



Pandemic/ Epidemic Plan

Exela Technologies
2021

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1 Introduction

Exela Technologies, Inc., its subsidiaries and affiliates (collectively, “Exela”) is committed to implementing emergency management and business continuity principles by developing plans and procedures necessary to maintain readiness to react to disasters and business interruptions. The overall goal of this effort is to minimize the effects of disasters and emergencies for all Exela associates and customer commitments. This document provides guidelines for managing Exela’s operations when impacted with issues or conditions associated with a global or regional health emergency (Pandemic/Epidemic). The term Pandemic will be used throughout this document to represent a regional Epidemic or a larger area Pandemic.

In the event of a pandemic, this plan along with the Business Continuity Plan and the Emergency Action Plan are designed to demonstrate the effort and activities involved in managing the lifecycle of a pandemic event from preparedness activities to the resumption of normal business functions.

In general, Pandemic, Business Continuity, and Emergency Action plans should:

- Be practical, realistic and feasible
- Be simple and easy to perform
- Promote needs-based and efficient use of resources
- Be based on strong procedures so that they are easy to operationalize and implement
- Be regularly tested and validated
- Be monitored and regularly updated according to evolving risks and needs

Exela’s approach to monitoring and managing a pandemic threat is to:

- Provide staff with Health Safety tips based on recommendations from WHO and the CDC. Partner with Human Resources to monitor staff absences for potential SLA impact.
- Assess client current and near-future workload and capacity to maintain SLAs.
- Bring in temporary staff as appropriate.
- Activate the Business Continuity Plan to move work and/or internal services to less impacted sites including “work from home”, if appropriate.

To facilitate Exela’s response to a pandemic threat, a virtual Executive Management Team is formed. This cross-functional team includes individuals from the following departments:

- Operations
- Legal
- Human Resources
- Development and IT
- Information Security and Risk

This Pandemic/Epidemic Plan (referred to as the “Plan”) was developed utilizing materials and best practices from a number of resources including pandemic planning recommendations from the World Health Organization (WHO), U.S. Centers for Disease Control (CDC), government and other domestic and international sources. The purpose of this Plan is to aid in the planning and response process.

Because of the inability to accurately predict when the next pandemic will occur, the Checklist is reviewed and updated regularly. It is important to keep in mind that Pandemic Phases can escalate quickly and may last for an extended period of time. Adequate preparedness is critical to prevent disease spread within Exela and maintain business continuity for essential Exela products, services, and customer commitments.

RISK-BASED APPROACH

While the effects of hazards and events on Exela operations cannot be fully predicted, understanding the risks which each office may be subjected to, and preparing business continuity plans that take account of these risks,

will help to:

- Mitigate the impact of emergencies on Exela staff, premises, assets and programs, and
- Increase Exela resilience and capacity to:
 - Maintain and restore critical operations to a predetermined acceptable level
 - Initiate new critical and life-saving operations in response to the impact of the event if this event also has impacts on the health of the populations served

In response to lessons learned from the influenza A(H1N1) 2009 pandemic, a revised approach to global phases has been introduced in the WHO guidance. The global phases have been uncoupled from risk management decisions and actions at the country level. Thus, Exela facilities are encouraged, as far as possible, to use national or regional rather than global risk assessments to inform management decisions for the benefit of their country's specific situation and needs.

2 WHO and CDC Guidance

Planning for and responding to the range of possible consequences following the emergence of a novel influenza. Dealing with the virus is complex. These viruses can:

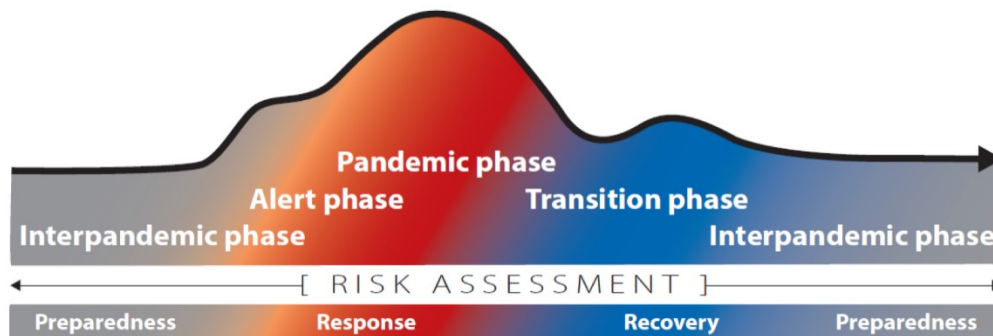
- Spread quickly and explosively worldwide, as did the influenza pandemics in 1918, 1957, 1968, 2009, and 2019
- Cause limited outbreaks, such as the influenza A(H3N2) variant (H3N2v) virus in the United States associated with agricultural fairs in the summer months of 2011, 2012, and 2013
- Continue causing limited animal- to-human transmission of virus, such as the influenza A(H5N1) and influenza A(H7N9) viruses in Asia

Furthermore, novel influenza A viruses, even when transmissible in a closed setting, do not always result in a pandemic, such as the 1976 influenza A(H1N1) outbreak in Fort Dix, New Jersey, and the 2011–2013 H3N2v outbreak in the United States. Identifying and responding to this wide range of situations require:

- Systematic frameworks that describe the progression of events
- Weigh the risk of emergence and potential public health impact of the novel virus
- Evaluate the potential for ongoing transmissibility, antiviral resistance, and disease severity
- Can be used to develop time-sensitive decisions about interventions (e.g., community mitigation measures, medical countermeasures, and vaccines)

Preparedness and response frameworks provide a common basis for planning across different jurisdictions and ensure transparency in decisions made and actions taken.

Significant progress has been made toward developing pandemic plans, as well as preparedness and response frameworks, during the past decade. Efforts by the World Health Organization (WHO), CDC, other U.S. government agencies, and state and local jurisdictions have addressed pandemic preparedness planning. Lessons regarding gaps in U.S. influenza decision-making frameworks have become evident with each event and exercise. The recent emergence of human disease caused by H3N2v in the United States and H7N9 in China have demonstrated the need to align existing documents and frameworks into one useful tool that can be used to guide ongoing planning and response efforts.



Interpandemic Phase: This is the period between influenza pandemics.

Alert phase: This is the phase when influenza caused by a new subtype has been identified in humans. Increased vigilance and careful risk assessment, at local, national, and global levels, are characteristic of this phase. If the risk assessments indicate that the new disease is not developing into a pandemic strain, a de-escalation of activities towards those in the Interpandemic Phase may occur.

