Return to Work Plan

Updated April 30th 2020
Return to Office Considerations

Background and Assumptions:

➢ Risk of COVID Exposure to continue for 6-12+ months
➢ Group meeting restrictions & common area distancing and hygiene requirements may continue indefinitely
➢ Increased remote work requests and virtual meeting expectations to continue beyond pandemic period

Consideration 1: Designated Essential Business that requires onsite support or Stay at home orders lifted

Consideration 2: Safe Work Plan and COVID Response Team intact and Screening/Cleaning Supplies on hand

Consideration 3: Downward Daily Case Trend - continued decline for 2 weeks in each operating area and Area hospitals not operating beyond capacity for COVID treatment

Consideration 4: Testing available to monitor continued exposure
Phased Approach for Return to Office

**Phase 1**
Goal: Safe Work Plan in place and operationalized to allow access to allow voluntary onsite work or occasional office access.

**Phase 2**
Goal: Safely accommodate traditionally in-office teams while monitoring and managing COVID risk

**Phase 3**
Goal: Return to normal operations; Safely accommodate travelling personnel and individuals with continuing risk factors

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### Actions / Status

**Critical Requirements:**
- Thermometers
- Onsite health check screening
- Use of approved face masks

**Critical Requirements:**
- Sanitation supplies
- Onsite Screening Management
- Broader COVID testing availability

**Critical Requirements:**
- Low risk of resurgence
ODH Dashboard Case Trend Indicator

COVID-19 | Last Updated:
| Cases |
| Last Updated: 04-22-20 | 1,115 | 392 |
| 5 Day Trend |
| Last Updated: 04-27-20 | 577 | 362 |
| 5 Day Trend |
| Last Updated: 04-28-20 | 475 | 444 |
| 5 Day Trend |
| Last Updated: 04-30-20 | 376 | 724 |
| 5 Day Trend |

Deaths

Last Updated: 04-22-20 | 53 |
5 Day Trend

Last Updated: 04-27-20 | 25 |
5 Day Trend

Last Updated: 04-28-20 | 46 |
5 Day Trend

Last Updated: 04-30-20 | 38 |
5 Day Trend

Hospitalizations

Last Updated: 04-22-20 | 103 |
5 Day Trend

Last Updated: 04-27-20 | 54 |
5 Day Trend

Last Updated: 04-28-20 | 102 |
5 Day Trend

Last Updated: 04-30-20 | 113 |
5 Day Trend

ICU Admissions

Last Updated: 04-22-20 | 42 |
5 Day Trend

Last Updated: 04-27-20 | 26 |
5 Day Trend

Last Updated: 04-28-20 | 20 |
5 Day Trend

Last Updated: 04-30-20 | 21 |
5 Day Trend
Workforce Availability, Infrastructure, and Support

Week of April 27th

Return To Work Planning

Phased Return to Work Plan
STATUS: Draft schedule developed; plan integrates risk-based approach based on known risk factors/exposure
Leaders to provide initial input on critical/required Phase 2 office personnel

Updated Response Plan
STATUS: Contract Tracing Approach developed
Determine ability to redeploy to remote work environment if required by Response effort

PPE Availability and Use
STATUS: In process of procuring additional supplies to support return to office plans (Gloves, Masks, Hand Sanitizer)
Masks Required while in facility starting May 1
   Daily KN95 issued for warehouse personnel
   Employees to bring washable facemask; If not available, PS will provide one for weekly use

COVID Response Team:
STATUS: COVID Response Team to be established to support communication, enforcement and response policies.
   Team: Robert S., Matt. Weisenburger, Kelly K., Kathleen Hinz, Onsite Screener, Nick Kalain, Tony Campbell

Employee and Visitor Screening Protocols:
STATUS: Employee Office Access requirements in place
   Screening Approach – Self Check for limited onsite Staff;
   Plans to move to onsite daily screening upon entry as start of Return to Office
   Office access hours (with onsite screening availability) 7:30a-1:30p
Workforce Availability, Infrastructure, and Support

