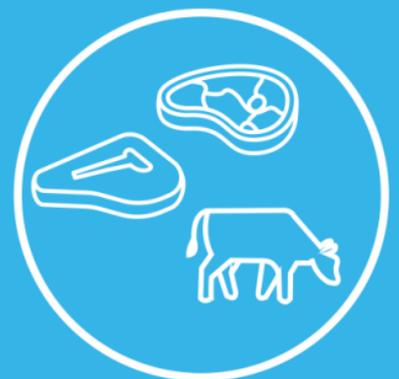


GOOD PRACTICES GUIDELINES FOR THE MEAT
INDUSTRY FACILITIES WITHIN THE FRAMEWORK
OF COVID-19

ArreBeef 工厂注册代码
2082 ✓

PÉREZ MILLÁN PLANT



Introduction

Infection with SARS-CoV-2, the virus that causes COVID-19, can cause conditions that range from moderate to severe and, in some cases, can be fatal. Most people (about 80%) recover from the disease in about 7 days without the need for any special treatment. It is estimated that 1 in 6 people who develop COVID-19 can progress to a serious illness and have difficulty breathing, which may require hospitalization. Mild symptoms in a healthy individual can go away on their own in a few days, usually about a week. The recovery of a person with other ongoing health problems, such as a respiratory condition, can take weeks and in serious cases, become complicated or potentially life-threatening

<https://www.argentina.gob.ar/coronavirus/preguntasfrecuentes#que-es>).

ARREBEEF POLICIES FOR THE PREVENTION OF COVID-19

Arrebeef's Management has defined the formation of a CRISIS COMMITTEE whose members are the CEO, the Occupational Safety, Hygiene and Health Manager, Head of Legal, the HR Manager and the Control and Management Manager. This committee has established a series of guidelines, policies, recommendations and actions that are described in this document, which is based on the Action Protocol sent from COPAL and the Technical and Quality Subcommittee of the Consortium of Argentine Meat Exporters (ABC).

This committee has defined the formation of the COVID-19 PREVENTION BRIGADE; it is confirmed by an interdisciplinary group of employees whose fundamental pillars are to comply with:

- The distance of two meters between people within the entire establishment.
- Correct corporal and surface hygiene.¹
- The correct use of elements for personal protection.²

The main function of the Brigade is to assist and train personnel in the necessary practices for the prevention of COVID-19.

The Crisis Committee, based on the daily epidemiological reports, may define licenses for people who reside in places with community transmission. In addition, in permanent communication with the Local Health area, daily actions to be taken on those people who present symptoms or live with symptomatic people are defined in order to minimize the possibility of contagion and preventively isolate them early.

In the presence of any suspected case, the immediate isolation of the patient should be indicated and the tracking and quarantine actions of their close contacts should begin, without waiting for laboratory results.

Every suspected or confirmed case should have periodic clinical evaluation to identify warning signs and evaluate possible differential diagnoses.

Main routes of virus transmission

- > Person to person: by close contact between them (about a meter away), through drops produced by secretions from the respiratory tract that occur when an infected person speaks, coughs and/or sneezes.

¹ See page 13 - GENERAL PROCEDURE FOR HAND WASHING

² See page 14 - PROCEDURE FOR PUTTING ON, WEARING AND REMOVING THE MASK

- > Contact with contaminated surfaces or objects: Transmission occurs by touching a surface or object contaminated with the virus and subsequently enters the body by putting your hands to your mouth, nose or eyes. This form of transmission justifies the importance of hand washing.

As for food this was not described as a transmission route. Different US agencies (Department of Agriculture-USDA) and Europe (European Food Security Agency-EFSA) reported that, to date, there is no evidence of food transmission of SARS-CoV-2. EFSA (<https://www.efsa.europa.eu/en/news/coronavirus-no-evidence-food-source-or-transmission-route>); USDA (<https://www.usda.gov/coronavirus>). In accordance with this information, the United States Food and Drug Administration (FDA), and the United States Department of Agriculture (USDA) recommend following good hygiene practices when preparing or handling food.

