

CEMEX Laboratory (Quality Assurance) Business Continuity Plan for COVID-19	Protocol for business continuity at Laboratory (Quality Assurance) responding to COVID-19
Propose of the Protocol	This protocol provides details and the steps which should be taken if a member of staff at the Laboratory (Quality Assurance) is suspicious or confirmed as having COVID-19.
Who does this protocol apply to	This protocol applies to all CEMEX Laboratories (Quality Assurance) worldwide. The Plant RRT should take responsibility for implementing it. An evaluation must be done to determine the minimum level of personnel to operate the shift
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I. Preventive Measures.	
1.	Avoid physical contact, no handshakes and keep a minimum of 2 meters (6 feet)
2.	Enough spacing between the devices must be in place. Display signage to confirm the requirement. Sanitization/handwashing stations shall be in place.
3.	Employees must wear COVID-PPE which includes: gloves, face masks, goggles or a face shield, and gowns.
4.	Declutter surfaces and increase cleaning / sanitizing regimes. Assign responsibility and frequency for disinfecting touchpoints, tables, door handles, etc. Wear gloves and face mask throughout cleaning activities and wash hands immediately on the removal of gloves and masks.
5.	Remove doors/door handles - Look at all reasonable opportunities to remove them. If removing is not possible consider keeping open doors during operation hours.
6.	Where touchpoints like door handles and water coolers remain, paper towels are provided to allow users to avoid skin contact and/or install hand gel alcohol-based sanitizers.
7.	Gloves should be worn all time but are treated the same as bare hands in terms of minimizing unnecessary touching of anything on-site and the user's face.
8.	Instruct the employees do not exchange utensils or paperwork. If paperwork is necessary, assign a tray to deposit paperwork, and clean hands after touching paperwork. Exchange of pens or pencils or sharing electronic devices should be prohibited.
II. Cleaning and disinfecting areas & working stations	
1.	Cleaning and disinfecting environmental surfaces are important components of routine infection control. Workplace cleaning and disinfection should follow the same general principles used in healthcare settings: removal of dirt, frequent disinfection and use of a certain set of disinfecting products.
2.	The employee should be responsible for cleaning their areas and possibly common areas nearby.
3.	Surfaces that are frequently touched with hands should be cleaned often. This would include (but would not be limited to): Doors in entrance/exiting areas, counters and shelves, desk surfaces, chairs (e.g. armrests), tables, phones, computer keyboards

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	(especially if shared), light switches, kitchen surfaces and appliances, doorknobs, handrails, floors, and other horizontal surfaces, shared tools and equipment, machinery as muffles, hot Irons, X rays, diffractometer
4.	In cases where the laboratory has eating rooms, it is important to avoid sharing cups, dishes, and cutlery and to ensure that they are thoroughly washed with soap and hot water. If possible, use disposables cutlery, cups, and dishes.
5.	Garbage collection, and if necessary, storage points, should be increased and emptied regularly throughout each day.

III. Actions to be taken according to the discovery scenario

1.	<p>One or more cases in Laboratory (Quality Assurance) staff may present with different discovery scenarios:</p> <ul style="list-style-type: none"> A. The person feels ill and reports sick from home. B. The person is detected with cold-like symptoms upon entering the plant. C. The person enters the Laboratory (Quality Assurance) without symptoms and has discomfort/symptoms during his shift.
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Scenario A. Actions to be taken when the affected person reports sick from home.

1.	Request the affected person to receive medical attention by applying contagion preventive measures (use of a mask, hand washing, deep cleaning of their home, not sharing food and staying isolated as much as possible).
2.	If the Laboratory (Quality Assurance) can operate without the affected person, keep the shift with the reduced group until the end of it.
3.	Otherwise, request substitute Laboratory (Quality Assurance) personnel requiring a member of other Laboratory (Quality Assurance) shifts.
4.	Provide the affected person with guidelines for care at home and care for their relatives. Refer to PANDEMICS-Quarantine protocol.
5.	Follow up on affected personnel and their families, preferably by HR.

Scenario B. Actions to follow when the affected person is detected with cold-like symptoms upon entering the plant.

1.	Do not allow entry and follow the "PANDEMICS - Screening protocol".
2.	Follow the actions indicated in Scenario A above.

Scenario C. Actions to be taken when the affected person enters the Laboratory (Quality Assurance) without symptoms and presents discomfort/symptoms during his/her shift.