**Week of April 27th**

**Workplace Hygiene & Cleanliness**

- **STATUS:** Sanitization provider contracted thru June 2020; Sanitization Standards in place (CDC List N approved supplies)
- Cleaning service frequency maintained
- Distancing requirements for office workstations (12ft+ distancing during Phase 1)

**Common Areas & Equipment**

- **STATUS:** Sanitization routine for specific equipment confirmed.
- COVID Occupancy Limits established for common areas to maintain 6ft distancing requirements.
- Meeting Space and Lounge/Bistro space layout reconfigured to support occupancy limits/distancing
- Required washing of hands when entering coffee/kitchen areas

**Training/Communication of Return procedures**

- **STATUS:** Building Posters to be established for exterior of building providing notice to Employees and Visitors
- Company-wide communication issued regarding Safe Work Plan procedures
- Screening workflow and isolation room protocol to be established.

**Testing Availability:**

- **STATUS:** COVID testing in OH is limited & prioritized for
  1) Symptomatic individuals and Healthcare Workers
  2) At risk populations and First Responders with Symptoms
- Monitoring availability of broad based testing from Managed Care Networks, Lab Services, Hospitals and area treatment centers, Retail Pharmacies, and mail order/bulk purchase kits.
- Antibody testing available, Infection tests limited

**Travel Limitations**

- **STATUS:** Essential Travel to provider/supplier locations follow host site requirements; Research regional stay at home requirements or travel limitations
- PPE Distribution Plan for travelling associates needed
- Essential business meetings should occur in a business office, non-care facility or alternative meeting space
Employee Building Access & Health Check Procedures

DAILY SELF-CHECK REQUIREMENT:

1. **Daily Screening.** Until further notice by the Company, each day before entering the office, all employees must:
   (A) Self-check their temperature at home with a thermometer; AND
   (B) Self-monitor for COVID-19 symptoms, e.g., shortness of breath, fever, dry cough, sore throat, chest pain, etc; AND
   (C) Comply with established screening & reporting requirements onsite

   *Employees returning to office for the first time may be asked to complete screening onsite*

2. **For Those Without Thermometer.** For those employees without a thermometer at home, such employees must agree to screening requirements which include taking temperatures with contactless thermometer each day at the main entrance before entering. Before using the thermometer, take one of the provided disinfectant wipes, and sanitize the thermometer before and after each use.

3. **All Employees Must Use a Mask while in the Facility.** If you are not prepared with a mask you should not enter the facility. Contact your manager or a member of Human Resources.

4. **Notify Manager of Fever or Symptoms; Not Permitted to Enter.** Employees who show a fever of 100.4 or above or other symptoms of COVID-19 (currently or in the last 14 days), must notify their manager and are not permitted to work in the office; such employees should work from home unless symptoms do not allow the employee to do so.

5. **Reporting Requirements for Travel and other risks.** Employees who, in the prior 14 days, (a) have been around others with COVID-19 symptoms, (b) travelled outside of state, (c) used mass transit, or (d) have been part of any large gathering of 10 or more people, or (e) or been in close proximity with or provided care for someone diagnosed with COVID-19, or been in close proximity w/ a COVID caretaker (e.g., nurse/doctor), must notify their manager and should work from home (unless otherwise approved by COVID Response Team)
Visitor Building Access & Health Check Procedures

PRE-APPROVAL AND SCREENING REQUIREMENT FOR ALL VISITORS:
1. **Visitor Pre-Approval Required.** Until further notice, **ALL** visitors (all guests, customers, contractors, service personnel, job candidates, etc.) must be approved in advance by COVID Response Team before they are permitted to enter the building.

   *NOTE: If a visitor is not approved are not permitted to enter the building; please take responsibility for your guests and ensure IN ADVANCE that they are on the approved list in accordance with this protocol*

2. **All Approved Visitors Must Wear A Mask** while performing work in the facility while this requirement is in effect. Visitors should supply their own mask. If visitors do not have a mask available, one may be provided to the visitor.

