



<b>CEMEX Central Control Room Cement Plant Business Continuity Plan for Covid-19</b>	Guidance for business continuity at Cement Plant Central Control Room (CCR) responding to New Coronavirus / Covid-19
<b>Propose of the Protocol</b>	This protocol provides details and the steps which should be taken if a member of staff at CCR is suspicious or confirmed as having Covid-19.
<b>Who does this protocol apply to</b>	This protocol applies to all CEMEX Cement Plants CCR 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 (According to local regulations)
<b>Important notes</b>	Copyright ©2020 Cemex Innovation Holding AG.  This protocol was prepared by CEMEX based on the recommendations of the World Health Organization (" WHO "), external consultants and the experience of the company itself. CEMEX is not responsible for the result of the implementation of the protocol and in no way guarantees the effectiveness of this material to prevent or reduce CORONAVIRUS (COVID-19) infections among its employees or officials. Authorization to use this material is exclusively and limited to consultation. No person or entity will be able to use this material, in whole or in part, for publicity, advertising and/or promotion in any material or media, for any company, products or services.

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<b>I. Preventive Measures for Those Working in Control Rooms</b>	
1.	Avoid physical contact, no handshakes, etc.
2.	Keep a minimum of 2 meters (6 feet) between you and anyone else you interact with: <ul style="list-style-type: none"> <li>a) Sufficient spacing between the chairs must be in place:</li> <li>b) Limit the number of workers In the Control Room at any one time.</li> <li>c) Display signage to confirm the requirement.</li> <li>d) Sanitization/hand washing stations shall be in place at the entry and exit points to the Control Room.</li> </ul>
3.	Limit the number of people around drinks machines that are available in or near the Control Room. Consider removing these machines to eliminate potential interactions between people.
4.	Keep enough ventilation within Control Room such as opening windows and doors.
5.	Clean-up surfaces and increase cleaning / sanitising regimes. Surfaces (e.g. desks and tables) and objects (e.g. telephones, keyboards) need to be wiped with disinfectant regularly.
6	Before entering the work, areas people must wash their hands thoroughly following the WHO guidance. It is also recommended to wash hands frequently during their shift and as when required.
7	Remove or disable entry systems that require skin contact e.g. fingerprint scanners.
8	Stairs should be used in preference to lifts or Elevators.
9	Where lifts or Elevators must be used: <ul style="list-style-type: none"> <li>a) Lower their capacity to reduce congestion and contact at all times</li> <li>b) Mark standing position on the lift/elevator floor to indicate a standing position for each person facing walls.</li> <li>c) Regularly clean touchpoints, doors, buttons etc.</li> </ul>
<b>II. Actions to be taken according to the discovery scenario</b>	
1.	One or more cases in CCR staff may present with different discovery scenarios: <ul style="list-style-type: none"> <li>A. The person feels ill and reports sick from home.</li> <li>B. The person is detected with cold-like symptoms upon entering the plant.</li> <li>C. The person enters the CCR without symptoms and has discomfort / symptoms during his shift.</li> </ul>
<b>Scenario A. Actions to be taken when the affected person reports sick from home.</b>	
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).



<b>Scenario A. Actions to be taken when the affected person reports sick from home.</b>	
2	If the CCR can operate without the affected person, keep the shift with the reduced group until the end of it.
3	Otherwise, request substitute CCR personnel requiring a member of other CCR shifts.
4	Provide the affected person with guidelines for care at home and care of their relatives. Refer to PANDEMICS-Quarantine Protocol.
5	Follow up on affected personnel and their families, preferably by HR.

<b>Scenario B. Actions to follow when the affected person is detected with cold-like symptoms upon entering the plant.</b>	
1	Do not allow entry and follow the "PANDEMICS - Screening protocol".
2	Follow the actions indicated in "Scenario A" above.