DEFINITIONS

(<https://www.argentina.gob.ar/salud/coronavirus-COVID-19/Definicion-de-caso>)

Definition of a suspected case:

- > **Criterion 1:** Any person (of any age) who has two or more of the following symptoms

- Fever (37.5 °C or more)
- Cough
- Odynophagia
- Shortness of breath
- Sudden onset of anosmia, ageusia or dysgeusia in the absence of any other identified cause.
- Headache
- Diarrhea and/or vomiting
- Myalgia

- > **Criterion 2:** Any person who:

- Is a Healthcare worker
- Resides or works in enclosed or long-term institutions
- Is Essential Worker
- Resides in popular neighborhoods or native towns
- Is close contact of a confirmed case of COVID-19, that within 14 days after contact:

Presents 1 or more of these symptoms: fever (37.5 °C or more), cough, odynophagia, shortness of breath, sudden onset of anosmia, ageusia or dysgeusia.

Definition of confirmed case: any suspicious case with a detectable result for:

- 1- Detection of SARS-CoV-2 by molecular biology tests by polymerase chain reaction with reverse transcriptase (RT-PCR).
- 2- Detection of SARS-CoV-2 by molecular biology tests by loop-mediated isothermal amplification reaction (LAMP).
- 3- Detection of SARS-Cov-2 antigens by non-molecular tests. Confirmatory diagnosis in suspected cases with mild/moderate symptoms, only during the first 7 days from the onset of symptoms.

Negative (non-reactive) antigen test result cannot rule out SARS-CoV-2 disease.

Definition of confirmed case by clinical / epidemiological criteria COVID-19

All cases confirmed by clinical-epidemiological criteria must be clinically evaluated to identify warning signs and / or differential diagnoses, during their evolution.

Criterion 1:

Any person who:

In the last 14 days:

- There has been close contact of a confirmed case or is part of a conglomerate of cases, with at least one case confirmed by laboratory, without another defined diagnosis, and that presents two or more of the following symptoms:

- a) Fever.
- b) Cough.
- c) Odynophagia.
- d) Difficulty breathing.
- e) Vomiting / diarrhea / headache / myalgia.

Criterion 2:

Any person who in the absence of any other identified cause begins with:

- Sudden loss of taste or smell.

Criterion 3:

Any deceased person who:

- Do not have a defined etiological diagnosis.
- Has had a clinical picture compatible with COVID-19
- Regardless of the previous state of health.

and

- That it has been close contact of a confirmed case or has been linked epidemiologically to a cluster of cases or to areas of sustained community transmission.

Definition of close contact: It will be considered as close contact:

For all cases, the contact period will be considered from 48 hours prior to the onset of symptoms of the COVID-19 case

- Anyone who has provided care to a confirmed case while the case had symptoms or during the 48 hours prior to the onset of symptoms and who have not used adequate personal protection measures.
- Anyone who has remained within 2 meters of a confirmed case while the case exhibited symptoms, or during the 48 hours prior to the onset of symptoms, for at least 15 minutes. (eg., partners, visitors, co-workers).

Additionally, it should be considered:

Close contact in popular neighborhoods, indigenous peoples, enclosed institutions or prolonged internment to:

- Anyone who shares a room, bathroom or kitchen with confirmed cases of COVID-19.
- Any person who attends community centers (dining room, club, parish, shelters for homeless people, etc.) and has maintained close proximity to a confirmed case, while the case presented symptoms (less than 2 meters, for 15 minutes)

Close contact in the Health Personnel:

Close health contact exposed to SARS-CoV-2 will be considered to those who, without properly using appropriate personal protective equipment:

- Stay within two meters of a confirmed COVID-19 case for at least 15 minutes.
- Have direct contact with secretions.
- Have direct contact with the environment in which a confirmed patient remains.

- Remain in the same environment during procedures that generate aerosols.

