0.5% and <1.0%
   d. Category 4: case fatality ratio between 1.0% and <2.0%
   e. Category 5: case fatality ratio of 2.0% or higher

C. The scope of this document includes all instances of pandemics as defined by WHO. Special considerations may be undertaken for pandemics reaching category 5 as defined by CDC, as appropriate.

D. Understanding the characteristics of infectious disease transmission is important in order to assess the threat pandemics pose to personnel in the workplace, as well as the efficacy and practicality of potential protective measures.

E. Infectious diseases may be transmitted from person-to-person primarily via virus-laden large droplets (particles >5 μ m in diameter) that are generated when infected persons cough, sneeze, or speak. These large droplets can then be directly deposited onto the mucosal surfaces of the upper respiratory tract of susceptible persons who are near (i.e., typically within 6 feet of) the droplet source. Transmission also may occur through direct and indirect contact with infectious respiratory secretions.

F. Patients with infectious disease may become infectious after a latent period, prior to becoming symptomatic. This latent period varies based on the characteristics of the disease. This is important to note because even seemingly healthy asymptomatic individuals in early stages of infectious disease could be infectious to others.

II. VACCINE AND ANTIVIRAL MEDICATIONS

A. The primary strategies for preventing transmission of pandemic level infectious disease are the same as those for seasonal influenza and other infectious viral illnesses:

1) Disinfection of surfaces that have come into contact with infected material,
2) The use of infection control measures to prevent transmission,
3) Vaccination, and

4) Early detection and treatment with antiviral medication.

B. However, when a pandemic begins, only a limited stockpile of partially matched pandemic vaccine may be available. Using current technologies, a virus-specific vaccine to protect personnel may not be immediately available. Finally, the supply of antiviral drugs will be limited throughout a pandemic. Until sufficient stockpiles of antiviral drugs have been established, these medications may be available for treatment of only some symptomatic individuals. Therefore, the appropriate and thorough application of infection control measures remains the key to limiting transmission, delaying the spread of a pandemic, and protecting personnel.

III. INFECTION CONTROL MEASURES

A. A pandemic may come in waves, each lasting weeks or months. Not all susceptible individuals will be infected in the first wave of a pandemic. Therefore, preventing transmission by limiting exposure during the first wave may offer several advantages. First, by limiting exposure, people who are not infected during the first wave may have an increased chance of receiving virus-specific vaccine as it becomes available. Second, limiting exposure and delaying transmission can change the shape of the epidemic curve and mitigate the social and economic impact of a pandemic by reducing the number of people who become ill at any given time.

B. Within the workplace, the systematic application of infection control and social distancing measures during a pandemic should reduce employee-to-employee disease transmission rates, increase employee safety and confidence, and possibly reduce absenteeism.

C. The government states that “Minimizing workplace exposure to pandemic illness can be facilitated by: developing policies and strategies for isolating and excusing employees who become ill at work; allowing unscheduled and non-punitive leave for employees with ill household contacts; restricting business-related travel to affected geographic areas; and establishing guidelines when the employees who have become ill can return to work.”

IV. DISINFECTANT RECOMMENDATIONS

A. Viruses are very sensitive to detergents. Cleaning thoroughly with detergent cleaners and water is adequate for most non-healthcare locations.

B. Cleaning and disinfection cannot be relied on as the primary means to control the spread of infectious viruses. Infection control practices must include hand hygiene (hand washing), preparatory etiquette, proper disposal of tissues and maintaining distance from sick individuals (at least six feet).

C. Transmission of viruses from contaminated hard surfaces is less likely but cannot be ruled out. Hand hygiene is the most important method of preventing the transmission of the infectious viruses.

D. Normal facility cleaning procedures for environmental surfaces should be followed using standard cleaning products. During a local outbreak, surfaces that are frequently

touched with hands such as sinks, doorknobs, railings and counters may be added to the cleaning schedule in place of floor care.

E. Additional hand sanitizers may be made available in high traffic areas to encourage hand hygiene. Individual employees may want to consider regular cleaning of their phones and keyboards, particularly if they are shared with others.

F. There is no evidence to support the efficacy of widespread disinfection of the environment or air. Widespread application or spraying of disinfectants is an unsafe practice and must be avoided. Gloves should be worn when handling waste or waste containers.

V. COORDINATION TEAM MEMBERS

A. The Crisis Management Team will prepare for and oversee the response to a pandemic, as well as implementing the contingency plan for use in responding quickly and effectively in pandemic situations. The existing management structure will help to minimize the impact of a pandemic while the plan is intended to be activated when the emergency occurs. In this way, it is possible to prevent, or substantially reduce, risk through effective risk management programs.