Pandemic Phase: This is the period of global spread of human influenza caused by a new subtype based on global

surveillance. Movement between the Interpandemic, Alert, and Pandemic Phases may occur quickly or gradually as indicated by the global risk assessment, principally based on virological, epidemiological, and clinical data.

Transition phase: As the assessed global risk reduces, de-escalation of global actions may occur, and reduction in response activities or movement towards recovery actions by countries may be appropriate, according to their own risk assessments.

WHO PHASES AND CDC INTERVALS

In 2013, WHO released interim guidance for pandemic influenza risk management, which included restructured WHO phases. The revised WHO phases are based on virological, epidemiologic, and clinical data. WHO uses the phases to describe evolving situations pertaining to the circulation of novel influenza viruses. The WHO phases are distinct from declarations of either a public health emergency of international concern or a pandemic and are not specifically aligned with national risk management decisions. In the interim guidance, WHO strongly advises countries to use local circumstances and information provided by the WHO global assessments to develop their own national risk assessments.

The WHO said the new pandemic planning guidance is meant to encourage countries to develop flexible pandemic risk management plans that focus on what's happening at the national and local levels. It said the document also emphasizes the importance of repeated risk assessment during outbreaks by all levels, from the WHO to local health departments.

The revised global phases are more of an "average" of the situation in all countries and don't reflect the situation in individual countries. For example, in the "alert" phase, one country might be in full response mode, while another might still be at the earlier preparedness steps.

The CDC intervals, as described below, are a revision of the 2008 CDC interim guidance to:

- Update the novel influenza virus pandemic intervals as the basis for U.S. planning efforts
- Align the intervals with the new WHO phases
- Serve as recommendations for U.S. risk assessment, decision-making, and action as advised by WHO
- Replace the U.S. government stages with six intervals for pandemic influenza planning

Interval	Description
Investigation of cases of novel influenza A virus infection in humans	When novel influenza A viruses are identified in people, public health actions focus on targeted monitoring and investigation. This can trigger a risk assessment of that virus with the Influenza Risk Assessment Tool, which is used to evaluate if the virus has the potential to cause a pandemic
Recognition of increased potential for ongoing transmission of a novel influenza A virus	When increasing numbers of human cases of novel influenza A illness are identified and the virus has the potential to spread from person-to-person, public health actions focus on control of the outbreak, including treatment of sick persons
Initiation of a pandemic wave	A pandemic occurs when people are easily infected with a novel influenza A virus that has the ability to spread in a sustained manner from person-to-person.
Acceleration of a pandemic wave	The acceleration (or "speeding up") is the upward epidemiological curve as the new virus infects susceptible people. Public health actions at this time may focus on the use of appropriate non-pharmaceutical interventions in the community (e.g. school and child-care facility closures, social distancing), as well the use of medications (e.g. antivirals) and vaccines, if available. These actions combined can reduce the spread of the disease, and prevent illness or death.
Deceleration of a pandemic wave	The deceleration (or "slowing down") happens when pandemic influenza cases consistently decrease. Public health actions include continued vaccination,

	monitoring of pandemic influenza A virus circulation and illness, and reducing the use of non-pharmaceutical interventions in the community (e.g. school closures).
Preparation for future pandemic waves	When pandemic influenza has subsided, public health actions include continued monitoring of pandemic influenza A virus activity and preparing for potential additional waves of infection. It is possible that a 2nd pandemic wave could have higher severity than the initial wave. An influenza pandemic is declared ended when enough data shows that the influenza virus, worldwide, is similar to a seasonal influenza virus in how it spreads and the severity of the illness it can cause.

World Health Organization phases and CDC intervals, with national and local indicators.

World Health Organization phases	CDC intervals	National indicators for CDC intervals	Local indicators for CDC intervals
Interpandemic phase: Period between influenza pandemics	Investigation: Investigation of novel influenza A infection in humans or animals	Identification of novel influenza A infection in humans or animals anywhere in the world with potential implications for human health	Identification of novel influenza A infection in humans or animals with potential implications for human health
Alert phase: Influenza caused by a new subtype has been identified in humans	Recognition: Recognition of increased potential for ongoing transmission of a novel influenza A virus	Increasing number of human cases or clusters of novel influenza A infection anywhere in the world with virus characteristics, indicating increased potential for ongoing human-to-human transmission	Increasing number of local human cases or clusters of novel influenza A infections with virus characteristics indicating increased potential for ongoing human-to-human transmission
Pandemic phase: Global spread of human influenza caused by a new subtype	Initiation: Initiation of a pandemic wave	Confirmation of human cases of a pandemic influenza virus anywhere in the world with demonstrated efficient and sustained human-to-human transmission	Confirmation of human cases of a pandemic influenza virus locally with demonstrated efficient and sustained human-to-human transmission
	Acceleration: Acceleration of a pandemic wave	Consistently increasing rate of pandemic influenza cases identified nationally, indicating established transmission	Consistently increasing rate of pandemic influenza cases identified locally, indicating established transmission
	Deceleration: Deceleration of a pandemic wave	Consistently decreasing rate of pandemic influenza cases nationally	Consistently decreasing rate of pandemic influenza cases locally
Transition phase: Reduction in global risk, reduction in response activities, or progression toward recovery actions	Preparation: Preparation for future pandemic waves	Low pandemic influenza activity but continued outbreaks possible in some jurisdictions	Low pandemic influenza activity but continued outbreaks possible locally

3 Interpandemic Phase

3.1 PANDEMIC PREPAREDNESS PLANNING

This Plan builds on guidelines and recommendations from country, state, and other multinational company pandemic response plans. The goals of this Plan are to prevent and control the spread of disease within Exela and maintain business continuity by delivering essential products and services to Exela customers.

The Plan is intended to provide additional information in support of existing Business Continuity plans as they relate to pandemic preparedness. This Plan along with the Emergency Action Plan are implemented for any infectious disease that could cause a pandemic, such as avian or swine influenza.

The information in this Plan includes instructions, suggestions, and a Pandemic Planning Checklist (referred to as the Checklist in the remainder of this document) for site management teams to use to determine necessary action. The Plan includes the following:

- Pandemic Roles and Responsibilities of the On-Site Pandemic Response Team
- Pandemic Phases and Intervals
- Checklist to aid in planning
- List of Pandemic training

At a minimum, the Checklist and Plan will be reviewed and updated annually by the On-Site Pandemic Response team. The Business Continuity/Disaster Recovery team will review this Plan and company-recommended checklists and plans annually.