3. **Temperature Check and Screening.** All visitors:
   (A) Daily temperature check should be performed at the main entrance before entering. (before using the thermometer, sanitizing wipes should be used and sanitize the thermometer before and after use);
   AND
   (B) HOST should use the Visitor Screening checklist to reaffirm that no risks are present at time of access. Confirm that in the prior 14 days, visitor has not had any other symptoms of COVID-19, been around others with symptoms, travelled outside of the state, used mass transit, or been part of any large gathering of 10 or more people, or been in close proximity with or provided care for someone diagnosed with COVID-19, or been in close proximity w/ a COVID caretaker (e.g., nurse/doctor).must

   *NOTE: Please make your visitors aware of these requirements IN ADVANCE, and ask them to self-check/self-screen, to avoid any surprises and to get additional advance screening/approval from COVID Response Team*

4. **Fever, Symptoms or Screening Issue.** Anyone who show a fever of 100.4 or greater, have other symptoms, or do not pass other screening questions are not permitted in the building (unless specifically approved by COVID Response Team)

5. **Handle with Care.** All deliveries, individual lunches, packages, etc., must be handled with care and should be wiped down before being brought into the building; where possible, quarantine (set aside) packages and deliveries for several days before opening.

6. **Food, Food Deliveries, Etc.** Outside food delivery/Door Dash, etc., should be contactless delivery if at all possible, or should be met outside. You should limit contact and disinfect/wipe down. Group lunches, pot-lucks, etc., are not permitted at this time.
Screening Requirements

COVID-19 Visitor Questionnaire

The safety of our associates, customers, families, and visitors remain PartsSource’s overriding priority during the COVID-19 pandemic. Only business-critical visitors are permitted at any PartsSource facility at this time, and such visitors must 1) wear a mask at all times in the building, and 2) submit this completed form and have advance approval from their host before arriving; hosts must have advance approval for the visit via this form approved and signed by Human Resources. As the COVID-19 situation evolves, PartsSource may update its procedures based on recommendations from the Centers for Disease Control (CDC), State Department(s) of Health, other bodies, applicable law and governmental guidance.

To help prevent the spread of COVID-19 and reduce the potential risk of exposure to our workforce and visitors, we are requiring this simple screening questionnaire. Your participation is important to help us take precautionary measures to protect you and everyone in our facilities. Thank you for your time.

Visitor Name
Company/Organization
PartsSource Host Name
Facility You Are Visiting
Personal Phone Number

Self-Declaration by Visitor

Have you experienced any of the following symptoms in the last 14 days? Please select yes or no for each (Note: Visitors are REQUIRED to inform the Company of any symptoms including on the day of the visit):
- Fever (100.4°F or higher): YES □ NO □
- Cough: YES □ NO □
- Respiratory Illness: YES □ NO □
- Shortness of Breath: YES □ NO □
- Difficulty Breathing: YES □ NO □
- Any Other Symptoms Indicative of COVID-19: YES □ NO □

If Yes, Explain:

Are you waiting for a COVID-19 test or test results, or have you been in close proximity with or provided care for someone waiting for a COVID-19 test or test results?

YES □ NO □

In the last 14 days, have you been in close proximity with or provided care for someone diagnosed with COVID-19 or showing other symptoms, or been in close proximity w/ a COVID caretaker (e.g. nurse/doctor)?

YES □ NO □

Have you been advised to be in quarantine at this time?

YES □ NO □

Within the last 14 days, have you (a) been part of any gatherings of 10+ people, (b) been within a hospital, (c) used mass transit, OR (d) otherwise engaged in Level 2 or 3 travel as provided on the CDC’s COVID-19 travel information page (https://www.cdc.gov/coronavirus/2019-ncov/travelers/index.html), or been in close proximity w/ anyone who has (a through d)?