B. Crisis contact information is stored in Preparis.

VI. CRITICAL PROCUREMENT INPUTS – MATERIALS

A. Materials and ingredients that are critical to business operations will be emphasized. Contact shall be maintained with at least two suppliers for all major ingredient components and service components. Supplier approvals are performed and stored in the Intelex system. Supplier contact information is stored in Intelex and Movex.

VII. CRITICAL SUPPORT SERVICES

A. Essential vs. Non-critical/Non-essential Services:

B. After being notified by CDC of a category 5 pandemic outbreak anywhere in the United States, the Plant Managers will be directed by a member of the Crisis Management Team to provide a report detailing which positions perform essential functions at the facility. This list should also identify who are trained in those essential functions.

VIII. SPECIAL CUSTOMER REQUESTS/MARKETING CONSIDERATIONS

A. A pandemic may result in a temporary change in the way business is conducted.

B. After being notified of a pandemic outbreak, the Operations group will work directly with Sales to determine the best use of production to meet our customers' needs at that time.

IX. PRODUCTION PRIORITIZATION

A. In the event raw materials, ingredients or work force are limited, certain products may be prioritized. The specific prioritization of products shall be determined at the announcement of a pandemic by the Planning and Operations Teams.

X. DELEGATION OF AUTHORITY

A. Clearly pre-established delegations of authority are vital to ensuring all organizational personnel know who has the authority to make key decisions in a Continuity of Operations Plan situation. Because absenteeism may reach a peak of 40 percent at the height of a pandemic wave, it is understood that authority shall fall along corporate organization flow charts.

XI. MANAGEMENT SUCCESSION

A. An order of succession will follow along the corporate organization flow charts. Where there are multiple positions of the same level reporting to a person or position that is incapacitated, the person with the most experience shall be in charge of the remaining positions who report at the same level. Any restructuring of the succession shall be reviewed by the Senior Leadership Team (SLT) and the Board after the Pandemic begins.

XII. ALTERNATE OPERATING FACILITIES [OPTIONAL CONSIDERATION]

A. The identification and preparation of alternate operating facilities and the preparation of personnel for the possibility of an unannounced relocation of essential functions and COOP personnel to these facilities is part of COOP planning. Because a pandemic presents essentially simultaneous risk everywhere, the use of alternative operating facilities will be considered in a non-traditional way. COOP planning for pandemics will involve alternatives to staff relocation/co-location such as social distancing in the workplace through telecommuting, or other means. In addition, relocation and redistribution of staff among alternative facilities may reduce the chance of infection affecting centralized critical operations staff simultaneously.

B. Planning will work directly with Sales to determine the best use of production to meet our customers' needs. This may include approved co-packers.

XIII. CRITICAL BUSINESS RECORDS AND DATA

A. The ready availability of electronic and hardcopy documents, references, records, and information systems needed to support essential functions will be identified, protected and ensured. Such functions shall be available through the internet via Intelex and Movex. Controlled documents in Intelex are stored remotely on the cloud and will remain available in the event of computer failure. Department supervisors will also maintain adequate hardcopy documents and records to support essential functions in their areas in the event of computer failure.

XIV. PREVENTION & WORKFORCE PROTECTION MEASURES & POLICIES

A. Comprehensive plans to protect the workforce will be developed, updated, exercised and the ability to implement these will be maintained. Although a pandemic will not directly affect the physical infrastructure of an organization, a pandemic will ultimately threaten all operations by its impact on an organization's Human Resources. The health threat to personnel is the primary threat to maintaining production to meet our customers' needs. Within the workplace, the systematic application of infection control and social distancing measures during a pandemic should reduce employee-to-employee disease transmission rates, increase employee safety and confidence, and possibly reduce absenteeism.

B. Given the characteristics of disease transmission, a few simple infection control measures may be effective in reducing the transmission of infection. People who are sick with an infectious illness should stay home and keep away from others for the period of time recommended by CDC and/or WHO. Persons who are potentially infectious should: follow guidelines from CDC and/or WHO, cover their nose and mouth when coughing or sneezing and use facial tissues to contain respiratory secretions and dispose of them in a waste container (respiratory hygiene/cough etiquette); and wash their hands (with soap and water, an alcohol-based hand rub, or antiseptic hand wash) after having contact with respiratory secretions and contaminated objects/materials (hand hygiene). Persons who are around individuals with symptoms of an infectious illness should: maintain spatial separation of at least 6 feet from that individual; turn their head away from direct coughs or sneezes; and wash their hands (with soap and water, alcohol-based hand rub, or antiseptic hand wash) after having contact with respiratory secretions and contaminated object/materials (hand hygiene).