3.2 PRE-PANDEMIC PLANNING – READINESS MEASURES

Readiness measures include having the following processes in place and information available and up to date:

Physical Considerations

Supplies

- Determine if each site has direct purchasing access to PPE and cleaning supplies or needs to rely on HQ to supply them. The site will update Appendices in SPM.
- 2nd and 3rd level suppliers of cleaning supplies and PPE shall be identified ahead of time.
- A stockpile of 30 days of cleaning supplies and PPEs shall be maintained at all sites. Identify shelf life of all supplies and PPE and rotate stock as required.
- HQ shall have 90 days stock on hand perhaps strategically placed in specific sites where it can be easily shipped out to other sites as required. Shelf life and rotation must also be considered.
- Provide necessary PPE as per OSHA job rating.

Operational Processes

Work from Home (WFH) Initiative

- Identify All Operational Processes (part of the BIA) that can be supported remotely/from home. Test annually or in the Initiation Interval.
- Support keying staff ability to work from home. Test annually or in the Initiation Interval
- Identify any risks or security concerns around processes and list mitigations
- Define Citrix environment required for secure WFH connections
- Where contractually required, acquire Client permission to WFH
- List of addresses and GIS coordinates of premises including warehouses and potential relocation sites
- SOPs for relocation of work (BCP)

Daily employee entrance process

- Taking and recording temperatures
- Screening questions

- Social Distancing while waiting for screening

On Site precautions

- Gloves
- Masks/Face shields
- Social distancing
- Physical barriers

Site Cleaning

- Daily/periodic
- Professional CDC-certified cleaning services (in case of an exposure)

Technical Considerations

The following technical items should be considered and activated as required:

- Dongles
- Thin Clients
- Citrix environment for connectivity
- Non-compliant OS
- Applications
- Encryption
- Creating Hot Spots as required
- Expediting Permissions and firewall changes
- Infrastructure review
- Identifying any single points of failure
- Asset tracking (WFH)
- Review of Video conferencing capacity
- Turning off access for furloughed employees
- Logging and blocking of restricted sites
- Approve policy exceptions where required (e.g., using personal email address)

HR/Legal

Policies need to be stated clearly and in advance for:

- Pay
- Sick Leave
- Furlough
- FMLA

Policy on Quarantine (varies with the specific pandemic):

- Positive Test
- Close Contact
- Awaiting tests
- Symptoms Only
- Became Ill while at Work

Government mandates or orders – where applicable – will be communicated to the employees.

Standard operating procedures (SOPs) for staff tracking, including a list of staff with information on type of contract, dependents and contact details as listed in HCM.

The job rating of each employee, according to OSHA standards, shall be recorded in HCM. This information will

be used to determine the level of PPE required for each employee.

Emergency communications, including a communication tree, shall be established for each site.

4 Alert Phase

Monitoring a Pandemic

The Business Continuity-Disaster Recovery Team (BC-DR Team) will monitor WHO, U.S. CDC, and appropriate government representatives to determine the site pandemic threat level. The Disaster Recovery Manager and HR will also consult with Site Operations Managers and Site Disease Prevention Coordinators regarding any impact on attendance.

If resources are reduced and SLAs impacted, the Executive Management Team may activate the Business Continuity Plan.

5 Pandemic Phase - Initiation Interval

Confirm pandemic planning and preparation activities are current:

- SPM Appendices and Pandemic Checklist updated
- Contact information is current in HCM
- Pandemic training is brought current and distributed
- Supply inventories are adequate
- Key Pandemic Management Team members identified
- Technical and operational single-points-of-failure identified
- Ensure that the designated DR site is current with all required operations

Mandatory Employee Training

All employees are at risk of exposure to diseases, both in and outside the workplace; therefore, Exela requires all employees to attend initial or refresher training to become informed about what to do when an outbreak occurs covering such issues as:

- Availability of preventative shots
- Symptoms and health effects of the virus
- Treatment and sources to contact for appropriate medical care
- Steps to take if exposure is suspected and Company representatives to whom to report known or suspected exposures
- Procedures for reporting exposure to co-workers, family members, friends, or others who are ill with the disease
- Proper use of Exela-provided personal-protection equipment
- Proper hygiene in the workplace and at home

Training is based on scenarios developed to test employees' understanding of our planned emergency response. Supervisors are responsible for recording and maintaining documentation on every employee's participation in required training. Training shall include:

- Proper use/wearing PPE
- Proper removal of PPE
- Proper disposal of PPE
- Proper cleaning of re-usable PPE
- Pre-entry screening process

6 Pandemic Phase – Acceleration Interval

Communication

- The Executive Management Team establishes a regular meeting interval
- Internal and external (client, auditor, and vendor) Corporate Communications are developed and distributed
- Employee communication is tailored to specific sites and allows for interaction between employees and management
- A mass communication package is deployed as needed
- Develop FAQ based on current Pandemic questions for Clients and Auditors (and employees)
- Update the Pandemic Hotline for employees and vendors
- Distribute posters and bulletins regarding PPE, hand washing, social distancing, etc.

Other considerations

- Imposing travel restrictions for domestic and/or international.
- Notifying customers, vendors, and other key contacts of our intent to limit physical access to our facilities to employees, essential contractors, and visitors only as per specific business requirements.
- Append the Zero-Day Pandemic Plan Addendum to this document, specific to the current Pandemic.
- Possible sequestering of Management.
- Assessing client current and near-future workload for any staffing decisions that need to be made.
- Bringing in temporary staff as appropriate.
- Moving work to other, less impacted locations for processing.

Affected Employees

Exela expects employees who contract any pandemic health issue or have been exposed to infected individuals to stay home and seek medical attention as necessary and appropriate. Such workers should notify their manager as soon as possible of exposure or illness. At Exela's discretion, or the direction of outside authorities, Exela may require the isolation and quarantine of any infected employee.

Workers must notify their Manager and update their emergency contact information in HCM within two weeks of a change. Supervisors are required to maintain an up-to-date emergency contact list in HCM for their unit or department.