(<https://www.argentina.gob.ar/coronavirus/preguntasfrecuentes#ser-contacto>)

GUIDELINES FOR ACTION

The present action protocol has as its main objectives:

- > **1.** Implement measures for the prevention and control of the SARS-CoV2 virus (COVID-19) to protect the health of workers.
- > **2.** Guarantee the continuity of the activity and meat food supply (essential) to the population.
- > **3.** Guidance on the action when identifying a suspected case or confirmed positive case.

INFORMATION TO STAFF

- > The company will communicate and explain the reasons for applying each preventive measure. Posters are placed with the general measures recommended by the Ministry of Health, within the framework of RESOLUTION-2020-29-APN-SRT#MT
- > Those over 60 years of age or personnel with pre-existing conditions (immunosuppression, cardiovascular disease, diabetes and chronic respiratory disease, among others) must remain in their homes with preventive social isolation.
- > The personnel must take extreme measures of social isolation in force, restricting contacts and limiting themselves to essential ones.
- > If the worker had close contact with a suspected or confirmed case while it had symptoms and had not adopted the appropriate personal protection measures, they should report to their employer, who will give instructions

regarding the work environment according to the indications of the health authority.

> In the case of presenting respiratory symptoms and/or fever, the person SHOULD NOT REPORT TO WORK until the coronavirus infection has been ruled out. It will be reported to the company, with the presentation of the corresponding medical certificate that accredits such situation.

PREVENTION MEASURES TAKEN AT THE PLANT

A. All basic general measures of safety, hygiene, cleaning and personal care of workers were implemented in a production line, to minimize the chances of contagion of the virus.

- I.** Preparation of an Affidavit to all the personnel who attend the plant, to know if they made trips abroad, were in contact with people who have made recent trips, have been identified as close contacts of suspected or confirmed cases of COVID-19, have been diagnosed with COVID-19 or any other reason that requires preventive sanitary isolation depending on what the health authority provides. The company will evaluate through the medical department the actions to be implemented.
- II.** Daily monitoring of all personnel through non-contact body temperature control before entering the facility.
- III.** Organization of the production processes, times and rest spaces, in such a way as to guarantee the minimum distance recommended by the health authority between person and person, during the entire work day, including operational and non-operational areas (ex: changing rooms, dining room for staff, hallways, offices, etc.).
- IV.** Use of a mouth / nose cover is mandatory to enter the Establishment. Use of a three-layer surgical mask is mandatory throughout the working day.³
- V.** Constant communication to employees of all the preventive measures implemented by the competent authority and the actions implemented by the company in this regard.

³ See page 14 - PROCEDURE FOR PUTTING ON, WEARING AND REMOVING THE MASK

- VI. Reinforcement of personal hygiene measures ensuring the availability of supplies for hand hygiene (soap and water), continuous availability of disinfectants (70% alcohol or gel alcohol), availability and use of masks, elimination of personal hygiene items (handkerchiefs, covers, etc.).
- VII. Maximum restriction on access by personnel from outside the plant. In cases of allowing the entry of personnel from outside the plant for exceptional reasons (external maintenance, other suppliers, transportation, etc.), the temperature taking and the signing of an affidavit, including ID card, will be performed.
- VIII. Limiting access to offices, reinforcing the availability of personal hygiene items in administrative areas, and encouraging meetings to be held remotely.
- IX. Implementation of remote work or Home office to reduce the number of staff in offices.
- X. Delimitation of access areas for vehicles to transport products and raw materials. Prevent drivers from getting out of vehicles. Sanitary services are installed for the exclusive use of people outside the plant (carriers). The access of the drivers to the dining room is prohibited.
- XI. Waste and disposable material from personal hygiene and protection will be considered as possible pathogenic waste and will be treated as such. Carrying out the storage, collection and final disposal according to the provincial requirements.
- XII. Installation of a sanitizing cabin with 1% Quaternary Ammonium spray in the Porteria sector for use upon entry and exit of personnel.

B. Between the activities of the different work groups, the cleaning and disinfection of workplaces and common places in the plant (changing rooms, dining rooms, rest places and the like) is reinforced. Cleaning crews are retrained. Reinforcement in offices (for example: surfaces, keyboards), kitchens and dining rooms, among others.