1	The suspicious person must go home, follow the leaving site protocol requirements, call a doctor/medical center and ask what to do.
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Scenario C. Actions to be taken when the affected person enters the Laboratory (Quality Assurance) without symptoms and presents discomfort/symptoms during his/her shift.	
2	Apply in the Laboratory (Quality Assurance), with due care, the PANDEMICS-Social distancing protocol, and PANDEMICS-Workplace cleaning procedures.
3	Reinforce constant cleaning to the lab accessories, equipment, and instruments.
4	Request the remaining of the Laboratory (Quality Assurance) group to prepare the transfer of Laboratory (Quality Assurance) operation from this to a new Laboratory (Quality Assurance) group.
5	Request a new Laboratory (Quality Assurance) group to come urgently to Plant.
6	Before changing the Laboratory (Quality Assurance) group, reapply the PANDEMICS-Social distancing protocol and PANDEMICS-Workplace cleaning procedures.
7	Allow entry to the work area only to personnel from the Lab, staff from other departments should not enter.
8	Send home colleagues of the affected person who has been in contact, they should call a doctor/medical center and ask what to do.
9	Provide the affected person and Laboratory (Quality Assurance) colleagues with guidelines for care at home and care of their relatives. Refer to PANDEMICS-Quarantine protocol.
10	Continue the operation of the Laboratory (Quality Assurance) with the new group.
11.	Follow up on affected personnel, Laboratory (Quality Assurance) colleagues and their families. Preferably by HR.

IV. Actions to be taken in case of unavailability of critical personnel

1	<p>Assess the level of affectation to critical processes to define which strategies are more suitable, considering the circumstances and triggers below:</p> <p><u>Possible duration of the unavailability</u></p> <ul style="list-style-type: none"> a. 14 days when critical personnel are in quarantine (due to identified exposure or having symptoms without confirmation of COVID-19) b. >14 days when Critical personnel absent due to confirmation of COVID-19 <p><u>Possible consequences in case of critical personnel unavailability</u></p> <ul style="list-style-type: none"> a. Minor impact when the absence decreases productivity, but without interrupting critical processes. b. Major impact when unavailability leads to disruption of critical processes.
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V. Possible Recovery Strategies and applicability

1	The following are just guidelines for the selection of possible recovery strategies, that could apply due to the duration of the unavailability and / or the level of impact identified.
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V. Possible Recovery Strategies and applicability	
If the possible duration of the unavailability is 14 days with minor Impact	
1	Distribute tasks among the available staff of the shift to cover the functions of the absent person
2	Activate the deputy appointed according to the BCP to cover the absent person
3	Take staff from another shift to cover the absence
4	Extend the duration of shifts if it is required to cover the operation
If the possible duration of the unavailability is >14 days with major Impact	
1	Reduce to the minimum the personnel within the Laboratory (Quality Assurance) in each shift, to maintain the operation with the skeleton and distribute the available staff in the different shifts
Additional options to evaluate according to viability (based upon local regulations and industry practices)	
1	Seek personnel from other plants that can be transferred to operate (if travel protocols and restrictions allow it)
2	That retired personnel can be called to operation (induction and training could be required)
3	Seek with industry associations to hire temporarily or make a swap from other laboratory experts (induction and training could be required)
4	Look for outsourcing services from specialized providers that have availability of experts with the skills needed.
5	Use available technology for virtual support, refer to: PANDEMICS-Field remote support protocol

VI. Table of possible Recovery Strategies and applicability (summarized version)				
Recovery Strategies	Estimated duration		Level of Impact	
	14 days	> 14 days	Minor	Major
a. Distribute tasks among the available staff of the shift to cover the functions of the absent person	X		X	
b. Activate the deputy appointed according to the BCP of the plant to cover the absent person	X		X	

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VI. Table of possible Recovery Strategies and applicability (summarized version)				
c. Substitute staff with personnel from shift to cover the absence	X	X	X	X
d. As necessary, extend the duration of shifts to cover the operation	X	X	X	X
e. Reduce to the minimum the personnel within the Laboratory (Quality Assurance) in each shift, to maintain the operation with the minimum skeleton and distribute the available staff in the different shifts		X		X
Additional options to evaluate according to viability (based upon local regulations)				
f. Seek personnel from other plants that can be transferred to operate (Please refer to PANDEMICS – Travel Protocol)		X		X
g. That retired personnel can be called to operation (induction and training could be required)		X		X
h. Seek with industry associations to hire temporarily or make a swap from other laboratory experts (induction and training could be required)		X		X
i. Look for outsourcing services from specialized providers that have the availability of experts with the skills needed.		X		X
j. Use available technology for virtual support, refer to PANDEMICS-Field remote support protocol		X		X