7 Pandemic Phase – Deceleration Interval

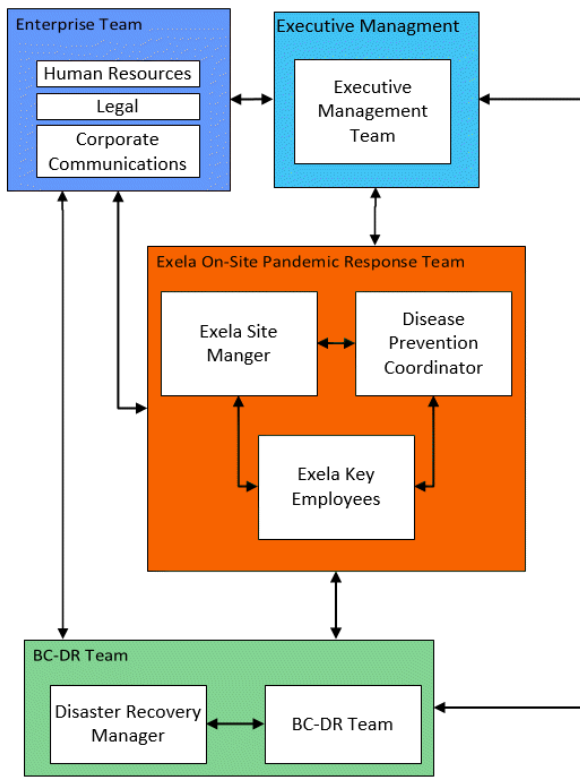
- Establish a new status quo to return operations to business as usual (BAU) while still maintaining appropriate health disciplines
- Return furloughed employees (as required by the business case)
- Remove temporary system accesses granted for business continuity
- Re-establish physical security access for returning employees
- Replenish PPE and cleaning supplies inventories to established planning levels

8 Transition Phase – Preparation Interval

- Resume business as usual status
- Incorporate lessons learned into the pandemic planning process
- Set intervals for training, internal audits, and any other activities required to be in a readiness state for the next event

9 The Exela Process

9.1 ROLES AND RESPONSIBILITIES



Executive Management Team

The Executive Management Team is an established virtual team of key Exela senior management and executives responsible for the overall corporate response to a crisis. Their focus is on Exela Technologies as a whole. The Executive Management Team is responsible for ensuring that local preparations are satisfactory and will likely direct response efforts among On-Site Pandemic Response Teams during a crisis event.

On-Site Pandemic Response Team

Each Site Manager will identify an On-Site Pandemic Response Team that will consist of the Site Manager and several managers or other key individuals as may be thought prudent (with no less than three people comprising the team). The team will receive additional Pandemic Response training and at the time of a Pandemic will act as the on-site liaisons to the Executive Management Team.

One person on this team will act as the Disease Prevention Coordinator. **The Coordinator will be responsible for maintaining currency with OSHA and CDC guidelines.** He/she will be responsible for educating the on-site Exela Team as a whole on disease prevention and what

precautions to take prior to and during a Pandemic.

BC-DRTeam

The Disaster Recovery Manager has a critical role in the Exela pandemic preparedness process and is responsible for monitoring the status of the disease and in conjunction with the On-Site Pandemic Response Team, determining the pandemic threat level for sites **in coordination with CDC and OSHA guidelines.**

The BC-DR Team will support the Disaster Recovery Manager. This team leads the general crisis management planning process, assists sites with the development of emergency response and business continuity plans, and maintains the corporate database of all business continuity and associated plans.

Enterprise Team

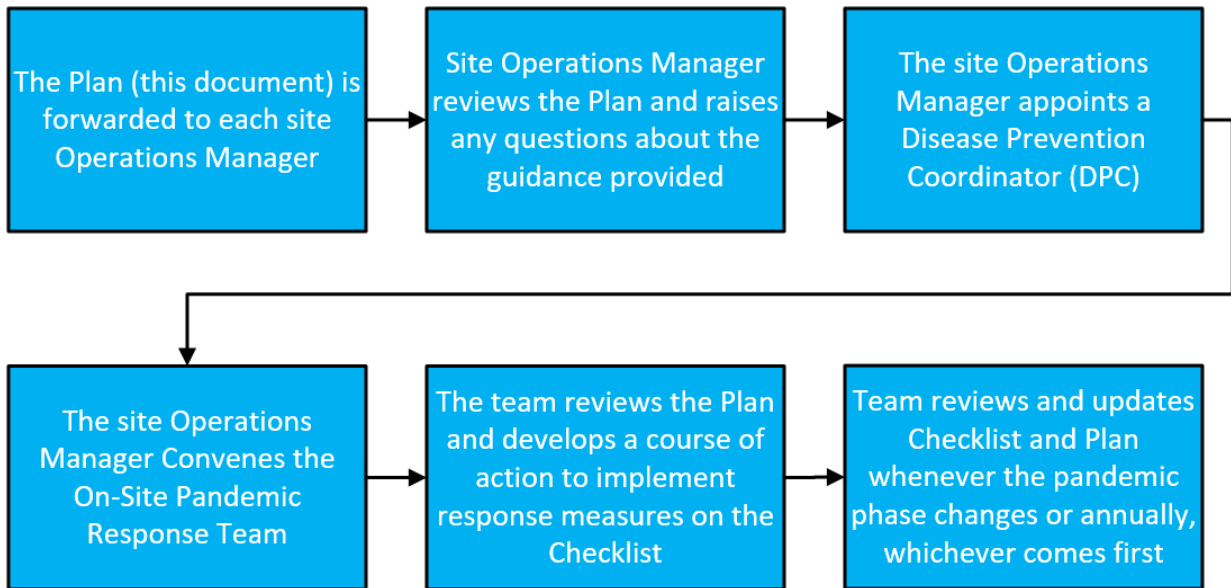
The Enterprise Team consists of representatives from Corporate Communications, Legal, and Human Resources. The Enterprise Team is tasked with developing the corporate-wide communications plan to educate employees and families, as appropriate, about the risks of the communicable disease and the preparations Exela has taken to protect employees and maintain business operations during a disease outbreak. The Enterprise Team also assists the On-Site Pandemic Response Teams in developing their specific communication strategies by providing templates and consulting advice.

Supporting Services Team

Additional supporting services shall be engaged as required:

- IT
- Development
- Health and Safety

9.2 OVERVIEW OF SITE PANDEMIC PREPAREDNESS PLANNING



The Plan is distributed to each site Operations Manager.
 The Site Manager should review the document and raise any questions they may have by contacting the BC-DRTeam@exelaonline.com.
 The Site Manager appoints a Disease Prevention Coordinator (in some cases this may be themselves). The Disease Prevention Coordinator is responsible for educating the Exela on-site employees in disease prevention and control.
 The Site Manager appoints and convenes the On-Site Pandemic Response Team to review the Plan.
 The Team reviews the Plan and develops a plan to implement response measures on the Checklist appropriate to Pandemic Phase.
 The Team completes the Checklist according to current Pandemic Phase and sends it to BC-DRTeam@exelaonline.com. Whenever the Pandemic Phase changes, the Team must review and update the Checklist in SPM.

