“Return to Workplace” Plan

Scope
This document defines the concepts, trigger criteria, roles, and response for the “Return to Workplace” phase of Dow’s response to COVID-19.

This plan is intended to provide direction and guidance for regional execution and local implementation. It is intended to be used by all Dow facilities - manufacturing sites, laboratories, and office facilities.

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Overview
The Return to Workplace plan:

- Adheres to the Pandemic Principles outlined in the Corporate Pandemic Crisis Management Plan
- Is a phased approach to de-escalation and recovery - with consistency and flexibility to allow for tailored regional/country/local implementation.
- Is risk-based using data analysis/modeling to determine “when” to begin and how to progress to mitigate accumulated risk of infection or re-infection on site
- Is consistent with WHO and US and European CDC guidelines
- Is used to identify the post-peak pandemic response measures. These measures will differ from those in the escalation process. Post Peak response is decoupled from the decision-making and measures used in the escalation process.
- Allows the regions/sites flexibility to choose actions and mitigations available to them to effectively manage the risk.

Regional CMTs will coordinate the development and implementation Return To Workplace Plans and will coordinate across regions and with the Corporate CMT.

Planning Assumptions
The following assumptions were used in preparing this document:

- Workers must continue to report any potential signs and symptoms of COVID-19 and stay at home if ill.
• “Hot Spots” of COVID-19 outbreaks may reoccur in any geography. Some areas may be escalating at the same time that others are de-escalating within the region.
• Additional pandemic waves may occur and must be considered in planning.
• Dow will be in the post-peak of pandemic response for an extended duration (months).
• Response measures may temporarily rise or be re-introduced, during an overall effort to reach full recovery.
• Testing methods may not be readily available in the local area. Dow will continue to monitor and evaluate relevant testing methods if/when they become available. Worker self-monitoring and reporting is expected.
• Recognition that government restrictions are local and vary widely.
• Sound illness case data may not always be available to support decision-making.
• This document provides global structure and guidance for Dow’s response and is intended to support regional and local implementation.

Roles
Roles that must be involved in situation analysis and decision making for Return to Workplace include as a minimum:
• Site Leadership Team (and/or EOC)
• Regional CMT core functions: Regional VP, EH&S Director, Health Services Director, ES&S Director;
• Tenant leadership (I-Parks/shared buildings);
• Unions/Work Councils where applicable
• Local Government
• Key industry associations

Regional CMTs must request approval from the Corporate CMT prior to allowing any sites to implement the Return to Workplace plan.

Trigger Criteria (When)
Regional CMTs will determine if a site is prepared to begin the Return to Workplace process by using the following criteria including:

External Criteria:
• Evidence of decreased incidence and distribution of COVID-19 illness within the region/district using as guidelines, the following:
  o Virus case doubling rate is greater than 30 days
  o Death rate below 2.5/million/day
  o New case rate below 40 cases/million/day
  o Modeling shows 10% of maximum death rate
• Local governments have eased/removed the stay at home orders for non-critical-to-operations employees
• Government health system is able to:
Return to Work Site is a phased easing of pandemic response measures. The process to increase the workforces from one phase to the next should allow for appropriate assessment and evaluation. Phases should be separated by a period of 7-14 days. Timing should be based on the size of the site, cases in the local region, and business/site needs.

Phase 1: Individuals who are returning to the workplace provide critical support to essential functions.
   Note: “Workers” include the entire site population - employees, contractors, contingent staff, and tenant personnel. Risk is based on the overall population of the site.

Phase 2: Individuals who by returning to the workplace can now perform their role to the full scope.

Phase 3: Individuals who by returning to the workplace can now perform their role to the full scope.

Phase 4: All individuals with the exception of those who self-identify as high-risk or who by medical standards are deemed high-risk.

Options should be implemented to protect key skill needs and requirements in the event of an outbreak or case occurrence. Examples include:
- Returning ½ of a population with similar skills at time
- Staggering shift
• Alternating work days/weeks

Regional CMTs will monitor progress and periodically report status to the Corporate CMST.

Critical Considerations (How)

The following critical considerations should be used in preparing site and regional plans:

Site Readiness:
• Efficient and effective processes for site access:
  o Screening and temperature measurements
  o Processes for visitors and deliveries (business critical)
• Maintenance of healthy, safe and non-infectious workspaces
• Manageable physical/social distancing and behaviors to accommodate necessary work practices/tasks and environments
• Orientation to (new) work environment
  o Mental and emotional process for return and de-escalation
• I-Parks management of de-escalation practices for tenants and contractors.
• Site Activities that will impact the workforce need to be factored into plans (i.e. turnarounds, hurricanes, public transportation, etc.

Effective Mitigation:
Key Control Measures that will continue to be implemented and maintained may include:
• Social distancing / Physical Separation via:
  o Managing site population/headcount
  o Facility design and layout
  o Meetings and large groups should be avoided
  o Canteens/cafeterias should remain closed
  o Conference rooms, auditoriums and gathering places should only be used when physical distancing is possible
  o Alternative methods for shift changes, alternate work schedules may be used to enhance social distancing as approved by leaders.
• PPE and Facial Coverings:
  o Adequate quantities for expanded population
  o For use in elevators, public transportation, working closely with others
  o Health services, emergency responders and cleaning crews
• Cleaning and Hygiene
  o Adequate supply of hand sanitizers, disinfection, etc. for expanded population
  o General disinfection measures for cleaning common surfaces, high touch points, common tools, etc.
Personnel and equipment necessary to perform cleaning

**Individual Health And Well-Being:**
- Monitoring for signs and symptoms including temperature screening
- Medical/health system capabilities and capacity for treatment, testing and contact tracing are adequate to manage increase in workforce
- Health Service process for return following COVID-19 diagnosis and recovery
- Behavior expectations for encouraging intervention when key controls are not followed
- Exception process and resources for caregivers, child care, high risk conditions of workforce
- Risks to personnel traveling to and from the workplace (use of public transportation)
- Travel restrictions as managed by regional CMTs for intra-regional travel, and Corporate CMT for intercontinental, etc. Note that routine travel between sites may not be feasible.

**Related Documents**
- Site Infection Control Plan
- Site Pandemic Crisis Management Plan
- Corporate Pandemic Crisis Management Plan

**Revision History**
The following information documents at least the last 3 changes to this document, with all the changes listed for the last 6 months.

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