



COVID-19 Plan & Policies

Revised: 5/21/20

MPI Corporation (MPI) is a business that cares about its employees and is concerned for everyone's wellbeing. Our priority is to keep everyone safe and healthy. During this outbreak of COVID-19, the leadership team is closely monitoring the situation including guidance from medical professionals, Centers for Disease Control (CDC), World Health Organization (WHO) and other health authorities. Please keep in mind that with the virus spreading, recommendations are changing rapidly, so it is important to understand that the plans and policies listed in this document may be updated as conditions and available alternatives change.

MPI CORP COVID-19 PLAN

MPI will comply with all government orders in the appropriate jurisdictions. MPI will also enact a four level plan to prevent and control the spread of COVID-19 as detailed below. The Core Team consisting of the CEO, COO, CFO and Vice President of Human Development will determine the appropriate plan level based on conditions at that time.

Level 1 - Pandemic and/or health emergency declared

Internal Actions:

- Post and review Employee Prevention Responsibilities with on-site employees.
- Encourage social distancing of at least 6 feet.
- Increase frequency and intensity of cleaning by existing cleaning services.

Travel Policy:

- Ban physical attendance at all conferences with more than 100 people.
- Limit domestic air travel to essential travel as determined and approved by an officer.
- Restrict international travel to business critical trips as determined and approved by an officer.

Visitor Policy:

- Permit only scheduled visitors or emergency personnel into the building.
- Require all visitors to complete and submit a Visitor Questionnaire prior to entry.
- Eliminate all facility and production area tours.

Level 2 - Employee exposure to COVID-19 (e.g. infected family member, roommate, etc.)

Internal Actions:

- Execute Exposed Employee Policy as applicable.
- Review Employee Prevention Responsibilities with on-site employees.
- Require self-certification of health from all employees each day prior to working on-site.
- Encourage all employees to wear face masks to cover nose and mouth when in common areas or within 6 feet of another person at their workspace where a barrier is not in place.
- Mandate social distancing of at least 6 feet.
- Encourage non-site essential employees to work from home as much as possible.
- Limit in-person meetings to no more than 25 people.
- Require all employees returning from vacation to complete an Employee Questionnaire.
- Implement Cleaning Policy with special attention to common areas.

Travel Policy:

- Ban physical attendance at all conferences unless approved by an officer.
- Limit domestic travel to business critical trips as determined and approved by an officer.
- Ban all international travel.

Visitor Policy:

- Permit only scheduled business critical visitors or emergency personnel into the building.
- Require all visitors to complete and submit a Visitor Questionnaire prior to entry.
- Eliminate all facility and production area tours.

Level 3 - Employee infection of COVID-19 and/or significant community outbreak.

Internal Actions:

- Execute Infected Employee Policy as applicable.
- Review Employee Prevention Responsibilities with on-site employees.
- Require self-certification of health from all employees each day prior to working on-site.
- Require all employees to wear face masks to cover nose and mouth when in common areas or within 6 feet of another person at their workspace where a barrier is not in place.
- Continue to mandate social distancing of at least 6 feet.
- Implement barriers (plexiglass, etc.) where potential to inadvertently break social distancing exists.
- Introduce technology to aid in social distancing and limited touching (e.g. no touch door handles, wireless headphone ear protection to communicate in noisy areas, etc.) where practicable.
- Require non-site essential employees to work from home where possible.
- Limit in-person meetings to no more than 6 people.
- Require all employees returning from vacation to complete an Employee Questionnaire.
- Continue Cleaning Policy with special attention to common areas.

Travel Policy:

- Ban physical attendance at all conferences.
- Ban all domestic and international travel.

Visitor Policy:

- Permit only scheduled contractors and freight carrier visitors and emergency personnel into the building.
- Require all visitors to complete and submit a Visitor Questionnaire prior to entry.
- Eliminate all facility and production area tours.

Level 4 - Government mandated shutdown and/or significant company site outbreak.

Internal Actions:

- Furlough all site employees without productive work.
- Allow only emergency employees on-site as required.
- Execute Deep Cleaning Policy where appropriate.

Travel Policy:

- Eliminate all travel and physical attendance at conferences.

Visitor Policy:

- Permit only emergency personnel into the building.

EMPLOYEE PREVENTION RESPONSIBILITIES

Employees must share in the responsibility to prevent and control the spread of COVID-19 not only within but also outside the boundaries of the company. Employees should comply with the following CDC recommendations and MPI policies.