9.3 DEVELOP, IMPLEMENT, AND COMMUNICATE ABOUT WORKPLACE FLEXIBILITIES AND PROTECTIONS

- Actively encourage sick employees to stay home.
- Ensure that sick leave policies are flexible and consistent with public health guidance and that employees are aware of these policies.
- Talk with companies that provide your business with contract or temporary employees about the importance of sick employees staying home and encourage them to develop non-punitive leave policies.
- Do not require a healthcare provider’s note for employees who are sick with acute respiratory illness to validate their illness or to return to work, as healthcare provider offices and medical facilities may be extremely busy and not able to provide such documentation in a timely way.
- Maintain flexible policies that permit employees to stay home to care for a sick family member. Employers should be aware that more employees may need to stay at home to care for sick children or other sick family members than is usual.
- Recognize that workers with ill family members may need to stay home to care for them. See CDC’s Interim Guidance for Preventing the Spread of COVID-19 in Homes and Residential Communities: www.cdc.gov/coronavirus/2019-ncov/hcp/guidance-prevent-spread.html.
- Be aware of workers’ concerns about pay, leave, safety, health, and other issues that may arise during infectious disease outbreaks. Provide adequate, usable, and appropriate training, education, and

informational material about business-essential job functions and worker health and safety, including proper hygiene practices and the use of any workplace controls (including PPE). Informed workers who feel safe at work are less likely to be unnecessarily absent. *Adapted from OSHA 3990-03 2020*

9.4 PANDEMIC CHECKLIST

The Pandemic Planning Checklist consists of four broad categories of response measures that are necessary to prevent and control disease spread at an Exela site. These categories include the following:

Disease Prevention & Control

- Public Health Education & Communication
- Medical Prevention and Supplies
- Social Distancing and Medical Surveillance
- Workplace Hygiene

In addition, there are five broad categories that are necessary for maintaining business continuity. These categories include the following:

Business Continuity

- Business Travel
- Workforce
- Materials
- Facilities and Equipment
- Supporting Elements

Many of the response measures are straightforward and easily implemented. Other measures require more in-depth planning. Site Managers and/or On-Site Pandemic Response Teams have been identified to carry out the planning efforts on the Checklist.

The level of response is based on the site Pandemic Phase. The Checklist must be completed to document all response measures corresponding to the site's current Pandemic Phase. As an example, if the site is at Inter-Pandemic Phase, the response measures for Inter-Pandemic on the Checklist must be completed.

The On-site Pandemic Response Team completes the Checklists in SPM for the current Pandemic Phase identified for the site. The Disaster Recovery Manager and the BC-DRTeam, will review the site Checklists. Status reports will be submitted to the Executive Management Team as needed.

Rev. 20200625			Pandemic Checklist Response Measure Disease Prevention and Control				Phase					
Status	Completed	In Progress					Not Started	Disease Education	Interpandemic	Alert	Pandemic	Transition
				Educate staff on basic hand washing hygiene		X						
				Educate staff on respiratory hygiene		X						
				Educate staff on flu or other communicable disease symptoms		X						
				Communicate preparedness plans to employees	X	X						
				Communicate local disease status to staff		X	X	X				
				Educate on personal workspace cleaning	X	X						
				Medical Prevention and Supplies								
				Plan for and obtain adequate supply of waterless hand cleanser for associate use		X	X	X				
				Plan for and obtain a supply of Nitrile gloves More info here		X	X	X				
				Plan for and obtain a supply of face masks More info here OSHA info		X	X	X				
				Plan for and obtain an adequate supply of single-use thermometers		X	X	X				
				Plan for and obtain an adequate supply of surface disinfectants		X	X	X				
				Plan for and obtain an adequate supply of disposable facial tissues		X	X	X				
				Social Distancing and Medical Surveillance								
				Assess remote access capabilities (if applicable)		X						
				Require workers to contact their supervisor <u>immediately</u> if disease symptoms develop at work		X	X					
				Educate on the rationale for social distancing and medical surveillance		X						
				Consider mandatory temperature checks upon entry into the site for all people			X	X				
				Site Team to notify Disaster Recovery Manager of suspected/confirmed cases of the current pandemic disease for potential BCP activities		X	X					
				Require medical clearance before return to work for anyone with flu-like symptoms or who is absent for three consecutive days			X	X				

		Implement procedures to maintain at least 3 - 6 feet between people working at a site where practical			X	
Workplace Hygiene						
		Remove any common towels or drinking cups from the workplace and replace with disposable supplies		X	X	X
		Ensure adequate waste disposal containers		X	X	X
		Ensure adequate inventory of workplace cleaning supplies		X	X	X
		Ensure adequate supplies of paper towels		X	X	X
		Increase the frequency of surface cleaning (including cafeteria, break rooms, restrooms, conference rooms, etc.)		X	X	X
Business Continuity						
Business Travel						
		Provide travel health education to business travelers		X		
		Educate business travelers regarding any International alerts or restrictions		X		
		Identify and track business travelers from the site that travel outside of the home country		X		
		Monitor travel advisories from local authorities		X	X	
		Prohibit business travel to and from and through Pandemic Phase countries		X	X	
		Consider restricting intra-country travel		X	X	
Workforce						
		Identify essential personnel		X	X	
		Assess the level of cross-training on essential knowledge/skills; develop a plan to address any identified gaps;	X			
		Implement/Adjust work schedule based on cross-training plan			X	
		Develop alternate operational management hierarchy	X			
		Work with a supplier of non-Exela workforce to develop and implement a plan to provide essential knowledge/skills/certifications		X		
		Activate and publicize the Exela Human Resources hotline to provide assistance, guidance, and answers to associates affected by the pandemic outbreak. Hotline messages can include benefits information and/or return-to-work procedures.		X	X	X
Materials						
		Identify alternate suppliers for materials/supplies needed to support essential products/services	X	X		
		Secure contacts for an alternate supply of materials/supplies		X	X	
		Identify alternate means to transport products (couriers)	X	X		

		Review contingency plan to respond to a loss of externally supplied utilities	X			
Facilities and Equipment						
		Review and update plan for safe shut down of operations/facility including arming and disarming of burglar alarm		X		
		Identify the equipment needed to support essential products/services		X		
		Identify and provide for routine maintenance to assure the operation of essential equipment during the crisis		X		
		Identify any systems that are critical to maintaining essential services and require periodic physical intervention to keep them running		X		
		Test alternate work locations	X			
Supporting Elements						
		Establish crisis-specific HR policies on sick leave, absence, refusal to come to work, etc.		X	X	
		Develop method to communicate “current” management hierarchy to workforce and third-party vendors		X	X	
		Forecast demand for essential products during the crisis		X	X	
		Forecast demand for essential support services during the crisis		X	X	
		Communicate preparedness plan to employees	X	X	X	X
		Communicate site operational status to employees via Human Resources Hot Line			X	X
		Communicate preparedness to select customers as required under BCP plans and/or contracts		X	X	
		Establish alternate work locations for the leadership team			X	

Zero-Day Pandemic Plan Addendum – COVID-19

In light of the current disease threat, the following steps should be taken to help reduce the possibility of Exela Employees contracting and/or spreading the disease.