YES □ NO □

*** PLEASE READ ***

COVID-19 SELF-CHECK AND MASK REQUIREMENTS

*** Please understand these requirements are designed for your safety and the safety of all employees. Please do your part to protect yourself and your coworkers. In addition to the requirements below, please continue to practice exceptional hygiene (cover coughs and sneezes, wash hands often, disinfect often, do not touch face, etc.), continue social distancing of 6-12 feet; do not share handshakes, etc. ***

*** EMPLOYEES MUST WEAR MASKS WHILE IN THIS FACILITY: AND *** EMPLOYEES MUST PERFORM DAILY SELF-CHECKS AS FOLLOWS:

1. Self-Check Each Day. Until further notice by the Company, each day before entering the office, ALL employees must:
   A. Self-check their temperature at home with a thermometer, AND
   B. Self-monitor for COVID-19 symptoms, e.g., shortness of breath, fever, dry cough, sore throat, body aches, chest pain, etc.

2. Notify Manager of Fever or Other Symptoms: Not Permitted to Enter
   Employees with a fever of 100.4°F or above or other symptoms of COVID-19 (currently or in the last 14 days) must notify their manager and are not permitted to work in the office; such employees should work from home unless symptoms do not allow the employee to do so.

3. For Those Employees Without a Thermometer: For those without a thermometer, you MUST check your temperature with the contactless thermometer located at the main entrance each day before entering

4. Other Screening: Travel and Large Gatherings
   Employees who, in the prior 14 days, (a) have been around others with COVID-19 symptoms, (b) traveled outside of Ohio, (c) used mass transit, or (d) have been part of any large gathering of 10 or more people, or (e) been in close proximity with or provided care for someone diagnosed with COVID-19, or been in close proximity w/ a COVID caretaker (e.g., nurse/doctor) must notify their manager and should work from home (unless otherwise approved by Human Resources).

By entering this site, you are confirming that you are following ALL the requirements listed above. If you cannot meet any of these requirements, immediately leave the site and call your supervisor or Human Resources. When in doubt, stay home.

As the COVID-19 situation evolves, PartsSource will continue to monitor it closely and may periodically update its procedures based on current recommendations from the Centers for Disease Control (CDC), and applicable laws and governmental guidance.

VISITORS:
If you have been requested to perform essential services, you must have completed our COVID-19 Visitor Questionnaire and have an approved, signed, printed copy with you at all times. No other visitors will be permitted to enter the building.

Updated 4/30/20
## Response Protocol

### COVID-19 Scenarios and Quarantine Protocol

All scenarios outlined below result in a quarantine. Any employee returning from a quarantine must pass the daily employee self-check, regardless of the situation.

<table>
<thead>
<tr>
<th>Situation</th>
<th>Earliest Return to Work (RTW)(^*)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Employee reporting COVID-19 self-check symptom(s)</td>
<td>7/3 rule</td>
</tr>
<tr>
<td>Employee displaying COVID-19 symptoms and a medical professional advises</td>
<td>14 days and able to pass 7/3 rule</td>
</tr>
<tr>
<td>or get a COVID-19 test (suspected case)</td>
<td></td>
</tr>
<tr>
<td>Employee waiting for results of a COVID-19 test (suspected case)</td>
<td>Positive = RTW from medical provider</td>
</tr>
<tr>
<td></td>
<td>Negative = 7/3 rule</td>
</tr>
<tr>
<td>Employee tests POSITIVE for COVID-19 (confirmed)</td>
<td>RTW from medical provider</td>
</tr>
</tbody>
</table>

### Illness of Employee’s Spouse/Household Member

<table>
<thead>
<tr>
<th>Situation</th>
<th>Earliest Return to Work for Close Contacts?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Employee’s spouse/household member showing COVID-19 symptoms</td>
<td>No</td>
</tr>
</tbody>
</table>

### Employee in Contact w/ Others (Suspected for Confirmed COVID-19 cases)

| Situation                                                                 | Earliest Return to Work for Close Contacts? |
|                                                                          |                                             |
| Employee (or spouse/household member) has close contact outside of work   | No                                          |
| with a suspected case of COVID-19                                         |                                             |
| Employee has close contact outside of work with a confirmed case of       | Yes                                          |
| COVID-19                                                                  |                                             |

\(^*\) Documentation from a medical provider overrides anything below
Response when suspected COVID symptoms are present

- If Employee has temperature is 38ºC (100.4ºF) or higher, or the employee exhibits visible symptoms of illness consist with COVID-19, the employees will be isolated and screening administered (onsite testing or self-check).