1. Become familiar with common COVID-19 symptoms.
 - Cough
 - Shortness of breath or difficulty breathing
 - Or at least two of the following symptoms:
 - Fever
 - Chills
 - Repeated shaking with chills
 - Muscle pain
 - Headache
 - Sore throat
 - New loss of taste or smell
2. Clean your hands often.
 - Wash your hands regularly with soap and water for a minimum of 20 seconds.
 - Use hand sanitizers that contain at least 60% alcohol when soap and water are unavailable.
 - Avoid touching eyes, nose and face with unwashed hands.
3. Avoid close contact.
 - Maintain appropriate social distancing of at least 6 feet.
 - Stay at home as much as possible
 - Avoid crowded places when in public.
4. Cover your mouth and nose.
 - Utilize a safety face mask whenever possible in public.
 - Cough and sneeze into a tissue or the inside of your elbow.
 - Throw used tissues into the trash immediately after use.
 - Clean your hands immediately after a cough or sneeze.
5. Follow MPI safety policies.
 - Comply with all company safety plans and policies and government orders.
 - Clean and disinfect your workspace if it is shared at least daily with available cleaning supplies.
 - Refrain from sharing food or having open food containers including candy dishes on site.
 - Leave work immediately or stay at home if you feel sick especially with COVID-19 symptoms.
 - Seek medical help calling in advance for instructions if you have COVID-19 symptoms.
 - MPI Clinic - Logansport: 574-737-8634
 - OurHealth Clinic - Indianapolis: 866-434-3255
 - Notify Human Resources if you have been infected with or exposed to someone infected by COVID-19.
 - Communicate with Human Resources about life changes, concerns or questions so we can help you.

EXPOSED EMPLOYEE POLICY

An Exposed Employee is anyone who comes in close contact with a person who has tested positive for COVID-19 or is under reasonable suspicion of having COVID-19 usually indicated by a medical professional recommending or administering a COVID-19 test. Close contact means being within social distancing minimum of 6 feet for a prolonged time usually more than 10 minutes or having direct contact with secretions (e.g. being coughed on, sharing utensils, kissing, etc.) from an infected person.

Human Resources responsible for the site must:

- Notify Exposed Employee as soon as practicable if the Infected Employee is employed by the company;
- Require the Exposed Employee to leave work immediately if on site;
- Notify the site leader and full upward chain of command to the company level President;
- Communicate Exposed Employee requirements listed below;
- Ensure Exposed Employee's workspace is thoroughly cleaned and disinfected consistent with Cleaning Policy;
- Review and assist Exposed Employee with potential sick leave and/or government provided benefits;
- Check-in with Exposed Employee or his/her family at least weekly to determine condition; and
- Coordinate and approve return to work.

An Exposed Employee must:

- Leave work immediately upon being notified if on site;
- Notify Human Resources of the potential exposure as soon as practicable;
- Remain in self-quarantine until the sooner of i) written release by a doctor, ii) verified negative test of person suspected of having COVID-19 or iii) being symptom free for 14 continuous days without the aid of medication;
- Call in absences each day per handbook guidelines; and
- Complete and sign an Employee Questionnaire prior to entering the facility.

INFECTED EMPLOYEE POLICY

An Infected Employee is anyone who has tested positive for COVID-19 or is under reasonable suspicion of having COVID-19 usually indicated by hospitalization or a medical professional recommending a COVID-19 test.

Human Resources responsible for the site must:

- Require the Infected Employee to leave work immediately if on site;
- Notify the site leader and full upward chain of command to the company level President;
- Communicate Infected Employee requirements listed below;
- If test results are positive for COVID-19:
 - Trace Infected Employee contacts for previous 14 days and execute Exposed Employee Policy; and
 - Trace Infected Employee surfaces touched for previous 7 days and execute Deep Cleaning Policy;
- Review and assist Infected Employee with potential sick leave and/or government provided benefits;
- Follow up on COVID-19 test results as applicable;
- Check-in with Infected Employee or his/her family at least weekly to determine condition; and
- Coordinate and approve return to work.