Worker Illness - Any worker who feels ill with flu like symptoms (as defined by the current threat) should not report to work but notify their manager immediately. Self-quarantine based on the current threat recommendation may be required. Based on the current risk exposure, a doctor's release may be required to return to work. Exela may have to report any or all cases of exposure to the proper authority. Any worker who becomes ill while at work should inform their manager and make immediate arrangements to leave the facility. Additional cleaning may be required in and around where the ill person was working. Additional quarantine steps may be required by local, state, or federal entities for any or all persons in or around the ill person.

Employee Time Off - Exela provides employees with a number of time off programs and will vary by country. In all cases these should be leveraged to address employee concerns.

Given that the local medical community may require employees to self-quarantine even if they show no symptoms as we continue to work through the current disease situation, we ask that all employees seeking a period of self-quarantine initiate their request by contacting our designated leave administrator. The administrator will work with your employee, their medical practitioner, the WHO or local equivalent. If an extended leave is needed, for any reason including but not limited to a self-quarantine, the administrator representatives will advise. If approved for a leave, all leave policies will be followed including personal leave, short-term disability and long-term disability.

Should you have any questions about any content shared in this memo, please contact your leader or your respective HR representative.

Travel - All travel is restricted and must be reviewed and approved by the regional President.

In lieu of travel and face-to-face meetings, we urge all employees to take advantage of GoTo Meeting Services. In some scenarios we will be notifying customers, vendors, and other key contacts of our intent to limit physical access to our facilities to our employees, essential contractors and visitors as per specific business requirements.

Education / Training - Personal hygiene posters are available and have been distributed to all our Operations. Training modules have been published that include a Train-the-Trainer presentation that provides resources to all Pandemic Disease Coordinators to enable them to better train their local staff.

Another available module is the Personal Hygiene presentation that walks the user through the proper way to wash hands, maintain social distancing and cleaning techniques that may prove to be helpful. These modules are available on Exela's various Learning Management Systems. Please contact your local or regional human Resources Business Partner or Representative for access to the appropriate system.

Additional Steps – It is mandatory that all Operations fill out the Pandemic Checklist (found at the back of the Pandemic Plan or available in an Excel format) and return it to BC-DRTeam@exelaonline.com ASAP. We need to know that all sites are complying with the steps that are required at the current phase of the event.

Appendix A – Implement Workplace Controls

Occupational safety and health professionals use a framework called the “hierarchy of controls” to select ways of controlling workplace hazards. In other words, the best way to control a hazard is to systematically remove it from the workplace, rather than relying on workers to reduce their exposure. During a COVID-19 outbreak, when it may not be possible to eliminate the hazard, the most effective protection measures are (listed from most effective to least effective): engineering controls, administrative controls, safe work practices (a type of administrative control), and PPE. There are advantages and disadvantages to each type of control measure when considering the ease of implementation, effectiveness, and cost. In most cases, a combination of control measures will be necessary to protect workers from exposure to SARS-CoV-2.

In addition to the types of workplace controls discussed below, CDC guidance for businesses provides employers and workers with recommended SARS-CoV-2 infection prevention strategies to implement in workplaces: www.cdc.gov/coronavirus/2019-ncov/specific-groups/guidance-business-response.html.

Engineering Controls

Engineering controls involve isolating employees from work-related hazards. In workplaces where they are appropriate, these types of controls reduce exposure to hazards without relying on worker behavior and can be the most cost-effective solution to implement. Engineering controls for SARS-CoV-2 include:

- Installing high-efficiency air filters.
- Increasing ventilation rates in the work environment.
- Installing physical barriers, such as clear plastic sneeze guards.

Administrative Controls

Administrative controls require action by the worker or employer. Typically, administrative controls are changes in work policy or procedures to reduce or minimize exposure to a hazard. Examples of administrative controls for SARS-CoV-2 include:

- Encouraging sick workers to stay at home.
- Minimizing contact among workers, clients, and customers by replacing face-to-face meetings with virtual communications and implementing telework if feasible.
- Establishing alternating days or extra shifts that reduce the total number of employees in a facility at a given time, allowing them to maintain distance from one another while maintaining a full onsite work week.
- Discontinuing nonessential travel to locations with ongoing COVID-19 outbreaks. Regularly check CDC travel warning levels at: www.cdc.gov/coronavirus/2019-ncov/travelers.
- Developing emergency communications plans, including a forum for answering workers’ concerns and internet-based communications, if feasible.
- Providing workers with up-to-date education and training on COVID-19 risk factors and protective behaviors (e.g., cough etiquette and care of PPE).
- Training workers who need to use protecting clothing and equipment how to put it on, use/wear it, and take it off correctly, including in the context of their current and potential duties. Training material should be easy to understand and available in the appropriate language and literacy level for all workers.

Safe Work Practices

Safe work practices are types of administrative controls that include procedures for safe and proper work used to reduce the duration, frequency, or intensity of exposure to a hazard. Examples of safe work practices for SARS-CoV-2 include:

- Providing resources and a work environment that promotes personal hygiene. For example, provide tissues, no-touch trash cans, hand soap, alcohol-based hand rubs containing at least 60 percent alcohol, disinfectants, and disposable towels for workers to clean their work surfaces.
- Requiring regular hand washing or using of alcohol-based hand rubs. Workers should always wash

- hands when they are visibly soiled and after removing any PPE.
- Post handwashing signs in restrooms.

Personal Protective Equipment (PPE)

While engineering and administrative controls are considered more effective in minimizing exposure to SARS-CoV-2, PPE may also be needed to prevent certain exposures. While correctly using PPE can help prevent some exposures, it should not take the place of other prevention strategies.

Examples of PPE include: gloves, goggles, face shields, face masks, and respiratory protection, when appropriate. During an outbreak of an infectious disease, such as COVID-19, recommendations for PPE specific to occupations or job tasks may change depending on geographic location, updated risk assessments for workers, and information on PPE effectiveness in preventing the spread of COVID-19.