XV. WORKPLACE CONTROLS TO MINIMIZE TRANSMISSION

A. Attendance Policy
   1) During a pandemic, persons who are diagnosed with the infectious illness in question should remain at home for the period recommended by CDC and/or WHO. If such symptomatic persons cannot stay home during the acute phase of their illness, consideration should be given to having them wear a surgical or procedure mask in public places when they may have close contact with other persons. Human Resources shall communicate any appropriate changes to the attendance policy at the beginning of a category 5 pandemic notice from CDC.

B. Hand Washing & Sanitizers
   1) Hand washing products are readily available in workplaces. Antibacterial hand washing products may not have been tested or may not offer a significant advantage over soap and water in most settings for removing virus particles from hands; however, employees that prefer to use them should not be discouraged. For the duration of a pandemic, the deployment of infection control measures requires the ready availability of soap and water, hand sanitizer, tissues and waste receptacles, and environmental cleaning supplies and EPA registered disinfectants.
   2) Keeping hands clean is one of the most important steps we can take to avoid getting sick and spreading germs to others. It is best to wash hands with soap and clean running water for at least 20 seconds. However, if soap and clean water are not available, employees are encouraged to use an alcohol-based product to clean their

hands. Alcohol-based hand rubs can significantly reduce the number of germs on skin and are fast-acting.

C. When washing hands with soap and water:
   1) Wet hands with clean running water and apply soap. Use warm water if it is available.
   2) Rub hands together to make a lather and scrub all surfaces.
   3) Continue rubbing hands for at least 20 seconds. (Need a timer? Imagine singing "Happy birthday" twice through to a friend!)
   4) Rinse hands well under running water.
   5) Dry hands using a paper towel or air dryer. If possible, use the paper towel to turn off the faucet and work the door handle.

D. When using an alcohol-based hand sanitizer:
   1) Apply product to the palm of one hand
   2) Rub hands together
   3) Rub the product over all surfaces of hands and fingers until hands are dry.
   4) Avoid contact with any open flame such as cigarette lighter immediately following the use of alcohol based disinfectant.

E. When should employees wash their hands?
   1) Before starting work
   2) Before preparing or eating food (e.g. breaks)
   3) After going to the bathroom
   4) Before and after tending to someone who is sick
   5) After blowing your nose, coughing, or sneezing
   6) After handling trash/garbage
   7) Before and after treating a cut or wound
   8) After touching community surfaces such as door handles

XVI. SOCIAL DISTANCING

A. Depending on the severity of a pandemic, and its anticipated effects on health care systems and the functioning of critical infrastructure, communities may recommend general measures to promote social distancing and the desegregation of disease transmission networks. Within the workplace, social distancing measures could take the form of guidelines modifying the frequency and type of face-to-face encounters that occur between employees (e.g., staggered breaks, posting of infection control guidelines in prominent locations, promotion of social distancing between employees and customers.)

B. Some social distancing measures, such as the recommendation to maintain 6 feet of spatial separation between individuals or to otherwise limit face-to-face contact, may be adaptable to certain work environments and in appropriate settings will be sustainable indefinitely. Other community public health interventions (e.g., closure of schools and public transit systems, implementation of "snow day" restrictions) may increase rates of absenteeism and result in disruption of workflows and productivity. Low-cost or sustainable social distancing measures will be introduced within the workplace immediately after a community outbreak begins. Decisions as to how and when to

implement community measures will be made on a case-by-case basis, with the Federal Government providing support and guidance to local officials.

XVII. MEETINGS

A. During times of proximate pandemic infection, teleconferences shall be used to the extent practical in lieu of face-to-face meetings.

XVIII. HANDSHAKING POLICY

A. During times of significant contagious transmissions, this company may invoke a moratorium on hand shaking on company property or otherwise in the performance of one's duties. If such a moratorium is invoked, employees should, to the extent possible, honor the moratorium.

XIX. MASKS

A. The benefit of wearing disposable surgical or procedure masks at school or in the workplace has not been established. Mask use by the public should be based on risk, including the frequency of exposure and closeness of contact with potentially infectious persons. Routine mask use in public should be permitted, but not required. Other, more advanced respiratory protection may be indicated in certain instances, depending on the degree of exposure risk.