An Infected Employee must:

- Leave work immediately upon being notified if on site;
- Notify Human Resources of COVID-19 test result as soon as practicable;
- Use best efforts to aid Human Resources in tracing contacts for previous 14 days if test results are positive to identify exposed employees and work areas;
- Remain in self-quarantine or under medical care until receiving written release by a doctor to return to work;
- Call in absences each day per handbook guidelines; and
- Complete and sign an Employee Questionnaire prior to entering the facility.

CLEANING POLICY

The cleaning policy is intended to organize cleaning responsibilities and provide direction on disinfecting frequently touched surfaces to reduce the chances of COVID-19 infection from non-human contact. Frequently touched surfaces include, but are not limited to, workspaces, tables, chair handles, doorknobs, light switches, toilets, sinks, faucets, office equipment (phones, keyboards, copiers, etc.), production equipment especially control buttons, etc.

The Director of EH&S or site level designee will:

- Meet with outside cleaning services to request an increase in frequency and intensity of cleaning and disinfecting with the understanding that there may be an upcharge for the additional services.
- Instruct all employees to clean and disinfect personal workspaces each day if on site and conference rooms before and after use if meeting coordinator (i.e. tables, arm rests, equipment, sinks, refrigerators, etc.).
- Assign specific employees to clean and disinfect frequently touched surfaces in common areas at each site.

General cleaning guidelines:

- Wear disposable gloves, masks, safety glasses with side shields and protective covering where appropriate to avoid contact with common area surfaces and disinfectant chemicals that could be harmful.
- Clean dirty surfaces with soap and water prior to disinfecting as appropriate.
- Use appropriate cleaning solutions to disinfect surfaces including:
 - Company provided industrial cleaning products; or
 - Bleach/water mixture consisting of 4 teaspoons of bleach per quart of water.
- Use alcohol solutions with at least 70% alcohol content to disinfect most office and electronic equipment.
- Note: Read labels before using a disinfectant and never mix cleaning solutions.

Common Area Guidelines:

- Clean and disinfect the sooner of every two hours, before shift breaks or before high traffic periods:
 - Office: doorknobs, entrance push/pull surfaces, stair railings, water dispenses, first aid boxes, copiers, office supply cabinets, etc.
 - Factory: doorknobs, entrance push/pull surfaces, machine controls, fork trucks, stair railings, garage handles, water dispenses, first aid boxes, copiers, Cintas cabinets, office supply cabinets, etc.
 - Restrooms: doorknobs, entrance push/pull surfaces, sinks, faucets, toilet handles, stall locks, entry door surfaces, towel dispensers, etc.
 - Breakrooms: sinks, faucets, vending machines, microwaves, refrigerators, tables, chair handles, etc.

DEEP CLEANING POLICY

Deep cleaning requires detailed cleaning and disinfecting of a potentially contaminated area under the supervisor of the Director of Facilities & EHS or his designee. A potentially contaminated area is an Infected Employee's workspace and other common areas and fixtures the Infected Employee has touched over the previous 7 days.

Human Resources responsible for the site must:

- Identify with the aid of the Infected Employee any areas or fixtures the employee has frequented or touched within an MPI facility over the previous 7 days;
- Confer with the site leader to determine potentially contaminated areas;
- Shut off or communicate the existence of potentially contaminated areas within two hours where possible of identifying an Infected Employee to ensure that other employees do not enter the areas or at least exercise caution when there is no other viable option except entering the areas;
- Work with site leader and supervisors to reassign employees affected by the potentially contaminated area;
- Work with Director of Facilities & EHS or designee to determine cleaning instructions, required safety equipment and/or need for expert vendors to deep clean the potentially contaminated areas within 48 hours if possible;
- Notify Director of Facilities & EHS or designee when the work has been completed for inspection and approval to reopen the areas for employee use and traffic.

HUMAN RESOURCES POLICY DEVIATIONS

For the duration of the COVID-19 crisis, several Human Resources policies will be relaxed to encourage behaviors to fight the spread of COVID-19 and diminish financial hardship on employees. Below are deviations from current policies for the duration of the crisis.

- Sick time off will not count against attendance record.
- Return to work note from a medical professional is only required if an employee is diagnosed with COVID-19, self-quarantined by the company or medical professional or away on short term disability or leave of absence for an extended period of time.
- COVID-19 tests will carry no out of pocket expenses for employees on the MPI group medical plan.
- Employees who are hospitalized or self-quarantined by the company or medical professional for COVID-19 reasons are eligible for up to 80 hours of paid sick leave not to exceed \$511 per day to bridge the gap until short term disability begins.
- Vacation days used while sick or taking care of family members will not be considered emergency vacation days.