Employers should check the OSHA and CDC websites regularly for updates about recommended PPE.

All types of PPE must be:

- Selected based upon the hazard to the worker.
- Properly fitted and periodically refitted, as applicable (e.g., respirators).
- Consistently and properly worn when required.
- Regularly inspected, maintained, and replaced, as necessary.
- Properly removed, cleaned, and stored or disposed of, as applicable, to avoid contamination of self, others, or the environment.

Employers are obligated to provide their workers with PPE needed to keep them safe while performing their jobs. The types of PPE required during a COVID-19 outbreak will be based on the risk of being infected with SARS-CoV-2 while working and job tasks that may lead to exposure.

- Workers need to use masks or respirators
- Workers need to use Nitrile gloves

Follow Existing OSHA Standards

Existing OSHA standards may apply to protecting workers from exposure to and infection with SARS-CoV-2.

While there is no specific OSHA standard covering SARS-CoV-2 exposure, some OSHA requirements may apply to preventing occupational exposure to SARS-CoV-2. Among the most relevant are:

- OSHA's Personal Protective Equipment (PPE) standards (in general industry, 29 CFR 1910 Subpart I), which require using gloves, eye and face protection, and respiratory protection. See: www.osha.gov/laws-regs/regulations/standardnumber/1910#1910_Subpart_I.
 - When respirators are necessary to protect workers or where employers require respirator use, employers must implement a comprehensive respiratory protection program in accordance with the Respiratory Protection standard (29 CFR 1910.134). See: www.osha.gov/laws-regs/regulations/standardnumber/1910/1910.134.
- The General Duty Clause, Section 5(a)(1) of the Occupational Safety and Health (OSH) Act of 1970, 29 USC 654(a)(1), which requires employers to furnish to each worker "employment and a place of employment, which are free from recognized hazards that are causing or are likely to cause death or serious physical harm." See: www.osha.gov/laws-regs/oshact/completeoshact.

Adapted from OSHA 3990-03 2020

Appendix B – Classifying Worker Exposure to SARS-CoV-2

Worker risk of occupational exposure to SARS-CoV-2, the virus that causes COVID-19, during an outbreak may vary from very high to high, medium, or lower (caution) risk. The level of risk depends in part on the industry type, need for contact within 6 feet of people known to be, or suspected of being, infected with SARS-CoV-2, or requirement for repeated or extended contact with persons known to be, or suspected of being, infected with SARS-CoV-2. To help employers determine appropriate precautions, OSHA has divided job tasks into four risk exposure levels: very high, high, medium, and lower risk. The Occupational Risk Pyramid shows the four exposure risk levels in the shape of a pyramid to represent probable distribution of risk. Most American workers will likely fall in the lower exposure risk (caution) or medium exposure risk levels.



Lower Exposure Risk

(Caution)

As of the writing of this document, all Exela Operations fall under the lower exposure risk. *Lower exposure risk (caution)* jobs are those that do not require contact with people known to be, or suspected of being, infected with SARS-CoV-2 nor frequent close contact with (i.e., within 6 feet of) the general public. Workers in this category have minimal occupational contact with the public and other coworkers.

Adapted from OSHA 3990-03 2020

Appendix C – Workers Living Abroad or Traveling Internationally

Employers with workers living abroad or traveling on international business should consult the “Business Travelers” section of the OSHA COVID-19 webpage (www.osha.gov/covid-19), which also provides links to the latest:

- CDC travel warnings: www.cdc.gov/coronavirus/2019-ncov/travelers
- U.S. Department of State (DOS) travel advisories: travel.state.gov

Employers should communicate to workers that the DOS cannot provide Americans traveling or living abroad with medications or supplies, even in the event of a COVID-19 outbreak.

As COVID-19 outbreak conditions change, travel into or out of a country may not be possible, safe, or medically advisable. It is also likely that governments will respond to a COVID-19 outbreak by imposing public health measures that restrict domestic and international movement, further limiting the U.S. government’s ability to assist Americans in these countries. It is important that employers and workers plan appropriately, as it is possible that these measures will be implemented very quickly in the event of worsening outbreak conditions in certain areas.

More information on COVID-19 planning for workers living and traveling abroad can be found at: www.cdc.gov/travel.

Appendix D – Site Pre-Entry Examination for Employees – COVID-19

Advise all employees of the screening process:

- Before being allowed into work, all employees will have their temperature scanned using a non-contact thermal or a one-time disposable device.
- All temperatures will be recorded and the status of each person will be tracked.
- If a fever is present as defined below, the employee will be instructed to leave work immediately and not allowed back until the fever has subsided 99 degrees or lower for at least 24 hours (see note below) without the aid of fever reducing medicines and symptoms (e.g., cough, shortness of breath) have improved.

"Fever" is defined as follows as per Johns-Hopkins Medicine.
98.6 F to 98.9 F Normal - Allowable range
99 F to 100.3 F Fever Low grade - Not Allowed Access
100.4 or above – Fever - Not Allowed Access

<https://www.hopkinsmedicine.org/health/conditio>

- Identify who will do the screening.
- All employees should enter through a single designated door. Set up an area at least 10 feet (3 meters) outside the actual door to be used.
- Have screening logs available to fill out. See appendix E.
- Screener should be wearing Nitrile gloves while conducting the screening. PPE should be disposed of following the daily screening process in accordance with the instructions found in Appendix C of this document under Supervisor removes PPE.
- People should be practicing social distancing, staying at least 6 feet (2 meters) away from each other and not congregating while waiting to be screened.
- One at a time, each employee should come up and be screened using the thermal device provided.
- For disposable, one-time use thermometers, the screener should remove one device from the supply (box or bag) and place it on the table. The subject should then pick up the device and apply it to themselves. The subject should read the result to the screener and dispose of the device in the trash immediately. The screener should not touch the device at any time.
- For hand-held non-contact devices, the screener should maintain the farthest possible distance from the subject while still being able to accurately take the temperature of the subject.
- General questions should be asked of each subject such as:
 - Do you have any symptoms today?
 - Are there any changes to your health from yesterday?
 - Have you been in contact or around anyone with a confirmed case of the COVID-19 virus?

Each person’s temperature should be recorded in the attached log (or similar) along with all other pertinent information.

Steps to clean your infrared or laser thermometer:

You should wear Nitrile gloves while cleaning the device.

1. Dampen a soft cloth or cotton swab with water or medical alcohol (at least 70%). Never use soap or any other chemicals.
2. Gently wipe the lens first and then the body of the thermometer. Never submerge any part of your thermometer.
3. Allow the lens and body to dry completely before storing or using the thermometer.