C. Definition of new practices for the rest and dining areas

- I. Provision of food that does not require the use of cutlery and plates.
- II. Use of disposable material.
- III. For office staff, the supply of food is implemented at work stations.

- IV. Prohibition of the consumption of mate in the entire area of the plant.
- V. Installation of a tent to expand the capacity of seated staff respecting social distancing
- VI. Demarcation of floors to wait for attention in the dining room and tent
- VII. Definition of the maximum occupation of each type of table to respect social distancing and communication to employees through the members of the BRIGADA.
- VIII. Encourage the non-use of the dining room as a resting place. For this purpose, chairs are arranged in the patio of the plant, in front of the changing rooms and dining room.
- IX. Establishment of an entry and exit circuit to respect the necessary social distancing

D. For each work group, staggered schedules were established for entering and leaving the industrial establishment.

E. With the support of the Brigade, measures are implemented so that the different work groups do not have physical approach with each other.

F. Incorporation of a Social Worker to conduct interviews with staff in order to detect possible causes of contagion (area of residence, relatives, trips to areas with community circulation, etc.).

At the same time, immediately identify close extra-work contacts through a census of the formation of family groups.

The following are actions to be taken at the Plant in the event of a case compatible with the COVID-19 symptomatology and/or a positive case.

Upon detection of a suspicious case with a feverish condition (body temperature of 37.5 °C or more) and/or symptoms compatible with COVID-19 (cough, sore throat, difficulty breathing, lack of taste and/or lack of smell) the company will proceed to:

> Avoid entering the plant. Isolate the person in a private room with adequate ventilation and with the door closed, ideally intended for these cases, in accordance with the recommendations and instructions issued by the competent health authority under the National Ministry of Health and collaborate with said authorities for follow-up of the case.

- > Provide the worker with a surgical mask package as soon as it is identified as a suspect, reinforcing the explanation of its correct use.
- > All assisting personnel should wear a mask, gloves, and eye protection.
- > Avoid personal contacts with other workers.
- > Inform the direct manager and/or the responsible sector (HR, Occupational Safety and Health) of the company, if applicable.
- > Report the case immediately by telephone to the competent health authority.
- > Identify together with Local Health the people in the working group with whom the person in question had close contact, who should carry out the mandatory isolation until the results of the suspected case are obtained.
- > When a suspicious case is identified and, consequently, their close contacts, the work clothes and personal clothes of these workers should be quickly removed in order to separate them from the rest of the staff and carry out an intensive wash. The tools used by the person will also be sanitized separately from the rest of the staff.

The laundry and tool room personnel involved in these procedures will be previously informed and will reinforce the use of personal protection items such as gloves, surgical mask, eye protection, boots and overalls. Disposables will be considered and treated as pathogenic waste.

- > Immediately implement a special and comprehensive cleaning and disinfection procedure in the work area of the suspected or confirmed case, allowing production to resume as soon as possible. The sanitary measures recommended by the National Ministry of Health and in the framework of RESOL-2020-219-APN-MT must be complied with.
- > The crisis committee will monitor the status of suspected cases and their close contacts in coordination with the competent health authority.
- > Before the start of the tasks of each group, the company must inform the staff and/or their supervisors of the actions taken to transmit tranquility and serenity to the workers at their workstation.
- > The company may have a team of replacement workers in preventive isolation, who may replace a potential affected group until they have duly completed the recommendations of the health authority for their subsequent reinstatement.

> There will be an emergency procedure, within which an auditable record of the Affidavits to the personnel defined by the company will be kept, as well as the daily body temperature report and the clinical records of the personnel. Said registry will be available to the competent health authority that requires it.

In the case of a confirmed case, the local health authority will establish the measures to be taken with the particular case. The crisis committee will communicate with the local health authority to define the actions to follow with the affected worker and with all those who have been in close contact.