Visitor Questionnaire – Coronavirus (COVID-19)

The health and safety of the employees, customers, families, and visitors of MPI Corp. and its subsidiaries is our top priority. As the COVID-19 outbreak continues to evolve and spreads globally, we are monitoring the situation closely and will periodically update guidance based on current recommendations from the Centers for Disease Control (CDC) and the World Health Organization (WHO).

To prevent the spread of COVID-19 and reduce the potential risk of exposure to our employees and visitors, we are conducting a simple screening questionnaire. Your participation is important to help us take precautionary measures to protect you and everyone in our facilities. Please note that this questionnaire is voluntary; however, if you choose not to complete our questionnaire, you will not be allowed to visit any of our facilities at this time.

Visitor's Name:	Personal Phone Number (mobile / home):
Visitor's Company / Organization:	Name of Host:
Facility Name:	

If the answer is "yes" to any of the following questions access to the facility will be denied.

Self-Declaration by Visitor	
1	Have you returned from any of the countries that are identified as high-risk areas as determined by WHO, CDC or the US State Department? <input type="checkbox"/> Yes <input type="checkbox"/> No
2	Have you had close contact with or cared for someone diagnosed with COVID-19 in the last 14 days? <input type="checkbox"/> Yes <input type="checkbox"/> No
3	Have you attended a conference, been a passenger on a recent cruise ship or been part of a gathering of any other kind with more than 250 people in the last 14 days? <input type="checkbox"/> Yes <input type="checkbox"/> No
4	Have you been in close contact with anyone who has traveled within the last 14 days to countries identified as high-risk areas as determined by WHO, CDC or the US State Department? <input type="checkbox"/> Yes <input type="checkbox"/> No
5	Have you experienced any cold or flu-like symptoms in the last 14 days (to include fever, cough, sore throat, respiratory illness, difficulty breathing)? <input type="checkbox"/> Yes <input type="checkbox"/> No Explain:

As a visitor, you are required to understand and comply with our COVID-19 prevention guidelines. You must also stay in close contact with your host. If you plan to be onsite for consecutive days, please immediately advise your host if any of your responses change.

Signature (Visitor): _____ Date: _____

Note: The information collected on this form will be used to determine your access rights to our facilities and will not be shared or available to other parties.

Host: You must notify Human Resources at least 24 hours prior to any planned Customer, Supplier or Contractor visits. Please turn this completed form in to Human Resources located at your facility.

Access to facility (circle one): Approved Denied Authorized: _____ Date: _____

The company host will be responsible for approving or denying access to the facility. Rev 3/15/2020



Employee Questionnaire – Coronavirus (COVID-19)

The health and safety of the employees, customers, families, and visitors of MPI Corp. and its subsidiaries is our top priority. As the COVID-19 outbreak continues to evolve and spreads globally, we are monitoring the situation closely and will periodically update guidance based on current recommendations from the Centers for Disease Control (CDC) and the World Health Organization (WHO).

To prevent the spread of COVID-19 and reduce the potential risk of exposure to our employees, we are conducting a simple screening questionnaire. Your participation is important to help us take precautionary measures to protect you and everyone in our facilities.

Employee Name:	Date:
Reason for Questionnaire:	Facility Name:
Other Comments:	

If the answer is “yes” to any of the following questions access to the facility will be denied.

Self-Declaration by Employee	
1	Have you returned from any of the countries that are identified as high-risk areas as determined by WHO, CDC or the US State Department? <input type="checkbox"/> Yes <input type="checkbox"/> No
2	Have you attended a conference, been a passenger on a recent cruise ship or been part of a gathering of any other kind with more than 250 people in the last 14 days? <input type="checkbox"/> Yes <input type="checkbox"/> No
3	Have you had close contact with or cared for someone diagnosed with COVID-19 in the last 14 days? <input type="checkbox"/> Yes <input type="checkbox"/> No
4	Have you been in close contact with anyone who has traveled within the last 14 days to countries identified as high-risk areas as determined by WHO, CDC or the US State Department? <input type="checkbox"/> Yes <input type="checkbox"/> No
5	Have you experienced any cold or flu-like symptoms in the last 14 days (to include fever, cough, sore throat, respiratory illness, difficulty breathing)? <input type="checkbox"/> Yes <input type="checkbox"/> No Explain:

As an employee, you are required to understand and comply with our COVID-19 prevention guidelines. You must also stay in contact with Human Resources.