- Reception Interview Room to be designated as isolation room and equipped with supplies (Gloves/Masks/Thermometer).

- Contract tracing will be initiated if symptoms are consistent with COVID-19. Employee may be required to seek testing (if available) or self-quarantine for required timeframe.

- If employee is too ill to work or not equipped to work remotely Emergency Sick Leave may be used.

- Employees returning to work from a quarantine or approved medical leave (PTO or EML) should be notify their Manager and/or HR and to submit to that representative a medical certificate releasing them to return to work.
Contact Tracing Protocol

In the event of a suspected or confirmed case of COVID-19, the individual’s manager and/or Human Resources personnel will work with the individual to identify his/her contacts as follows:

1. **Staff shall work with an individual with a confirmed or suspected case of COVID-19 to help them recall everyone with whom they have had close contact during the timeframe while they may have been infectious, which at present for COVID-19 is widely believed to be up to 14 days.**

   This can be done by methodically tracing each day, and the actions and close proximity/contact with people, over the past 14 days. Staff should be sure to gather from the individual as much contact information (name, phone, email, address if known, etc.) on the contacts as possible.

   Things to be considered during tracing include but are not limited to: family members or others who have been within the household, other visits with family/friends, work exposure, meetings, events, delivery of services to the individual or of food or other items which included proximity or contact, trips to the store or other places (to the extent people can be identified), etc.

2. **Staff should be as resourceful as possible to locate and then warn these exposed identifiable contacts of their potential exposure as rapidly and sensitively as possible.**

3. **To protect privacy, contacts are only informed that they may have been exposed to an individual with the infection. They are not told the identity of the individual who may have exposed them.**

4. **Contacts are provided with education, information, and support to understand their risk, including but not limited to:**
   a. What they should do to separate themselves from others
   b. Monitor themselves for illness; and
   c. The possibility that they could spread the infection to others even if they themselves do not feel ill or show symptoms

5. **Contacts should be strongly encouraged to stay home and maintain social distance from others (at least 6 feet) until 14 days after their last exposure in case they also become ill or are contagious, and monitor themselves by checking their temperature twice daily and watching for common symptoms including but not limited to cough and shortness of breath.**
### Return to Office Schedule (Timing TBD)

<table>
<thead>
<tr>
<th>Phase 1 (Voluntary/Occasional Office Access)</th>
<th>Phase 2 (Required; Distancing Maintained) - May required several sub-phases</th>
<th>Phase 3 &amp; Beyond</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Universal Requirements for Onsite Personnel</strong></td>
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</tr>
<tr>
<td>Safe Workspace Distancing must be maintained (12+ft)</td>
<td>Safe Workspace Distancing maintained where possible (12+ft)</td>
<td>Appropriate Distancing Requirements (based on current guidance)</td>
</tr>
<tr>
<td>Must agree to and perform self-check requirements (universal requirements)</td>
<td>Must agree to and perform screening requirements (Self-check for those regularly onsite)</td>
<td>Self Check Requirements remains in place</td>
</tr>
<tr>
<td>No evident risks (per self-check screening) within 14 days prior scheduled day onsite</td>
<td>No evident risks (based on self-check screening) within 14 days prior scheduled day onsite</td>
<td>Must not come to work exhibiting symptoms consistent with COVID</td>
</tr>
<tr>
<td>Required use of face masks while onsite</td>
<td>Use of face masks (if consistent with current guidance)</td>
<td>Remote Work Requests for non-remote equipped users require Remote Work Agreement</td>
</tr>
</tbody>
</table>

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<thead>
<tr>
<th>Prioritization</th>
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</tr>
</thead>
<tbody>
<tr>
<td>1. Resources with Productivity Challenges (without health risk factors)</td>
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<td>1. All other resources not approved for Normal (non-Covid Related) Remote Work Approval</td>
</tr>
<tr>
<td>2. Resources requested to perform occasional onsite activities (without health risk factors)</td>
<td>2. Resources requested to perform occasional onsite activities (without health risk factors)</td>
<td></td>
</tr>
</tbody>
</table>