1. Act according to the recommendations and instructions issued by the competent health authority under the National Ministry of Health for that worker, collaborate with said authorities to follow up on the case.
2. Group of workers in close contact with the confirmed positive case: act in accordance with the recommendations and instructions issued by the competent health authority under the National Ministry of Health and collaborate with said authorities to monitor this group.

PERMISSION TO CIRCULATE

Each employee must manage the permits required by the National, Provincial or Municipal authority as appropriate.

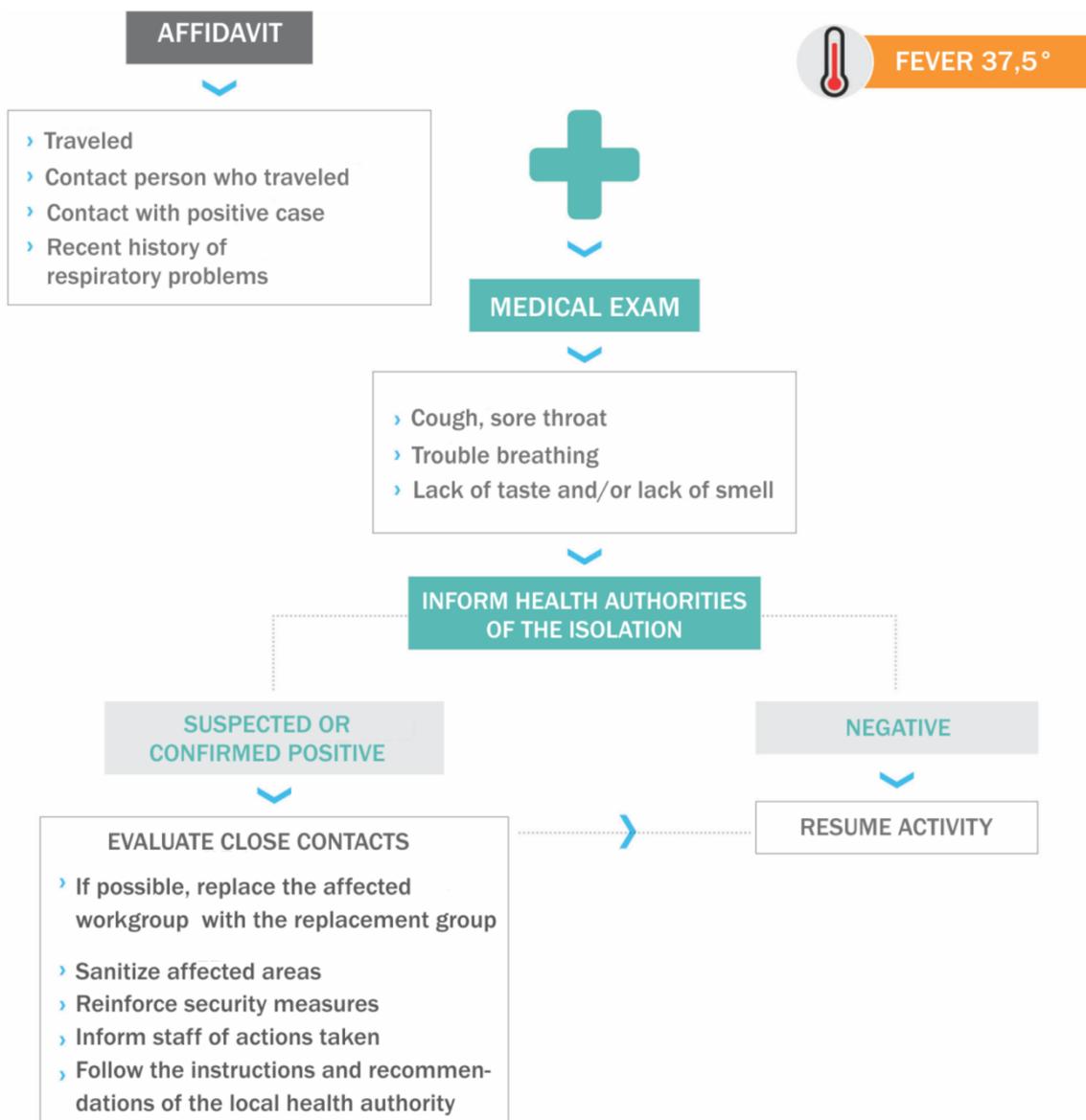
<https://www.argentina.gob.ar/coronavirus/aislamiento/aclaraciones/permisos>

REGISTRY

The company keeps a record of the implementation of each of the measures and actions provided for in this Protocol, as appropriate. This registry is available to the competent health authority that requires it.