Signature (Employee): _____ Date: _____

Note: The information collected on this form will be used to determine if you should be at work and will only be shared with company officials who need to know.

Access to facility (circle one): Approved Denied Authorized: _____ Date: _____

Human Resources will be responsible for approving or denying access to the facility. Rev 3/15/2020

Health Self-Certification Form – COVID-19

All employees must complete a Health Self-Certification Form questionnaire each day either online or using a paper form. Please answer the following questions prior to coming to work:

1. Have you experienced either <u>one</u> of the following symptoms in the past 24 hours? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Cough (not typical or caused by existing condition) <input type="checkbox"/> Shortness of breath/difficulty breathing (not typical or caused by existing condition)
2. Have you experienced any <u>two</u> of the following symptoms in the past 24 hours? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Fever at or above 100.0°F in US or 37.5°C in Mexico <input type="checkbox"/> Chills or repeated shaking with chills <input type="checkbox"/> Muscle pain (not typical, related to physical activity or caused by existing condition) <input type="checkbox"/> Headache (not typical or caused by existing condition) <input type="checkbox"/> Sore throat <input type="checkbox"/> New loss of taste or smell
3. Have you tested positive for COVID-19 or been asked by a medical professional to be tested for COVID-19 in the past 14 days? <input type="checkbox"/> Yes <input type="checkbox"/> No
4. Have you knowingly been in close contact with someone who has been infected with COVID-19 or asked by a medical professional to be tested for COVID-19 in the past 14 days? <input type="checkbox"/> Yes <input type="checkbox"/> No

If you answered "Yes" to any of the questions above, do not show up for work. You do not need to submit a Health Self-Certification Form if you are not reporting to work. You do need to report your absence to the call-in attendance line.

If you answered "No" to all the questions above, please come to work and submit your form online or in the collection box near the entrance.

I attest that I have willingly and truthfully answered all questions above. I will notify my supervisor immediately if any of my answers above change during my shift/workday. I will comply with the recommendations and policies contained in the Employee Prevention Responsibilities document.

Employee Signature: _____

Reviewed By: _____

Printed Name: _____ Date: _____

Employee is NOT eligible to work

Covid-19 Questionnaire 4-28-2020

Health Self-Certification Form – COVID-19

All employees must complete a Health Self-Certification Form questionnaire each day either online or using a paper form. Please answer the following questions prior to coming to work:

1. Have you experienced either <u>one</u> of the following symptoms in the past 24 hours? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Cough (not typical or caused by existing condition) <input type="checkbox"/> Shortness of breath/difficulty breathing (not typical or caused by existing condition)
2. Have you experienced any <u>two</u> of the following symptoms in the past 24 hours? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Fever at or above 100.0°F in US or 37.5°C in Mexico <input type="checkbox"/> Chills or repeated shaking with chills <input type="checkbox"/> Muscle pain (not typical, related to physical activity or caused by existing condition) <input type="checkbox"/> Headache (not typical or caused by existing condition) <input type="checkbox"/> Sore throat <input type="checkbox"/> New loss of taste or smell
3. Have you tested positive for COVID-19 or been asked by a medical professional to be tested for COVID-19 in the past 14 days? <input type="checkbox"/> Yes <input type="checkbox"/> No
4. Have you knowingly been in close contact with someone who has been infected with COVID-19 or asked by a medical professional to be tested for COVID-19 in the past 14 days? <input type="checkbox"/> Yes <input type="checkbox"/> No

If you answered "Yes" to any of the questions above, do not show up for work. You do not need to submit a Health Self-Certification Form if you are not reporting to work. You do need to report your absence to the call-in attendance line.

If you answered "No" to all the questions above, please come to work and submit your form online or in the collection box near the entrance.

I attest that I have willingly and truthfully answered all questions above. I will notify my supervisor immediately if any of my answers above change during my shift/workday. I will comply with the recommendations and policies contained in the Employee Prevention Responsibilities document.

Employee Signature: _____

Reviewed By: _____

Printed Name: _____ Date: _____

Employee is NOT eligible to work

Covid-19 Questionnaire 4-28-2020