This should be done after each pre-screening session (each shift).

Appendix F – Touch Point Cleaning

Touch-point cleaning focuses on common areas and locations that are touched frequently by several people throughout the day. Light switches, door knobs, and elevator buttons are common areas for germs and viruses to collect and spread from person to person.

Proper touchpoint cleaning is a two-step process. The first step is cleaning – removing unwanted matter from a surface or object. To clean an area, use a standard degreasing soap or detergent solution. Cleaning a surface does not disinfect or kill bacteria but it removes the unwanted mater.

Step two is to apply a disinfectant using a microfiber cloth. A disinfectant, especially an environmentally friendly solution like what we use at Peerless, will help kill pathogens and keep them from spreading. We do not recommend using sponges or rags while disinfecting because these can easily carry pathogens from one touchpoint to another. Instead, use microfiber clothes and constantly fold the cloth so you're using a new section of the cloth for each touchpoint.

Touch Point Cleaning should be performed at the beginning and end of each shift by each person in their personal work space. Managers, or cleaning staff, will be responsible for cleaning common areas such as door knobs, elevator buttons, and the kitchen areas.

Appendix G - Site Deep Cleaning following a COVID-19 Contamination

In the event that a person reports testing positive for COVID-19 and subsequent investigation shows that person was in the Exela location and not following prescribed protocols (mask wearing, social distancing, and hand washing), Deep Cleaning will be performed per management directive, otherwise Touch Point Cleaning will be instituted – See appendix F.

For North America, contact Facilities at +1.650.303.9100. Report your location and your situation to Greg Lyons.

Supervisor changes the Hotline message through HR to notify employees that the facility will be closed for cleaning. Employees should stand-down and check the hotline frequently for updates. Contact Barbara Lee at 972-901-0862 with a follow-up e-mail to barbara.lee@exelaonline.com.

A supervisor will need to be present at the location when the cleaning crew arrives. The supervisor selected should meet as many of the following criteria as possible:

- No underlying health issues
- Preferably living alone as she/he will need to self-quarantine following the process

Supervisor dons PPE as required: Nitrile gloves, N-95 mask (minimum rating), face shield or goggles. Additional PPE as provided by the cleaning company must be worn.

Prior to putting on Personal Protective Equipment (PPE) the Supervisor should make sure all PPE fits snugly and properly. Ensure they are adequately hydrated. Pull back and tie up any long hair. Remove all jewelry.

Supervisor opens the facility for the cleaning crew.

HVAC should remain running. If not currently running, the fans for the HVAC should be turned on.

Supervisor shows cleaning crew the area(s) to be cleaned. Supervisor should point out any common areas such as restrooms or breakrooms that the subject may have used while at the facility.

Cleaning crew cleans the facility - Supervisor remains to monitor cleaning crew, but stays as far away as possible. Supervisor should remain in all protective gear for the duration of the work.

Supervisor should note the time each area or room is completed and tape a piece of paper on or near the entrance so returning workers can see that the area/room was completed. See Appendix D.

Supervisor should make sure that if a company vehicle is involved that it gets cleaned as well.

Supervisor locks the facility down.

Supervisor removes PPE. All PPE must be disposed of as infectious clinical waste. The cleaning crew can properly dispose of these items.

Gloves: The outsides of the gloves are contaminated. Grasp the outside of the glove with the opposite gloved hand; peel off. Hold the removed glove in gloved hand, slide the fingers of the un-gloved hand under the remaining glove at the wrist, peel the remaining glove off over the first glove and discard. Clean hands with alcohol hand rub.

Eye/face protection: To remove, use both hands to handle the retraining straps by pulling away from behind and discard. Clean hands with alcohol hand rub.

Respirator: Do not touch the front of the respirator as it will be contaminated. Lean forward slightly, reach to the back of the head with both hands to find the bottom retaining strap and bring it up to the top strap. Lift straps over the top of the head. Let the respirator fall away from your face and place in bin. Wash hands with soap and water.

Supervisor contacts Management with status and they jointly determine when to re-start operations. This should take into consideration any recommendations from the cleaning crew. It will require a minimum of 5 hours from the time of completion. The virus is thought to be able to exist on hard surfaces for up to three days.

Supervisor changes the Hotline message through HR. Contact Barbara Lee at 972-901-0862 with a follow-up e-mail to barbara.lee@exelaonline.com.

Supervisor starts call tree to inform employees when to report back to work. The contact information should be available in HCM.

Supervisor should go into self-quarantine for 14 days - Could work from home. On-site designee needs to be identified in the absence of the Supervisor that is now quarantined.

Reproduce the handout page (Appendix E) and give one to each returning employee. This should be used to help them understand the work that was completed during the cleaning process.

Resume business as usual.

Appendix H – Area Cleaned Signs – COVID-19

In order to help alleviate concerns of the employees, the sheet below should be copied and hung in conspicuous places following a deep/professional cleaning.

List the area that was cleaned, e.g. breakroom, restroom, mail opening, etc.

Show the date and time the area was cleaned.

Be sure to use a wide marker and write to fill the sheet so it is easy to read from across the room.

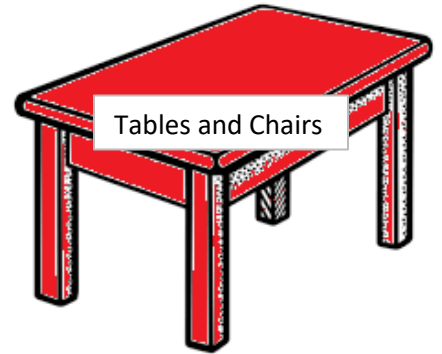
Make as many copies of this sheet as required.

Room/Area Cleaned:

Cleaned at:

Appendix I – Safe Harbors Post Cleaning Hand-Out – COVID-19

Exela has teamed up with Safe Harbors to clean your facility as a precaution following a potential contamination from the COVID-19 Virus. Safe Harbors conforms to all CDC and WHO standards for a biologic contamination cleaning services. For your protection, the items shown on this page represent some of the items that have been sanitized for your protection. Please speak with your supervisor if you have any questions related to the cleaning process or any other concerns you may have about returning to work. Your safety and well-being are of paramount importance to the Exela family.



Tables and Chairs



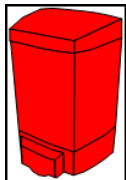
Keyboards and Monitors



Toilets



Doors and Door Handles



Soap, Toilet Paper and Paper Towel Dispensers



Telephones, FAX and



Sinks and Counter Tops



Light Switches



Desks and Work Areas