B. Any mask must be disposed of it if becomes moist. Individuals should wash their hands after touching or discarding a used mask. For more detailed information related to the use of facemasks, the Department of Health and Human Services (HHS) has developed interim guidance on the use of masks to control infectious disease transmission, including the use of facemasks and respirators in health care settings.

C. The CDC has recommended that the minimum requirement is a disposable particulate respirator (e.g. N95, N99 or N100) used in accordance with 29 CFR 1910.134 for respiratory protection programs. Workers must be fit-tested for the model and size respirator they wear and must be trained to fit-check for face piece to face seal, when entering the room.

XX. TRAVEL POLICY

A. Restrictions, limitations or moratoriums may be imposed on business travel in the interests of the well-being and safety of all employees.

B. If travel is permitted, after employees return from travel, employees must monitor their own health for the period recommended by CDC and/or WHO. If they become ill during this period, have them consult a healthcare provider. When visiting the healthcare provider they should inform them of:
   1) The symptoms;
   2) Where the travel occurred;
   3) If they had direct contact direct or close contact with any severely ill person or persons.

XXI. FLU SHOTS

A. Employees and their families are provided the opportunity to receive a regular flu shot each year. While it will not protect employees or their families from pandemic flu, it will reduce the risk of getting regular flu and getting pandemic and regular flu at the same time. Note: Pandemic flu vaccines cannot be finalized until the pandemic version of the virus appears. Further, it may take 6 months or longer to get the vaccine into use once it is initially developed.

B. For non-flu pandemics, vaccines may be provided to employees as they become available.

XXII. JANITORIAL CONSIDERATIONS

A. This company adheres to the policy a pandemic, special janitorial attention should be paid to areas where the pandemic virus could be transmitted. These areas include handrails and banisters, door knobs, light switches, time clocks, office and public phones, counters and tabletops. Disinfectants should be used according to label directions.

XXIII. CLOTHING

A. All clothing shall be clean and worn only once after each washing.

XXIV. VISITORS

A. During time of pandemic illness, outside visitors may be limited. Special consideration will be given to the risks versus benefits associated with allowing third parties on company property; visitors may be restricted to business critical and service technicians only at the discretion of the SLT. When appropriate, consideration will be given to postponing activities involving third parties except where, in particular, a delay may jeopardize, or otherwise increase risks associated with worker safety.

B. During pandemics, internal visitation, such as movement of employees, between buildings may also be restricted at the discretion of the SLT.

XXV. TRAINING & TABLE TOP EXERCISES

A. Testing, training, and exercising this plan is essential to assessing, demonstrating, and improving the ability of our organization to execute this plan and any related programs during an emergency situation. Pandemic contingency plans should be reviewed annually, similar to the facility evacuation plan or annual evacuation drill. Training on the contents of this plan is vital for key management staff in a decision-making capacity. In addition, awareness level training for all other personnel is strongly recommended. Such training should be pointed towards eliminating uncertainty and deflating rumors or potentially untrue or inaccurate information fueled by the media.

B. Likewise, it is suggested an in-house “table top exercise” be coordinated biannually (every other year) to review and confirm understanding of the plan elements. Table top exercises can include things such as social distancing techniques that reduce person-to-person interactions within the workplace; accuracy of emergency contact names and phone numbers; and, the chain of command to confirm knowledge of decision-making authority. Other training activities that may be recommended could include interfacing and participating in table top or functional exercises that may be coordinated by your

Local Emergency Planning Committee (LEPC) or State Emergency Response Committee (SERC) for your location.

XXVI. COMMUNICATIONS

A. While communication is an important component of everyday operations, communication is critical during a pandemic. Information-gathering and communications are two integral and closely tied parts of a plan. The Director of Corporate Communications will convey communications to Federal, State and local authorities, employees, media and customers, as appropriate.

XXVII. FOR FURTHER INFORMATION:

A. Stay informed about pandemic illness and be prepared to respond.
   1) Review corporate communications on pandemic illness and/or reach out to Director of Corporate Communications.
   2) Consult www.cdc.gov and www.who.int frequently for updates on national and international information on pandemic illness.
   3) Use national and local pandemic hotlines that will be established in the eventuality of a pandemic.
   4) Listen to radio, television, and read media stories about pandemic illness.
   5) Contact and stay in touch with your state/local health department. It is important to maintain communication with and coordinate planning with state county and local public health agencies.