The Crisis Committee also keeps a record of the minutes of the meetings held.

Decision tree for suspicious and positive cases of COVID-19 at the plant



GENERAL PROCEDURE FOR HAND WASHING

IMPORTANT: Correct hand washing is one of the keys when it comes to preventing the spread of this disease.

> It is important to have water, liquid soap and single-use drying paper or automatic air dryers. The use of hot water is preferable.

> Washing should be frequent, for at least 20 seconds, especially after going to the bathroom; before eating; and after blowing your nose, coughing, or sneezing.

GOOD PRACTICES GUIDELINES FOR THE MEAT INDUSTRY FACILITIES WITHIN THE FRAMEWORK OF COVID-19

> If soap and water are not available, use an alcohol-based hand sanitizer with at least 70% alcohol. Cover all surfaces of your hands and rub them together until they feel dry. Hands should always be washed with soap and water if the hands are visibly dirty.

> Avoid touching your eyes, nose, and mouth with your unwashed hands.

STEP BY STEP: How to wash your hands correctly?

Step 1: Apply soap to the hands and rub the palm of the hand with the interlaced fingers.

Step 2: Place a palm on the back of another hand and rub your fingers. Switch hands.

Step 3: Rub between the fingers.

Step 4: Rub the back of your fingers against your palms. Do the same with the other hand.

Step 5: Rub your thumb with the other hand. Do the same with the other thumb.

Step 6: Rub the tips of your fingers into the palm of the other hand.

Step 7: Rub the wrist with one hand with the other while turning. Do the same with the other hand. In each of the previous steps, perform each step no less than 5 times, and finally rinse your hands under running water.

PROCEDURE FOR PUTTING ON, WEARING AND REMOVING THE MASK

There are different types of mask with different functionalities and useful life time. This is a surgical mask donning procedure, which is usually used by medical personnel and which will be mandatory throughout the working day.

> Once inside the changing rooms and at the time of putting on work clothes, the person must replace the mask for private use with the surgical mask provided by the company, disposing of the mask together with their personal items in the corresponding locker. The provision will be made at

the porter's lodge upon entering the establishment and the replacement will be made from the sanitary filters and tool rooms where there is already a stock of disposable items.

The useful life of the surgical mask is 9 hours. In the event of breakages, dirt, excess moisture or loss, it must be replaced immediately, requesting it to the Supervisor.

- > Before touching the mask, wash your hands with an alcohol-based disinfectant or soap and water.
- > Inspect the mask and make sure there are no obvious tears or holes in either side of it.
- > Determine which side of the mask is the top. The side of the mask that has a stiff bendable edge is the top and is meant to mold to the shape of your nose.
- > Determine which side of the mask is the front. The colored side of the mask is usually the front and should face away from you, while the white side touches your face.
- > Put the mask on your face. Mold or pinch the stiff edge to the shape of your nose.
- > Pull down on the bottom of the mask to cover your mouth and chin.
- > After using it, hold both of the ear loops and gently lift and remove the mask keeping it away from the face and clothing, so as not to touch the potentially contaminated surfaces of the mask.
- > Dispose of the mask in a closed and exclusive container for this purpose immediately after use. They are identified with the legend "PLACE YOUR USED MASK HERE".
- > Wash your hands after touching or disposing of the mask. Use an alcohol-based disinfectant or, if they are visibly dirty, wash them with soap and water.

NOTE: the information above is from the WHO site.