<b>Scenario C. Actions to be taken when the affected person enters the CCR without symptoms and presents discomfort / symptoms during his/her shift.</b>	
1	The suspicious person must go home and before leaving site follow the leaving site protocol, call to the doctor/medical service provider and ask what to do.
2	Apply in the CCR, with due care, the PANDEMICS-Physical distancing protocol and PANDEMICS-Workplace cleaning procedures.
3	Request the remaining of the CCR group to prepare the transfer of operation from this to a new CCR group. If applicable transfer operation to Remote Control CCR.
4	Request a new CCR group to come urgently to Plant.
5	Before changing the CCR group, reapply the PANDEMICS-Physical distancing protocol and PANDEMICS-Workplace cleaning procedures.
6	Allow entry to the work area only to personnel from the CCR, staff from other departments should not enter.
7	Send home colleagues of the affected person who have been in contact, they should call to the doctor/medical center and ask what to do.
8	Provide the affected person and CCR colleagues with guidelines for care at home and care of their relatives. Refer to PANDEMICS-Quarantine Protocol.
9	Continue the operation of the CCR with the new group.
10	Follow up on affected personnel, CCR colleagues and their families. Preferably by HR.

<b>III. Actions to be taken in case of unavailability of critical personnel</b>	
1	Assess the level of affectation to critical processes to define which strategies are more suitable, considering the circumstances and triggers below: <u>Possible duration of the unavailability</u>

<b>III. Actions to be taken in case of unavailability of critical personnel</b>	
	<ul style="list-style-type: none"> <li>a. 14 days when critical personnel are in quarantine (due to identified exposure or having symptoms without confirmation of COVID-19)</li> <li>b. More 14 days when Critical personnel absent due to confirmation of COVID-19</li> </ul> <p><u>Possible consequences in case of critical personnel unavailability</u></p> <ul style="list-style-type: none"> <li>a. Minor impact when the absence decreases the productivity, but without interrupting critical processes.</li> <li>b. Major impact when unavailability leads to disruption of critical processes.</li> </ul>

<b>IV. Possible Recovery Strategies and applicability</b>	
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.
<b>If the possible duration of the unavailability is 14 days with minor Impact</b>	
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
<b>If the possible duration of the unavailability is more than 14 days with major Impact</b>	
1	Reduce to the minimum the personnel within the CCR in each shift, in order to maintain the operation with the skeleton and distribute the available staff in the different shifts
<b>Additional options to evaluate according viability (based upon local regulations and industry practices)</b>	
1	Seek multifunctional personnel from other departments that could cover relevant activities into the CCR (induction and training could be required)
2	Seek personnel from other plants that can be transferred to operate (if travel protocols and restrictions allow it)
3	That retired personnel can be called to operation (induction and training could be required)
4	Seek with industry associations to hire temporarily or make a swap from other laboratory experts (induction and training could be required)
5	Look for outsourcing services from specialized providers that have availability of experts with the skills needed.



**IV. Possible Recovery Strategies and applicability**

6	Use available technology for virtual support, refer to: PANDEMICS-Field remote support protocol
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<b>V. Table of possible Recovery Strategies and applicability (summarized version)</b>				
<b>Recovery Strategies</b>	<b>Estimated duration</b>		<b>Level of Impact</b>	
	<b>14 days</b>	<b>&gt; 14 days</b>	<b>Minor</b>	<b>Major</b>
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	
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 CCR in each shift, in order to maintain the operation with the minimum skeleton and distribute the available staff in the different shifts		X		X
<b>Additional options to evaluate according viability (based upon local regulations)</b>				
f. Seek multifunctional personnel from other departments that could cover relevant activities in the CCR (consider that induction and training could be required)		X		X
g. Seek personnel from other plants that can be transferred to operate (Please refer to PANDEMICS – Travel Protocol)		X		X
h. Retired personnel can be called to operation (consider that induction and update training could be required)		X		X
i. Seek with industry associations to hire temporarily or make a swap from other laboratory experts (induction and training could be required)		X		X
j. Look for outsourcing services from specialized providers that have availability of experts with the skills needed.		X		X
k. Use available technology for virtual support, refer to: PANDEMICS-Field remote support protocol		X		X